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MELBOURNE VIC 3000

16 October 2019

Dear Ms Lancy

REGULATORY IMPACT STATEMENT FOR FAMILY VIOLENCE PROTECTION (INFORMATION MANAGEMENT AND RISK MANAGEMENT) AMENDMENT REGULATIONS 2020

I would like to thank your staff at Family Safety Victoria (FSV) for working with my team on the preparation of the Regulatory Impact Statement (RIS) for the proposed Family Violence Protection (Information Sharing and Risk Management) Amendment Regulations 2020 (the Regulations). These regulations are proposed to be made under the *Family Violence Protection Act 2008* (the Act).

As you know, under section 10 of the *Subordinate Legislation Act 1994* (the SLA), the Commissioner for Better Regulation is required to provide independent advice on the adequacy of the analysis provided in all RISs in Victoria. A RIS is deemed to be adequate when it contains analysis that is logical, draws on relevant evidence, is transparent about any assumptions made, and be proportionate to the proposal's expected effects. The RIS also needs to be clearly written so that it can be a suitable basis for public consultation.

I am pleased to advise that the final version of the RIS received by us on 8 October 2019 meets the adequacy requirements of the SLA.

Background

Following the Royal Commission into Family Violence (the Royal Commission), the Government is implementing a range of measures aimed at reducing the risk of family violence in Victoria, including:

- The Family Violence Information Sharing Scheme (FVISS) established under Part 5A of the Act; and
- The Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM) established under part 11.

These reforms have been rolled out progressively since 2018, when Amendments to the Act enabled Government agencies and service providers to share information with one another for family violence risk assessment and risk management purposes.

Regulations previously made in February 2018 and September 2018 prescribed an initial tranche for FVISS and phase-one for FVISS and MARAM, respectively. The initial tranche of FVISS included individuals with specific functions in key organisations that played a core role in assessing and managing family violence risks, such as those employed in organisations including the Police, Courts, refuges and specialist family violence services.

Phase-one, commencing on 27 September 2018, saw the incorporation of the Scheme under the umbrella of the broader MARAM reforms, as well as the model of prescription changing from prescribing individuals within organisations to entire organisations and services. Phase-one added a broader range of government-funded specialist organisations (rather than positions) likely to interact regularly with victims of family violence.

Further organisations and services are required to fully realise the benefits of the reforms in supporting timely and effective interventions to reduce these risks. The proposed Regulations prescribe additional (phase-two) organisations and services who will be permitted to share information for the purposes of assessing and managing risk of family violence under FVISS, and required to align their policies, procedures, practice guidance and tools with MARAM.

The reforms have been jointly rolled out with the Child Information Sharing (CIS) Scheme established under the *Child Wellbeing and Safety Act 2005*, which permits a similar group of entities to share information about risks to child wellbeing and safety.

Analysis

The RIS analyses three options for prescribing Phase Two organisations and services, assessed against a base case of Initial Tranche and Phase One only (the status quo):

- Option 1 – A limited group of additional organisations and services, including health and support services (excluding general practitioners), student disengagement and wellbeing services, and government statutory bodies and organisations / services.
- Option 2 – All organisations and services noted in Option 1, plus targeted universal health and education providers including schools, general practitioners, early childhood education and care providers, out of school hours care, and hospitals.
- Option 3 – All organisations and services noted in Option 2, plus additional services including broader disability services, private health services, private aged care services, and specialist health services.

These are compared using Multi-Criteria Analysis, as a full Cost-Benefit Analysis was not feasible due to the difficulties measuring benefits in this space. The options were evaluated in terms of their effectiveness, the risks of inappropriate practice occurring, and expected implementation costs.

The analysis in the RIS is focused on the risks and benefits to victim-survivors of family violence. Potential negative impacts on perpetrators (including alleged perpetrators) are not considered.

Proposal and impacts

Based on the Multi-Criteria Analysis described above, FSV proposes Option 2. This is expected to balance victim-survivor safety with the need to effectively operationalise the reforms by considering workforce readiness and sector capacity, and to limit the risk of inappropriate sharing. A similar group of organisations and services are also proposed to be prescribed for Phase Two of the Child Information Sharing scheme, enabling joint implementation of key interrelated reforms across the Victorian service system.

