

27 May 2020

Ms. Rebecca Hudson

Coroners Registrar

Coroners Court of Victoria

65 Kavanagh St,

Southbank VIC 3006

Dear Ms. Hudson,

**Re: Zakiya Thomas (Your Ref: 2015002417)**

I am responding to your correspondence dated 24<sup>th</sup> February 2020, in relation to the death of Zakiya Thomas (DOB 31/9/1999).

Thank you for providing the opportunity to respond to the recommendations from the coroner's findings. Our response to the recommendations are as follows:

**108. I recommend that Child and Adolescence Mental Health Service (CAMHS) review their current policies and training for mental health practitioners, specifically their family violence risk assessments, information sharing with relevant agencies and family violence safety planning for patients who disclose family violence in the home environment.**

As part of the Victorian Governments response to family violence the Mildura Base Hospital (MBH) has received recurrent funding for a Specialist Family Violence advisor to be employed in Mental Health. The summary of the position is noted below, and I have also attached the full position description to this email. In addition to the position description, I have also attached the MBH Family Violence Information Sharing Policy and Family Violence Information Sharing Request form. These documents have been developed by the Specialist Family Advisor and are at the final draft stage.

*The Specialist Family Violence Advisor will provide expertise to; review the current service structure, identify gaps and opportunities for future development, support clinical personnel working within the Mental Health Program at Mildura Base Hospital in identifying and respond to family violence and embed practice change across the mental health program. The role will have clinical consultation and capacity building requirements to work towards:*

- *Improved recognition and responses to family violence*
- *Strengthened networks and collaboration between mental health, family violence services, alcohol and other drug services and other services where appropriate*
- *Enhanced referral pathways to provide a more coordinated and collaborative health and human services systems responses to family violence*
- *Enhanced quality and consistency of the service response to victims, survivors and perpetrators of family violence.*

- *Improved staff confidence in the management of family violence amongst patients with a mental illness and their families. The role will work closely with the Strengthening Hospital Responses to Family Violence team at Mildura Base Hospital to ensure consistent information, education and training across the health service.*

**109. I also recommend that the MBH review their current policies and training for all clinicians and health professionals to refer patients who identify as Aboriginal or Torres Strait Islander to internal Aboriginal Health Unit at the MBH to enable additional cultural support and advocacy upon admission or discharge. I further recommend that the current policies and procedures at the MBH be reviewed to incorporate cultural training to improve support provided by hospital staff to patients who identify as Aboriginal or Torres Strait Islander.**

In regard to cultural support and training; the Manager of the Aboriginal Health Unit provides an overview of the service and referral processes at each orientation to both general hospital staff and rotational medical staff. We have also recently reviewed our current cultural awareness package and it will be delivered by the AHU Manager each month and is available to all hospital employees. We are also establishing an Aboriginal Community Advisory Board to assist the hospital to provide culturally sensitive and safe practices.

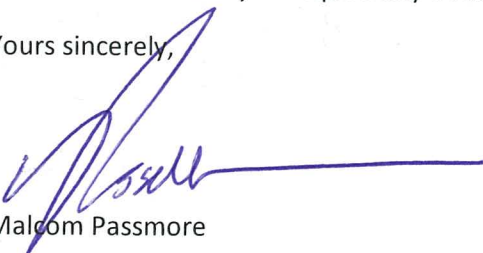
Each MBH policy records specific considerations for people of Aboriginal or Torres Strait Islander descent including;

- Special cultural and religious considerations are to be considered for each individual person, allowing for a person-centred focus when caring for the patient of Aboriginal or Torres Strait Islander descent.
- People of Aboriginal or Torres Strait Islander descent should be offered the services of the Aboriginal Liaison Officer (ALO). This referral is made by completion of the Aboriginal Health Unit referral form.
- Information should be shared in a manner that promotes the right to self-determination, is culturally sensitive and considers the person's family and community connections.
- Aboriginal people have historical and ongoing grounds for fear and suspicion of authority, which has implications for consent and privacy.

In regard to referrals; each day the staff of the Aboriginal Health Unit (AHU) will receive a list of any person identified as Aboriginal or Torres Strait Islander who have been admitted to any area of the hospital. The staff will then undertake a ward round to introduce themselves and their role to the admitted people. We have also updated the AHU pamphlets and the AHU referral form (attached). Within Mental Health Services, a member of the AHU team will attend the Acute Community Intervention Services morning handover where each person contacting our service is presented, discussed and referred if required. We have also employed an Aboriginal Mental Health Trainee who works with both Mental Health Services and the AHU.

Please let us know if you require any additional information.