The RIS also includes indicative estimates of the cost impacts of the proposed reforms for the government and private sectors. This is based on a series of interviews conducted by FSV and the Department of Education and Training (DET), with the proposed workforces across MARAM, FVISS and Child Information Sharing Schemes.

Based on this approach, the RIS estimates a total implementation cost for reforms to the MARAM and FVISS of \$198.6 million between 2020-21 and 2022-23 (including \$178.1 million in implementation costs), and \$23.7 million in ongoing costs after that. The Net Present Value of this package over the next decade is estimated at \$311 million.

Implementation and evaluation

The proposed organisations and services are proposed to be prescribed and brought into MARAM and FVISS in September 2020. Given the interdependencies between MARAM, FVISS and the CIS Scheme, Government is using a joint implementation approach for the three reforms to coordinate training, communications and change management activities for the workforces affected.

This joint implementation approach will include joint communications about the rollout of all three reforms, grants to support the services implementing the reforms, and a mix of face-to-face and electronic training for the affected workforces.

The Office of the Victorian Information Commissioner (OVIC) and Health Complaints Commissioner (HCC) will also be funded to receive complaints about privacy breaches that might result from any inappropriate sharing of information.

The Act requires independent reviews of FVISS within two years after commencement (tabled in Parliament in 2020) and five years after commencement (tabled in Parliament in 2023). The two-year review will evaluate the effectiveness and impact of the initial tranche and phase-one of FVISS. The five-year review will consider the appropriateness of the legislative model, consider any adverse effects of the legislation and make recommendations for reform.

The Act also requires a review of MARAM within five years of commencement (tabled in Parliament in 2023), and every five years thereafter. This review must assess the extent to which Part 11 is achieving the objective of providing a framework for achieving consistency in family violence risk assessment and management.

FSV has recently commissioned Cube Group to prepare a Monitoring and Evaluation Framework for the 2023 and future reviews, which will consider phase-two entities as well.

Should you wish to discuss any issues raised in this letter, please do not hesitate to contact my office on (03) 9092 5800.

Yours sincerely



Anna Cronin
Commissioner for Better Regulation
Red Tape Commissioner

Regulatory Impact Statement

Family Violence Protection
(Information Sharing and Risk
Management) Amendment
Regulations 2020

DRAFT Final Report 18 October 2019

Regulatory Impact Statement

Family Violence Protection (Information Sharing and Risk Management) Amendment Regulations 2020

[DN: Highlighted areas to be completed prior to publishing]

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In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' or 'Koori/Koorie' is retained when part of the title of a report, program or quotation.

The Victorian Government proudly acknowledges Victorian Aboriginal people as the first peoples and Traditional Owners and custodians of the land and water on which we rely. We acknowledge and respect that Aboriginal communities are steeped in traditions and customs build on an incredibly disciplined social and cultural order. The social and cultural order has sustained up to 50,000 years of existence. We acknowledge the ongoing leadership role of the Aboriginal community in addressing and preventing family violence, and join with our First Peoples to eliminate family violence from all communities.

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Contents

Executive Summary	5
Background	15
Implementation phasing	16
Identifying the problem.....	18
Importance of family violence risk assessment, risk management and information sharing	21
Broader policy context.....	22
Legislative and regulatory basis for family violence risk assessment, risk management and information sharing	23
Objectives	28
Reform options	29
Options for prescription of MARAM and the Family Violence Information Sharing Scheme	29
Other elements of the proposed Regulations for which options are not considered.....	32
Determining the preferred option	33
Approach.....	33
Assessing the options	34
Preferred option and its impacts	38
Summary of preferred option.....	38
Impacts of preferred option	39
Upfront costs to government	40
Ongoing costs to government.....	42
Upfront costs to prescribed organisations and services	42
Ongoing costs to prescribed organisations and services.....	44
Overall costs of the reforms	50
Implementation	55
A phased approach to roll-out	55
Progressive roll-out of MARAM reforms.....	55
Joint implementation with the Child Information Sharing Scheme	55
Training and change management	56
Managing complaints under the Scheme	56
Consultation	57
Consultation approach.....	57
Consultation participation.....	58
Previous consultations.....	59
Public consultation on this RIS	59
Review	60
Two-year and five-year implementation review of the Scheme.....	60
Five-year review of MARAM.....	60
Appendix A – Impacted organisations and services	62

Executive Summary

Background

The Victorian Government has committed to a significant reform program in order to achieve its vision of a Victoria free from family violence. This includes the introduction of two key reforms:

- the Family Violence Information Sharing Scheme (the Scheme) – established under Part 5A of the *Family Violence Protection Act 2008* (the Act); and
- the redeveloped Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM) – established under Part 11 of the Act.

These reforms are focussed on responding to the risk of family violence for those who are experiencing family violence in all forms and at all stages. Whilst these reforms will contribute to primary prevention efforts (i.e. building family violence understanding to stop it before it starts), they are foremost aimed at building capability across the system to identify and better respond to family violence when it is present.

Comprehensive family violence risk assessment as under MARAM is heavily dependent on the information available. A general risk-averse culture of information sharing, and the limited scope of organisations and services currently prescribed under MARAM and the Scheme, contribute to an application of MARAM that is inconsistent and incomprehensive across the full spectrum of services. This can lead to an inadequate understanding of the level of risk posed by perpetrators, poor safety planning and ultimately reduced safety of victim survivors, with serious consequences in some cases.

The intent of prescribing additional organisations and services under the Scheme is to remove existing legislative and regulatory barriers to information sharing by expanding the group of organisations and services that can lawfully share information pertaining to family violence risk. The majority of organisations and services prescribed under the Scheme will also be prescribed under MARAM, hereafter collectively known as ‘prescribed organisations and services’. This will ensure that organisations and services are aware of their requirement to align with MARAM, ensuring that there is system-wide accountability for family violence risk, an appropriate response is provided to support victim survivors across the spectrum of forms of family violence and seriousness of risk, and to keep perpetrators in view and hold them to account.

Given the significant impact these two reforms are expected to have on prescribed organisations and services, implementation has been staged. The Initial Tranche of the Scheme commenced in February 2018. Phase One commenced in September 2018 for MARAM and the Scheme and expanded on the Initial Tranche. The next proposed phase of reform, titled “Phase Two”, will expand on Phase One.

Objectives

The proposed Family Violence Protection (Information Sharing and Risk Management) Amendment Regulations 2020 (the Regulations) will amend the Family Violence Protection (Information Sharing and Risk Management) Regulations 2018 to:

- prescribe additional organisations and services as Information Sharing Entities (ISEs) that will be authorised to share information under the Scheme; and
- prescribe additional organisations and services that are required under the Act to align their relevant policies, procedures, practice guidance and tools with MARAM.

The intent of the Regulations in prescribing additional organisations and services is to ensure that prescribed organisations and services have access to as much relevant information as possible in order to comprehensively assess and manage the risk of family violence, and that they use their legal authorisations appropriately.

Reform options

This regulatory impact statement (RIS) considers a range of options for giving effect to the objectives of the Regulations, specifically in relation to who will be affected by the Regulations.

Who will be affected by the Regulations?

Several reform options were considered in relation to which organisations and services will be prescribed under the Regulations:

- **Option 1:** Prescribe a limited group of additional organisations and services;
- **Option 2:** Option 1, plus targeted universal health and education providers; and
- **Option 3:** Option 2, plus disability services, and private allied health, early childhood and education services.

These options are compared to a base case where the current Family Violence Protection (Information Sharing and Risk Management) Regulations 2018 continue, and no new organisations and services are prescribed.

Preferred option

The above options were assessed and the preferred option was selected using multi-criteria analysis (MCA). This included consideration of the effectiveness of each option, the risk of inappropriate practice under each option and the cost of implementation under each option. This method was chosen in place of full cost-benefit analysis given the difficulty involved in estimating benefits, noting that the RIS still includes an indicative guide to the potential cost impacts under the preferred option.