Yours sincerely,



Malcom Passmore

**CHIEF EXECUTIVE OFFICER**

Mildura Base Hospital

## Aboriginal Health Unit

## Referral Form

<b><u>Client Details (if no weber label available)</u></b>	<b>UR number</b>	
	<b>Name</b>	
	<b>Address</b>	
	<b>Contact Number</b>	
<b><u>Referral (Please tick)</u></b>	<b>To Aboriginal Health Unit</b>	<b>From Aboriginal Health Unit</b>
<b><u>Referral Details</u></b>	Organisation/Ward	
	Name of Referrer	
	Address	
	Contact Number	
<b><u>Contact Persons</u></b>	Name	Phone Number
	Relationship/Carer	
<b><u>Case Managed Client</u></b>	Yes	No
<b><u>Case Manager</u></b>	Name	Contact details
	Organisation	
<b><u>Presenting Problem</u></b>		
<b><u>Support Required</u></b>		
<b><u>Client's Consent to referral</u></b>	Signature	Verbal Only
<b><u>Signature of Referee</u></b>	Name	Designation

## The Ramsay Way

We are caring, progressive, enjoy our work and use a positive spirit to succeed  
 We take pride in our achievements and actively seek new ways of doing things better  
 We value integrity, credibility and respect for the individual  
 We build constructive relationships to achieve positive outcomes for all  
 We believe that success comes through recognizing and encouraging the value of people and teams  
 We aim to grow our business while maintaining sustainable levels of profitability, providing a basis for stakeholder loyalty

## Position Description

<b>Position Title:</b>	Specialist Family Violence Advisor
<b>Unit/ Department:</b>	Mental Health
<b>Reports to:</b>	Director Of Mental Health

### Position Context

In 2016 the Royal Commission into Family Violence made 227 recommendations to transform the way authorities, systems and services prevent and respond to family violence. The Victorian Government is committed to implementing all 227 recommendations.

The royal commission highlighted the need to improve the way health and human services work together to ensure victims are consistently supported, regardless of where they enter the service system.

The royal commission found that mental health and alcohol and other drug (AOD) services must play a more direct role in identifying and responding to family violence, noting the need for health services to build capacity in these areas, and develop closer relationships with specialist family violence services.

Significantly, the Royal Commission found that workers in mental health and AOD services wished to improve their understanding and capability in relation to family violence, and workers in specialist family violence services needed to increase understanding in mental health, AOD and other individual risk factors for family violence.

Therefore, the royal commission made recommendations 98 and 99 to build capacity and support cross- sector collaboration across mental health, AOD and family violence services.

- Recommendation 98: The Victorian Government fund the establishment of specialist family violence advisor positions to be located in major mental health and drug and alcohol services. The advisors' expertise should be available to practitioners in these sectors across Victoria [within 12 months]
- Recommendation 99: The Victorian Government encourage and facilitate mental health, drug and alcohol and family violence services to collaborate [within 12 months] by:
  - Resourcing and promoting shared casework models
  - Ensuring that mental health and drug and alcohol services are represented on Risk Assessment and Management Panels and other multi-agency risk management models at the local level.

Specialist family violence advisors in mental health will provide expertise and support for workers in the mental health sectors to identify and respond to family violence with their clients, whether they are experiencing family violence or perpetrating family violence.

This position will be embedded in department-funded area mental health and Forensic care services and report to the manager of the area mental health and Forensic care services in which they are located. The role will encourage joint practice and collaboration across the three sectors of mental health, AOD and family violence to provide an enhanced response to family violence. In doing so, advisors will promote the benefits of a catchment-wide understanding and collaborative response to family violence.

## Position Summary

The Specialist Family Violence Advisor will provide expertise to; review the current service structure, identify gaps and opportunities for future development, support clinical personnel working within the Mental Health Program at Mildura Base Hospital in identifying and respond to family violence and embed practice change across the mental health program. The role will have clinical consultation and capacity building requirements to work towards:

- Improved recognition and responses to family violence
- Strengthened networks and collaboration between mental health, family violence services, alcohol and other drug services and other services where appropriate
- Enhanced referral pathways to provide a more coordinated and collaborative health and human services systems responses to family violence
- Enhanced quality and consistency of the service response to victims, survivors and perpetrators of family violence.
- Improved staff confidence in the management of family violence amongst patients with a mental illness and their families. The role will work closely with the Strengthening Hospital Responses to Family Violence team at Mildura Base Hospital to ensure consistent information, education and training across the health service.

## Position Requirements:

### Essential

- The ability to articulate and apply a practice framework focused on engagement and assessment, including extensive knowledge and experience of risk assessment frameworks and the Best Interests Case Practice Model, in the context of family violence
- Ability to quickly acquire in-depth knowledge and understanding of Family Violence Risk Assessment and Risk Management (*Common risk assessment framework* (CRAF) and its successor, which is currently under development), and the Family Violence Information Sharing and Child Information Sharing Schemes (introduced in September 2018)
- A significant understanding of:
  - the gendered nature of family violence and the social and systemic issues affecting women and children
  - the dynamics of family violence, including perpetrators' pattern of coercive control and behaviours
  - the impact on children and the ability of the protective parent to safely parent
  - the structure and nature of the specialist family violence service system, with a focus on local specialist family violence support services and approaches in the local area, and the mechanisms they employ to restore and enhance safe, child-centred parenting
  - the interface between specialist family violence services and other service systems, particularly child protection services
  - the unique set of difficulties an individual who is mentally unwell may face in a family violence context - for example, seeking help, being believed and assessing their risk or that of their children
- Demonstrated experience in inter-agency liaison, consultation and building partnerships with key stakeholders and relevant service sectors, particularly effective negotiation and problem solving in a multidisciplinary environment
- Sound understanding of systems and how system change can be effected in different contexts
- Extensive experience and knowledge of working with diverse individuals and communities
- Willingness and ability to engage with services working with perpetrators of family violence for the purpose of service linkage and referral
- Highly developed written and oral communication skills including accurately recording data, correspondence, reporting and providing written and oral evidence as required
- Demonstrated ability to flexibly manage competing priorities in a timely manner

### Qualifications, Knowledge and Experience

- A degree in social work (3), nursing (RPN 4) or a related community services discipline (3)
- Extensive practical management and leadership experience (minimum two years) in the health sector
- Significant experience working in family violence with a good knowledge of the mental health sector, preferably with supervisory experience
- Working understanding of relevant legislation and how it impacts on family violence and, including but not limited to, the *Mental Health Act 2014*, the *Family Violence Protection Act 2008*, the *Children, Youth and Families Act 2005*, the *Privacy and Data Protection Act 2014*, the *Health Records Act 2001*, the CRAF and the Victoria Police *Code of practice*
- Understanding of historical and contemporary issues that affect Aboriginal and Torres Strait Islander people in Australian society around health and family violence, and capacity to work in a culturally informed and respectful manner
- Excellent skills in engaging with people from culturally diverse communities and a sound understanding of the complexity of

their needs and that a 'one size fits all' approach does not work

- Demonstrated understanding of and commitment to the principles of equity, diversity, continual improvement, risk management and occupational health and safety

#### **Desirable**

- Demonstrated knowledge or experience of driving organisational change, service development and/or working across sector boundaries (or similar)
- Driver's licence in order to fulfil the collocation requirements of the role

#### **Key Duties**

- Identify, establish and further develop intra- and inter-agency processes and practices that support high-quality responses to individuals and families experiencing family violence.
- Establish the implementation of the new Family Violence Information and the Child Information Sharing Schemes in mental health.
- Support joint work between mental health services and specialist family violence services to achieve better engagement with services for victim-survivors and perpetrators of family violence.
- Provide advice to mental health staff about individual clients experiencing family violence to clarify relevant issues and give guidance and support on how to respond and appropriately refer for ongoing management.
- Assist the mental health workforce to identify family violence-related risk and strategies to mitigate those risks for individual clients.
- Where required, advise on assessing clients at high risk, particularly clients with the most complex presentations.
- Assist mental health workers to understand and navigate the specialist family violence system.
- Maintain an in-depth knowledge of the specialist family violence support services in the local area and the eligibility requirements for such services, including Support and Safety Hubs as they are established.
- Keep up-to-date information on waitlists and alternatives for family violence support services in the local area.

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#### **Strategic Focus**

The strategic focus involves supporting the development of a more integrated service response between mental health, AOD and family violence services. This will be achieved through a broad set of activities that aim to improve service and system development, practice development, effective service responses and workforce development and support.

These activities include:

- identifying emerging trends, needs and gaps in service delivery and practice issues, and using this knowledge to generate changes in systems and approaches, including initiating and contributing to developing relevant policies, protocols and procedures
- facilitating engagement between and promoting joint work by mental health, AOD and specialist family violence services in the local area
- improving the quality and consistency of family violence-related information, assessment and interventions in mental health services

Developing the capacity of the mental health workforce to work effectively with the target client group by delivering and referring to relevant training and professional development activities

#### **Primary Objectives**

Advisors will demonstrate leadership and ownership of activities in their area mental health and Forensic care services by:

- providing family violence practice leadership
  - supporting capacity building within the mental health sector through providing specialist family violence expertise and advice in identifying, recognizing and responding to family violence through an agreed shared care model
  - supporting and strengthening networks and collaborations between services and across relevant sectors
  - enhancing referral pathways that provide a more integrated and collaborative health and human service system response to family violence
  - earlier recognition of and intervention into family violence situations for clients of mental health services
  - Enhanced quality and consistency of the service response to victim-survivors and perpetrators of family violence at whichever point they access the health and human services systems.
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People caring for people

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### Employee OHS Obligations

- Participate in the development of a safe and healthy workplace.
- Comply with instructions given for their own safety and health and that of others, in adhering to safe work procedures.
- Co-operate with management in its fulfilment of its legislative obligations.
- Take reasonable care to ensure their own safety and health and that of others, and to abide by their duty of care provided for in the legislation.
- To report any injury, hazard or illness immediately, where practical to their supervisor.
- Not place others at risk by any act or omission.
- Not wilfully or recklessly interfere with safety equipment.

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### Employee Declaration

I acknowledge having received and read the content of this position description and understand the requirements of the position outlined in the position requirements, key accountabilities, position deliverables & other key result areas.

**Employee Signature:**

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**Employee Name:**

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**Date:**

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Mildura Base Hospital	POLICY NO
	FACILITY POLICY NO: 00000

**POLICY TITLE:** Mental Health Services: Family Violence Information Sharing

Mildura Base Hospital recognises that the principal responsibility for a patient's care lies with that patient's doctor. Following consultation with doctors and clinical employees, and through reference to current industry best practice standards, we have developed this policy as a minimum standard designed to deliver optimal care to patients. **Facility management and relevant RHC employees must comply with this policy and integrate these minimum standards into the facility's clinical systems and RHC employees' individual practice.**