Based on the results of the MCA, the preferred option was **Option 2**.

Costs of the proposed reforms

The total cost of the proposed reforms is estimated to be \$178.1 million over three years (2020-21 to 2022-23) in upfront costs and \$4.1 million in 2020-21, \$7.2 million in 2021-22, \$9.2 million in 2022-23 ramping up to \$23.7 million in 2022-23 and thereafter in ongoing costs. A breakdown of these results is provided in Table ES.1, Table ES.2 and Table ES.3.

In net present value terms, the total cost of the proposed reforms is estimated to be \$311 million over ten years.¹

¹ In calculating the net present value, a discount rate of 4 per cent was used.

Table ES.1 – Estimated overall upfront costs under the proposed reforms (\$ million) ^{1 2}

	No. of organisations and services ³	2020-21	2021-22	2022-23
Family Violence Information Sharing Scheme and MARAM				
Reform development				
Training development and delivery	N/A	\$3.8	\$2.9	\$1.9
Information sharing resources	N/A	\$1.4	\$1.6	\$1.6
Implementation coordination units	N/A	\$8.1	\$10.1	\$6.1
Subtotal		\$13.3	\$14.6	\$9.6
Family Violence Information Sharing Scheme				
Training attendance (existing staff)				
Group 1: Schools	2,257	\$9.1	\$6.9	\$4.5
Group 2: Early childhood	2,791	\$5.5	\$4.2	\$2.8
Group 3: Out of school care	317	\$0.8	\$0.6	\$0.4
Group 4: Health and support	2,019	\$1.1	\$0.9	\$0.6
Group 5: Hospitals	87	\$3.9	\$3.0	\$1.9
Group 6: Government bodies and organisations/services	58	\$0.1	\$0.1	\$0.0
Subtotal	7,529	\$20.5	\$15.7	\$10.3
Updating policies and procedures				
Group 1: Schools	2,257	\$3.0	\$2.3	\$1.5
Group 2: Early childhood	2,791	\$3.0	\$2.3	\$1.5
Group 3: Out of school care	317	\$0.2	\$0.1	\$0.1
Group 4: Health and support	2,019	\$3.2	\$2.5	\$1.6
Group 5: Hospitals	87	\$0.3	\$0.3	\$0.2
Group 6: Government bodies and organisations/services	58	\$0.0	\$0.0	\$0.0
Subtotal	7,529	\$9.7	\$7.4	\$4.9
MARAM				
Training attendance (existing staff)				
Group 1: Schools	2,257	\$1.1	\$0.9	\$0.6
Group 2: Early childhood	2,791	\$1.4	\$1.1	\$0.7
Group 3: Out of school care	317	\$0.2	\$0.1	\$0.1
Group 4: Health and support	348	\$1.0	\$0.8	\$0.5

Group 5: Hospitals	87	\$0.1	\$0.0	\$0.0
Group 6: Government bodies and organisations/services	55	\$0.0	\$0.0	\$0.0
Subtotal	5,855	\$3.8	\$2.9	\$1.9
Updating policies, procedures and practice guidance				
Group 1: Schools	2,257	\$8.4	\$6.4	\$4.2
Group 2: Early childhood	2,791	\$11.7	\$9.0	\$5.9
Group 3: Out of school care	317	\$1.5	\$1.2	\$0.8
Group 4: Health and support	348	\$2.9	\$2.2	\$1.5
Group 5: Hospitals	87	\$3.2	\$2.4	\$1.6
Group 6: Government bodies and organisations/services	55	\$0.3	\$0.2	\$0.1
Subtotal	5,855	\$28.1	\$21.4	\$14.0
Total		\$75.4	\$62.0	\$40.7

Notes: ¹These estimates are based on costings outlined in Table 10 and Table 12 in the body of this report that were subsequently scaled based on the number of organisations and services in each workforce group. Costs apply across all workforce groups noting that low costs are listed as zero due to rounding. Estimates of the number of organisations and services in each workforce group are based on the figures provided in [Appendix A](#).