<b><u>POLICY PURPOSE:</u></b>	To ensure Mildura Base Hospital Mental Health services facilitate Family Violence information sharing, reflecting the Mildura Base Hospital Family Violence policy, the Victorian Governments Royal commission into Family Violence Recommendations 2018 and subsequent state legislative requirements.	
<b><u>SCOPE OF APPLICATION:</u></b>	Mildura Base Hospital: Area Mental Health Services (AMHS)	
<b><u>DEFINITIONS:</u></b>	Multi Agency Risk Assessment & Management framework (MARAM)	Family Violence Multi Agency Risk Assessment and Management Framework.
	Information Sharing entity (ISE)	As defined in Section 144D of the FVPA to mean a person or body prescribed, or a class of person or body prescribed, to be an information sharing entity.
	Risk assessment Entities (RAES)	An information sharing entity also prescribed to be a risk assessment entity (RAE). RAEs can request and receive information from any ISE for a family violence assessment or protection purpose, in response to, or from voluntary sharing by, another ISE.
	Central Information Point (CIP)	Central Information Point
	Family Violence Information Sharing Scheme (FVISS)	Family Violence Information Sharing Scheme
	Child Information Sharing scheme (CISS)	Child Information Sharing scheme established under Part 6A of the Child Wellbeing and Safety Act 2005

Manual Title:		Policy Number:
Policy Title:	Page 1 of 11	

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<b><u>POLICY REFERS TO:</u></b>	Mildura Base Hospital: Area Mental Health Services (AMHS) as a Family Violence Information Sharing Entity (ISE)
<b><u>POLICY STATEMENT:</u></b>	<p>Mildura Base Hospital Area Mental Health Services must comply with these Guidelines when sharing information. The Family Violence Information Sharing Guidelines provide direction in the sharing of information under Part 5A of the <i>Family Violence Protection Act 2008</i> (FVPA).</p> <p>Information Sharing Entities (ISEs) share information in accordance with Part 5A about family violence perpetrators and alleged perpetrators, adult and child victim survivors and third parties that is relevant to assessing and managing family violence risk.</p>
<b><u>EXPECTED OUTCOME:</u></b>	<p>Mildura Base Hospital Area Mental Health Services will align with Part 5A of the <i>Family Violence Protection Act 2008</i> (FVPA), which establishes the Family Violence Information Sharing Scheme (FVISS).</p> <p>This Scheme:</p> <ul style="list-style-type: none"> <li>• Authorises the sharing of information to assess or manage risk of family violence.</li> <li>• Facilitates a cultural norm of information sharing practice to support effective assessment and management of family violence risk.</li> <li>• Ensures timely sharing of relevant information, supports information sharing entities (ISEs) to keep perpetrators in view and promote the safety of victim survivors of family violence.</li> </ul>

DRAFT Copy - Awaiting Approval/endorsement

Manual Title:		Policy Number:
Policy Title:	Page 2 of 11	

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<p><b><u>PROCEDURE</u></b></p>		
<p><b><u>Specific considerations for persons of Aboriginal &amp; Torres Strait Islander descent:</u></b></p>	<ul style="list-style-type: none"> <li>• Special cultural and religious considerations are to be considered for each individual person, allowing for a person-centred focus when caring for the patient of Aboriginal or Torres Strait Islander descent.</li> <li>• People of Aboriginal or Torres Strait Islander descent should be offered the services of the Aboriginal Liaison Officer (ALO). This referral is made by completion of the Aboriginal Health Unit referral form.</li> <li>• Information should be shared in a manner that promotes the right to self-determination, is culturally sensitive and considers the person’s family and community connections</li> <li>• Aboriginal people have historical and ongoing grounds for fear and suspicion of authority, which has implications for consent and privacy</li> </ul>	
<p><b><u>Specific considerations for persons from culturally and linguistically diverse backgrounds</u></b></p>	<ul style="list-style-type: none"> <li>• Special cultural and religious considerations are to be considered for each individual person, allowing for a person-centred focus when caring for the patient.</li> <li>• People from different cultural backgrounds may require interpreter services. Family and friends should not be used as an interpreter for children or the parents</li> <li>• Experiences of discrimination, oppression and trauma may make some victim survivors fearful of or unwilling to give consent to share their information</li> </ul>	
<p><b><u>Special consideration for Family Violence</u></b></p>	<p>Specific considerations that family violence has a serious and harmful impact on victims and their families as outlined in the Family Violence Protection Act 2008.</p> <p>Mildura Base Hospital will provide effective and safe responses for people experiencing family violence, utilising a shared understanding of family violence and of the responsibilities of the professionals involved.</p>	
<p><b><u>1.0 Legislation</u></b></p> <p><b>1.1 Legislative Application</b></p>	<p>Area Mental Health Services clinical staff can share information according to:</p> <ul style="list-style-type: none"> <li>• <b>Mental Health Act 2014</b> - Disclosing necessary information to lessen or prevent a serious threat to:             <ul style="list-style-type: none"> <li>• person’s life, health, safety or welfare or</li> <li>• The public’s health, safety or welfare</li> </ul> </li> <li>• <b>Children, Youth and Families Act 2005</b></li> <li>• <b>Child Wellbeing and Safety Act 2005</b></li> <li>• <b>The Child Information Sharing Scheme (CISS)</b> This expands the circumstances in which we can share information to <i>promote wellbeing and safety of children</i> (Addition of Part 6 to the Child Wellbeing and Safety Act 2005)</li> <li>• <b>The Family Violence Information Sharing Scheme (FVISS)</b> can assess and intervene in situations of potential or actual family violence, with the emphasis on serious risk <i>not</i> imminence (Addition of Part 5 to the Family Violence Protection Act 2008)</li> </ul>	
<p>Manual Title:</p>		<p>Policy Number:</p>
<p>Policy Title:</p>	<p>Page 3 of 11</p>	