²The profile of training and updating policies and procedures is based on the profile of funding for training provision.

³The number of organisations and services reflects the total number over three years, given it will take time to train staff, update policies and procedures and align to MARAM.

Table ES.2 – Estimated overall ongoing costs under the proposed reforms (\$ million) ^{1 2}

	No. of organisations and services ³	2020-21	2021-22	2022-23	Ongoing
Family Violence Information Sharing Scheme and MARAM					
Reform development					
Information sharing resources	N/A	\$0.0	\$0.0	\$0.0	\$1.6
Implementation coordination units	N/A	\$0.0	\$0.0	\$0.0	\$1.8
Subtotal		\$0.0	\$0.0	\$0.0	\$3.4
Family Violence Information Sharing Scheme					
Training attendance (new staff)					
Group 1: Schools	2,257	\$0.0	\$0.0	\$0.0	\$0.5
Group 2: Early childhood	2,791	\$0.0	\$0.0	\$0.0	\$0.6
Group 3: Out of school care	317	\$0.0	\$0.0	\$0.0	\$0.1
Group 4: Health and support	2,019	\$0.0	\$0.0	\$0.0	\$0.5
Group 5: Hospitals	87	\$0.0	\$0.0	\$0.0	\$0.0
Group 6: Government bodies and organisations/services	58	\$0.0	\$0.0	\$0.0	\$0.0
Subtotal	7,529	\$0.0	\$0.0	\$0.0	\$1.7
Information sharing requests (including record keeping)					
Group 1: Schools	2,257	\$0.5	\$0.9	\$1.2	\$1.2
Group 2: Early childhood	2,791	\$0.2	\$0.3	\$0.4	\$0.4
Group 3: Out of school care	317	\$0.0	\$0.0	\$0.0	\$0.0
Group 4: Health and support	2,019	\$0.4	\$0.7	\$0.9	\$0.9
Group 5: Hospitals	87	\$0.1	\$0.1	\$0.2	\$0.2
Group 6: Government bodies and organisations/services	58	\$0.0	\$0.0	\$0.0	\$0.0
Subtotal	7,529	\$1.2	\$2.1	\$2.6	\$2.6
Information sharing responses to requests (including record keeping)					
Group 1: Schools	2,257	\$0.1	\$0.2	\$0.3	\$0.3
Group 2: Early childhood	2,791	\$0.1	\$0.2	\$0.2	\$0.2
Group 3: Out of school care	317	\$0.0	\$0.0	\$0.0	\$0.0

Group 4: Health and support	2,019	\$1.1	\$1.9	\$2.4	\$2.4
Group 5: Hospitals	87	\$0.4	\$0.8	\$1.0	\$1.0
Group 6: Government bodies and organisations/services	58	\$0.0	\$0.0	\$0.0	\$0.0
Subtotal	7,529	\$1.8	\$3.1	\$4.0	\$4.0
MARAM					
Training attendance (new staff)					
Group 1: Schools	2,257	\$0.0	\$0.0	\$0.0	\$4.1
Group 2: Early childhood	2,791	\$0.0	\$0.0	\$0.0	\$2.5
Group 3: Out of school care	317	\$0.0	\$0.0	\$0.0	\$0.4
Group 4: Health and support	348	\$0.0	\$0.0	\$0.0	\$0.5
Group 5: Hospitals	87	\$0.0	\$0.0	\$0.0	\$1.8
Group 6: Government bodies and organisations/services	55	\$0.0	\$0.0	\$0.0	\$0.0
Subtotal	5,855	\$0.0	\$0.0	\$0.0	\$9.3
Risk assessment and management activity					
Group 1: Schools	2,257	\$0.6	\$1.0	\$1.3	\$1.3
Group 2: Early childhood	2,791	\$0.4	\$0.6	\$0.8	\$0.8
Group 3: Out of school care	317	\$0.0	\$0.0	\$0.1	\$0.1
Group 4: Health and support	348	\$0.1	\$0.2	\$0.3	\$0.3
Group 5: Hospitals	87	\$0.1	\$0.2	\$0.2	\$0.2
Group 6: Government bodies and organisations/services	55	\$0.0	\$0.0	\$0.0	\$0.0
Subtotal	5,855	\$1.2	\$2.1	\$2.6	\$2.6
Total		\$4.1	\$7.2	\$9.3	\$23.7

Notes: ¹These estimates are based on costings outlined in Table 11, Table 14, Table 15, Table 16 and Table 17 in the body of this report that were subsequently scaled based on the number of organisations and services in each workforce group. Costs apply across all workforce groups noting that low costs are listed as zero due to rounding. Estimates of the number of organisations and services in each workforce group are based on the figures provided in [Appendix A](#).

²The profile of training, information sharing and risk assessment and management activity is based on the profile of funding for training provision.

³The number of organisations and services reflects the total number at ramp-up after three years i.e. 2022-23 and onwards.

Table ES.3 – Breakdown of total upfront and ongoing costs for the Scheme and MARAM by workforce group

	2020-21	2021-22	2022-23	Ongoing
Central government	\$13.3	\$14.6	\$9.6	\$3.4
Group 1: Schools	\$22.9	\$18.7	\$13.6	\$7.4
Group 2: Early childhood	\$22.2	\$17.6	\$12.2	\$4.5
Group 3: Out of school care	\$2.7	\$2.1	\$1.4	\$0.5
Group 4: Health and support	\$9.9	\$9.1	\$7.7	\$4.6
Group 5: Hospitals	\$8.1	\$6.8	\$5.1	\$3.2
Group 6: Government bodies and organisations/services	\$0.4	\$0.3	\$0.2	\$0.1
Total	\$79.5	\$69.2	\$49.9	\$23.7

To put these costs in perspective, the key benefit of the reforms will be a reduction over the longer term in the number and severity of incidents of family violence, including those that escalate to major injury, trauma or death of a family member. That is, bearing in mind that the number of reported incidents of family violence will likely increase over the short to medium term as workers across the service system will be better equipped to identify and respond to family violence and this will lead to greater number of disclosures by victim survivors and associated reports to Victoria Police and other services.

These benefits are difficult to quantify given the inability to draw a clear causal link between information shared as a result of the Scheme and more coordinated risk assessment and management activity across all sectors as a result of MARAM and associated reductions in the rate and escalation of family violence. However, it is reasonable to assume that, together, MARAM and the Scheme are critical reform planks required to reduce the number and severity of cases over the longer term and will, therefore, reduce the costs of family violence to the Victorian community, which is estimated to be \$5.3 billion in 2015-16.² The costs of the proposed reforms represent a small proportion of this cost to the Victorian community and are therefore regarded as reasonable when considered within this broader context.

The reforms will also improve responses to victim survivors at all levels of risk, not just those at the highest risk. MARAM will facilitate whole-of-system accountability by ensuring not just those at the specialist end are responsible for identifying, assessing or managing family violence risk. This message of system accountability will be supported by improvements in the culture of shared understanding and increased information sharing between a broader group of entities, as well as strengthened coordination or risk management responses. The inclusion of Phase Two will significantly contribute to whole-of-system accountability, and a shared understanding for family violence risk assessment and management across the service system.

Training in MARAM and the Scheme will increase the capability and capacity of prescribed organisations and services, and will result in an improved service experience for victim survivors and more effective outcomes. The reforms will also increase capacity and coordination of workforces to keep perpetrators in view and hold them to account.

Family Safety Victoria believes that the benefits of enabling the reforms through the proposed Regulations will exceed the cost based on the qualitative benefits of information sharing and risk assessment and risk management that were described by the Royal Commission. These reforms will make it easier for a range of organisations and services who may work with people experiencing family

² KPMG (2017) *The cost of family violence in Victoria: Summary report*.

violence to consistently identify, assess and manage risk, and to share relevant information to support this, and will therefore help to intervene earlier and to more effectively respond to incidents of family violence.