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<p><b>1.2 Legislation and Clinical Practice</b></p>	<p><b>Legislation directs MBH Area Mental Health Service as an Information Sharing Entity (ISE) in line with the MARAM framework.</b></p> <p>The Family Violence and Child Information Sharing Schemes (FVISS and CISS) mean that you can share and receive information related to family violence risk assessment and management, and child well-being, with other Information Sharing Entities (ISEs) and with Risk Assessment Entities *(RAEs).</p> <p>Perpetrators and alleged perpetrators have lost their right to privacy under this legislation when information is shared to prevent or assess Family Violence risk, therefore no consent is needed.</p> <p><i>*RAE's only when someone is an alleged perpetrator – For further information see appendix outline of RAEs and ISEs</i></p> <p>The Information Sharing Reforms provide the tools to support clinical practice.</p>
<p><b><u>2.0 AMHS: Information contact points</u></b></p>	<p><b>Business Hours</b></p> <ul style="list-style-type: none"> <li>• Triage for all non-current Area Mental Health clients</li> <li>• Clients with a current episode of care is their assigned Case coordinator or team delegate</li> </ul> <p><b>Afterhours</b></p> <ul style="list-style-type: none"> <li>• Triage for all client's</li> </ul> <p>Requests to AMHS may be made either verbally or in writing via.</p> <ul style="list-style-type: none"> <li>• Mail – addressed either to Area Mental Health Services, or to a specific team / clinician</li> <li>• Email to Area Mental Health Services or the individual Mental Health Clinician</li> <li>• Phone call to Area Mental Health reception, triage, inpatient unit, PARC or individual Mental Health Clinician</li> <li>• Direct face to face request.</li> </ul>
<p><b><u>3.0 Consent</u></b></p>	<p><b>Consent requirements under the FVISS and CISS</b></p> <p>The Family Violence Information Sharing Scheme prioritises:</p> <ul style="list-style-type: none"> <li>• a child's safety over any individual's privacy</li> <li>• Victim survivor safety over perpetrator privacy.</li> </ul> <p>The Scheme promotes a timely whole of system response to holding perpetrators to account.</p> <p><b>Consent NOT required:</b></p> <ul style="list-style-type: none"> <li>▪ From the alleged perpetrator: if there is reasonable belief that they will commit family violence</li> <li>▪ From any person: if there is a child under 18 at risk</li> <li>▪ From the alleged perpetrator: if the information is needed to assess the risk of committing family violence (RAE's only) *</li> <li>▪ Where no child is at risk, information can be shared about an adult victim survivor or third party under the FVISS when it is necessary to lessen or prevent a serious threat to life, health, safety or welfare of an individual.</li> </ul>

Manual Title:		Policy Number:
Policy Title:	Page 4 of 11	

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	<p><b>Consent is required:</b></p> <ul style="list-style-type: none"> <li>From a 3rd party who is giving information (unless there is a child involved or there is a serious risk of harm)</li> <li>The adult victim survivor (unless there is a child involved or there is a serious risk of harm)</li> </ul>
<p><b>4. Exclusions</b></p>	<p>You <b>CANNOT SHARE</b> under any legislation in the following circumstances:</p> <ul style="list-style-type: none"> <li>Information that if shared might endanger a person's life or result in physical injury</li> <li>If it would prejudice legal proceedings</li> <li>If it would prejudice a police investigation</li> <li>If it would prejudice a coronial enquiry</li> <li>If it contravenes a court order</li> <li>If it is contrary to the public interest</li> </ul> <p><i>*If unsure, please consult with Manager or team leader</i></p>
<p><b>5.0 Organisations with whom you can share information</b></p>	<p>Information can only be shared with:</p> <p><b>Information Sharing and Risk Assessment Entities (ISEs)</b></p> <p>ISEs which are also Risk Assessment Entities (RAEs)</p> <ul style="list-style-type: none"> <li>State-funded specialist family violence services (including refuges, Men's Behaviour Change Programs, family violence counselling and therapeutic programs)</li> <li>Risk Assessment and Management Panel (RAMP) members</li> <li>State-funded sexual assault services</li> <li>Child Protection</li> <li>Child First services (excluding broader family services)</li> <li>Victims Support Agency (including Victim Assistance Programs and Victims of Crime Helpline)</li> <li>Victoria Police</li> <li>The Orange Door services</li> </ul> <p><b>Information Sharing Entities (ISEs)</b></p> <ul style="list-style-type: none"> <li>State-funded specialist family violence services including family violence counselling, therapeutic programs and perpetrator intervention</li> <li>State-funded sexual assault services and sexually abusive behaviour treatment service.</li> <li>The Orange Door (Support and Safety Hubs)</li> <li>Risk Assessment and Management Panels (RAMPS)</li> <li>Child FIRST</li> <li>Perpetrator intervention trials</li> <li>Victoria Police</li> <li>Child Protection</li> <li>Multi-Agency Panels to Prevent Youth Offending</li> <li>Commission for Children and Young People</li> <li>Maternal and Child Health Services</li> <li>Registered community-based child and family services</li> <li>Out-of-home care services</li> <li>Disability Services Commissioner</li> <li>Designated mental health services</li> <li>State-funded alcohol and other drugs services</li> <li>State-funded financial</li> </ul>

Manual Title:		Policy Number:
Policy Title:	Page 5 of 11	

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	<ul style="list-style-type: none"> <li>▪ Corrections Victoria and Corrections funded services</li> <li>▪ Adult Parole Board</li> <li>▪ Magistrates' Court officials</li> <li>▪ Children's Court officials</li> <li>▪ Court-ordered family violence counselling services</li> <li>▪ Justice Health and funded services (for adults)</li> <li>▪ Justice Health and funded programs (for children)</li> <li>▪ Youth Justice and funded programs, including the Youth Parole Board (Secretariat)</li> <li>▪ Youth Justice and funded programs, including the Youth Parole Board (Secretariat)</li> </ul>	<ul style="list-style-type: none"> <li>▪ counselling programs</li> <li>▪ Department of Health and Human Services Housing</li> <li>▪ State-funded homelessness accommodation or homelessness support services (providing access point, outreach and accommodation services)</li> <li>▪ Victims of Crime Helpline</li> <li>▪ Victims Assistance Program-funded services</li> <li>▪ Victims Support Agency</li> <li>▪ Tenancy Advice and Advocacy Program</li> </ul> <p><b>*NB Other agencies may be added at a later stage.</b></p>
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<p><b><u>6.0 What Information can be shared</u></b></p>	<p>In alignment with the Victorian Family Violence Information Sharing Guidelines 2018, information sharing helps keep victim survivors safe and hold perpetrators to account. ISEs should give precedence to victim survivors' right to safety and are authorised to share perpetrator information without consent</p> <p><b>Recommended information to share about perpetrators:</b></p> <ul style="list-style-type: none"> <li>• Address, if different from the one listed</li> <li>• If recently admitted, provide discharge date or that they are AWOL</li> <li>• Diagnostic clarification</li> <li>• If there are any known incidences of violence or behaviours of concern, and if so when</li> <li>• Any red flag behaviours such as strangulation, harm to woman when pregnant</li> <li>• Violence towards children</li> <li>• Any known forensic history</li> <li>• Risk factors such as unemployment, recent separation from partner</li> <li>• Any factors that might reduce risk, (Being employed, engaged in treatment, support etc.)</li> <li>• Anything else relevant</li> </ul> <p><b>NOTE* Do not send case notes or assessment documents.</b>  <i>To access additional information, click on the webpage links below:</i>  <a href="#">A guide for organisations on how to share information</a> outlines how to share information that is relevant to assessing and managing risk of family violence.</p> <p><a href="#">Overview of the Family Violence Information Sharing Scheme on a page.</a></p>
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Manual Title:		Policy Number:
Policy Title:	Page 6 of 11	

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<p><b><u>7.0 Upon Receiving a request to share information</u></b></p>	<p><b>1. Receiving a request</b>, it is important to:</p> <p>A) Make sure the request for information is for a permitted purpose under Part 5A of the Family Violence Protection Act 2008 (FVPA) — namely, the information is being requested for a family violence assessment purpose:</p> <p>B) Confirm if the requestor is a prescribed entity; either an Information sharing Entity (ISE) and or a Risk Assessment Entity (RAE) Refer 5.0 <a href="https://www.vic.gov.au/about-information-sharing-schemes-and-risk-management-framework">,https://www.vic.gov.au/about-information-sharing-schemes-and-risk-management-framework</a> or alternatively call the Information Sharing Enquiry Line (statewide) on 1800 549 646 for further information.</p> <p>C) Confirm the identity of the requestor. This is best achieved by a) requesting they forward to you an email with their signature or a faxed letterhead to which you can then attach a copy of the MENTAL HEALTH SERVICES: FAMILY VIOLENCE INFORMATION SHARING REQUEST for them to complete and return  Alternatively, by calling the general number of their organisation to verify their identity prior to completing the form over the phone.</p> <p>D) Ensure ALL sections on page 1 of the FAMILY VIOLENCE INFORMATION SHARING REQUEST (Legal/002) form have been completed and that that this match information is recorded by MBH Mental Health Services medical records.</p> <p>E) Ascertain if Client is currently a case coordinated client of AMHS.</p> <ol style="list-style-type: none"> <li>i. <i>If YES</i>, forward request to allocated case manager / team (in absence of case manager forward to team leader / manager to ensure timely follow-up and response)</li> <li>ii. <i>If NOT</i> – triage to complete request or forward to relevant team leader / manager (i.e. if &lt;18 years request would be forwarded to CYMHS triage, manager or senior clinician)</li> </ol>
<p><b><u>8.0 Responding to a request received for information</u></b></p>	<p><b>Responding to a request</b>, it is important to ensure consideration of the following.</p> <p>1. Is the information being requested for:</p> <p>Family violence ASSESSMENT purpose?</p> <ul style="list-style-type: none"> <li>• Only specifically prescribed Risk Assessment Entities can request and receive information for the purpose of assessment (alleged perpetrator); it is essential to confirm that the person requesting information is specifically prescribed (See appendix 1 FVIS flowchart)</li> </ul> <p><a href="https://www.vic.gov.au/about-information-sharing-schemes-and-risk-management-framework">https://www.vic.gov.au/about-information-sharing-schemes-and-risk-management-framework</a></p> <p>Family violence PROTECTION purpose.</p> <ul style="list-style-type: none"> <li>▪ Any prescribed ISE (See appendix 1 FVIS flowchart) is permitted to request and receive information for the purpose of protection</li> </ul> <p>2. Ensure that you share information in a way that does not place victim survivor at further risk of harm.</p>

Manual Title:		Policy Number:
Policy Title:	Page 7 of 11	

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	<ol style="list-style-type: none"> <li>3. Refer to the MARAM Framework <a href="https://www.vic.gov.au/maram-practice-guides-and-resources">https://www.vic.gov.au/maram-practice-guides-and-resources</a> to assess what information is relevant and share in line with your professional judgement</li> <li>4. Prior to sharing the relevant information, make sure the information is not excluded information or that sharing it would not contravene another law: Refer to the legislation and Family Violence Information Sharing Guidelines, Speak to your manager if you are unsure or you want to verify what Family Violence information should not be shared</li> <li>5. It is important that you have an upfront conversation with all clients at the point they engage with services about how their information might be shared under Part 5A of the FVPA, irrespective of consent. When sharing information to assess or manage risk for a child victim survivor of family violence, consent is not required from any person.</li> <li>6. Seek to promote the agency of the child and other family members at risk of family violence by considering their wishes where appropriate and plan for the safety of all family members at risk of family violence.</li> <li>7. If safe to do so, notify the child and other family members at risk of family violence that their information has been shared under Part 5A of the FVPA.</li> </ol>
<b>9.0 Making a request for information</b>	<p><b>Making a request</b> for information, either verbally or in writing, under Part 5A of the Family Violence Protection Act 2008 (FVPA), you should make sure that:</p> <ol style="list-style-type: none"> <li>1. You are requesting information from a prescribed ISE</li> <li>2. Your information request is for a permitted purpose under Part 5A of the FVPA, a family violence protection purpose. Any prescribed ISE is permitted to request and receive information for a family violence protection purpose. The focus at this stage is about managing the risk of the perpetrator committing family violence or the victim survivor being subjected to family violence. This could include information sharing as part of ongoing risk assessment.</li> <li>3. You provide sufficient information to the organisation you are requesting information from to help them identify what information they hold that might be relevant and whether they should disclose that information.</li> <li>4. All documentation must be completed on the MBH FV INFORMATION SHARING RECORD KEEPING FORM (Legal/002)</li> <li>5. You have documented the service you contacted and worker you spoke with.</li> <li>6. You have documented the information that was disclosed.</li> <li>7. You have documented any risk assessment or safety plan that has been made as a result of the information sharing.</li> <li>8. You only use the information for a purpose permitted by law.</li> <li>9. If your information request is refused, record this refusal in writing and keep this refusal on file.</li> </ol>
<b>10.0 Protection for workers</b>	<p>If an ISE that shares information acted in good faith and with reasonable care, they will not be held liable in relation to the use or disclosure of information (see Chapter 12 on page 130 Family Violence Information Sharing Guidelines).</p> <p>If information is shared inappropriately, offences may apply, and penalties imposed. There are two offences under Part 5A — one for unauthorised use or disclosure of information and one for intentional or reckless unauthorised use and disclosure of information.</p>
<b>12.0: Correcting errors</b>	Documentation Standards policy ?????

Manual Title:		Policy Number:
Policy Title:	Page 8 of 11	

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<b><u>REFERENCES:</u></b>	<p><b>Part 5A of the Family Violence Protection Act 2008 (FVPA), Family Violence Information Sharing Guidelines</b>  <a href="https://www.vic.gov.au/sites/default/files/2019-01/Ministerial%20Guidelines%20-%20Family%20Violence%20Information%20Sharing%20Scheme.pdf">https://www.vic.gov.au/sites/default/files/2019-01/Ministerial%20Guidelines%20-%20Family%20Violence%20Information%20Sharing%20Scheme.pdf</a></p> <p><b>MARAM Framework</b>  <a href="https://www.vic.gov.au/maram-practice-guides-and-resources">https://www.vic.gov.au/maram-practice-guides-and-resources</a>  <b>Record keeping form (p 147)</b></p> <p><b>Mental Health Act Victoria 2014</b></p> <p><b>Children, Youth and Families Act 2005 (Vic)</b></p> <p><b>the Health Records Act 2001 (Vic)</b></p> <p><b>Privacy and Data Protection Act 2014 (Vic),</b></p> <p><b>Freedom of Information Act</b></p> <p><b>The Privacy Act 1988</b></p>
<b><u>RELATED POLICIES, PROCEDURES &amp; GUIDELINES:</u></b>	<p>MBH Family Violence policy          MBH Privacy policy,          Family Violence Information Sharing Booklet.</p>
<b><u>RELATED FORMS:</u></b>	<p>FAMILY VIOLENCE INFORMATION SHARING REQUEST Legal/002</p>
<b><u>Authorisation / Ratification:</u></b>	<p>&lt;Completed by Policy controller&gt;</p>

Prepared By <insert> Working Party or Corporate Division Department <insert month & year>

Reviewed By <insert> Working Party or Corporate Division Department

Reviewed By Insert name and position of person

Reviewed By

Reviewed By

Reviewed By

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Ratified By

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Manual Title:		Policy Number:
Policy Title:	Page 9 of 11	

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Date Implemented  
Next Review Due

<insert date>  
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This policy is due for review by the date shown above, after which it may become invalid. Policy users should ensure that they are consulting the currently valid version of the document.

**DRAFT Copy - Awaiting approval / endorsement**

Manual Title:		Policy Number:
Policy Title:	Page 10 of 11	

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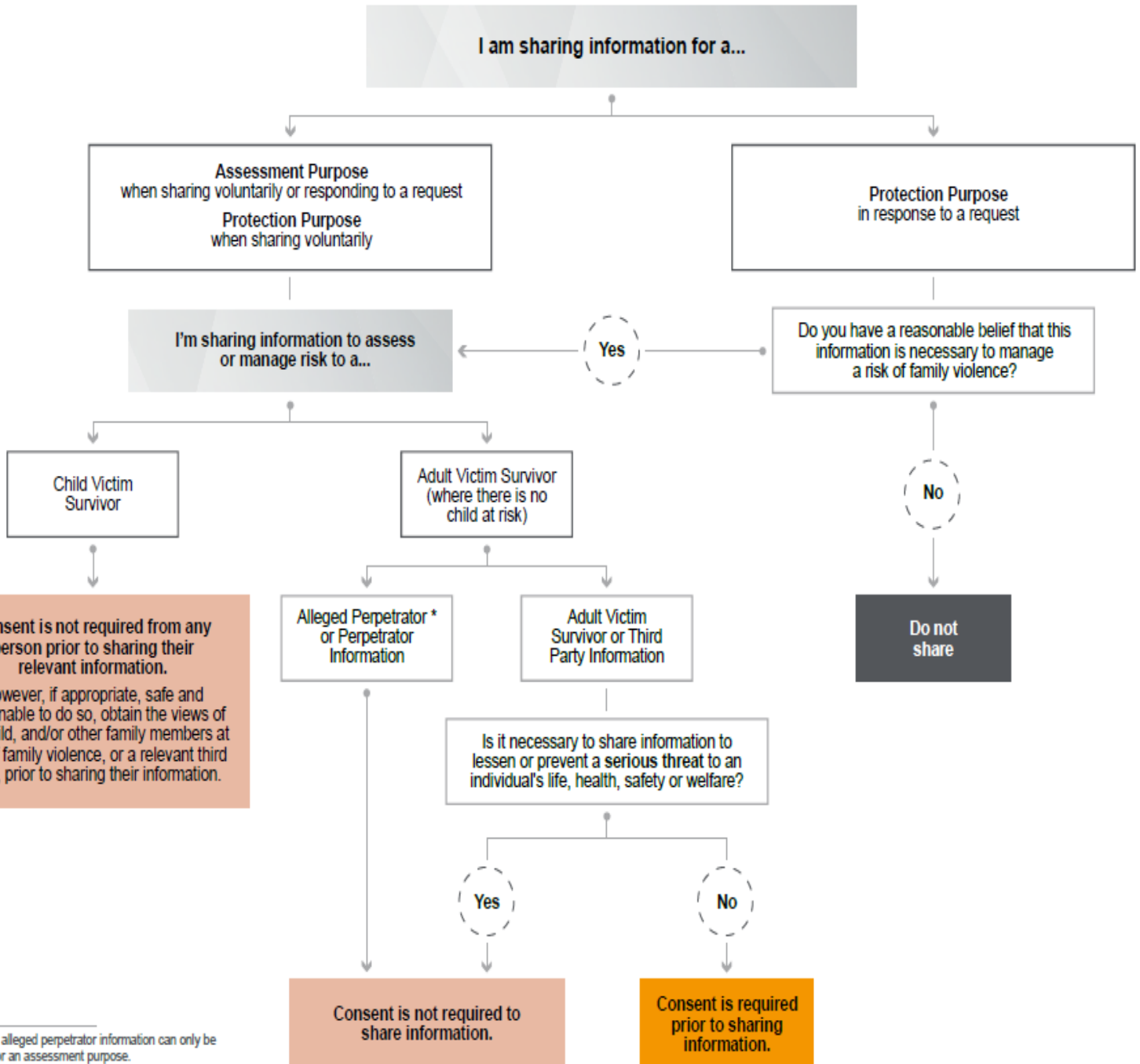
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**Appendix 1.**

Information sharing helps keep victim survivors safe and hold perpetrators to account.

This is a guide for ISEs on how to share information that is relevant to assessing and managing risk of family violence.

ISEs should give precedence to victim survivors' right to safety and are authorised to share perpetrator information without consent.



**YOU CANNOT SHARE EXCLUDED INFORMATION**

such as any information that could reasonably be expected to endanger a person's life or result in physical injury, prejudice legal proceedings or a coronial inquest or inquiry, or disclose privileged information. For a complete list of excluded information see the legislation.

Manual Title:		Policy Number:
Policy Title:	Page 11 of 11	

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