It is important to note that this RIS provides only an indicative guide to the potential impacts of MARAM and the Scheme. Costs could be higher or lower depending on:

- the timing and approach taken across organisations and services to align their policies, procedures, practice guidance and tools, and the utilisation of these in practice, i.e. the effectiveness of culture and practice change; and
- concurrent investment in other interrelated reforms, including workforce capability and integrated systems (e.g. state-wide expansion of the Orange Door), and agency specific reforms (e.g. investment in data systems).

Further, some costs cannot currently be quantified, including IT, system change and associated project management costs that will apply to some government agencies for them to effectively operate under the new reforms. Given uncertainty over these costs, the nature and extent of them will be the subject of future evaluation.

Implementation

In order to ensure workforce readiness and sector capacity, and thereby minimise risks of inappropriate information sharing and inconsistent family violence risk assessment and management practice, Family Safety Victoria has adopted a phased approach to the roll-out of these reforms. The Initial Tranche and Phase One have been prescribed by regulations, with Phase Two proposed to commence in September 2020.

An implementation strategy has been developed to ensure organisations and services are well prepared to be prescribed under MARAM and the Scheme, and to minimise implementation risks. Implementation planning will be informed through the ongoing evaluation of the operation of MARAM and the Scheme and the lessons from Phase One.

Organisations and services prescribed under MARAM will be required to amend their policies, procedures, tools and practice guidance gradually over time as per a maturity model of alignment that recognises the variability in starting points across different sectors.

Together the Scheme, the Child Information Sharing scheme and MARAM will enable improved early identification and management of risks to child wellbeing or safety (including family violence risk) and support services to better respond to women, children and families.

Implementation is being approached jointly, given the interdependencies between the three reforms, and the need to coordinate training, communications and change management activities for the workforces affected. Considerations guiding the implementation approach include understanding sector readiness, timeliness of reform commencement, and promoting victim survivor safety. A joint approach is also proposed for Phase Two.

Organisations and services that are currently prescribed under the Scheme and MARAM are still working through change management strategies to embed the reforms and shift risk assessment and risk management practice towards best practice and address the risk averse culture to information sharing. This highlights the significance of the change management process and the implementation timeframe required to effectively embed the reforms.

Consultation

For the purposes of this RIS, extensive and targeted stakeholder consultations took place with the aim of involving all workforces proposed for Phase Two prescription. These consultations were held together with the Department of Education and Training and the Department of Health and Human Services, and

asked stakeholders to consider the joint impacts of MARAM, the Scheme and the Child Information Sharing Scheme due to the intersection of the reforms and the joint implementation approach.

Whilst consultation occurred with a range of both government and non-government organisations across regional and metro locations with different workforce sizes, it is acknowledged that only a small proportion of organisations and services that will be prescribed under Phase Two could be engaged with through the consultation process. Therefore, impacts of the regulations outlined in this RIS should be considered as indicative only.

The following approach was taken for the consultations:

- Sector forums: Forums were held with stakeholders representing organisations and services proposed for prescription to discuss the relevant impacts and risks across the sectors, and how they will vary depending on the type of organisation or service.
- Targeted interviews: Structured interviews were undertaken with representatives of individual organisations or services to provide further insight into the anticipated impact of the Regulations, including estimated resourcing implications.

[DN: Highlighted areas to be completed prior to publishing]

Releasing this RIS begins a further phase of public consultation through which interested members of the community, service providers and other stakeholders can provide input into the development of the Regulations. For a minimum of 28 days, Family Safety Victoria will invite public comments or submissions before it finalises the proposed Regulations. Information on how to lodge submissions can be found on Family Safety Victoria's website at: Family Safety Victoria www.vic.gov.au/familyviolence/family-safety-victoria/information-sharing-and-risk-management.

Submissions on this RIS are to be received by Family Safety Victoria no later than 5pm xxxx xx xxxx 2019.

Review

The Act requires an independent review on the implementation of the Scheme to be conducted within two years of commencement. Monash University was appointed as an independent reviewer prior to commencement of the Scheme and is currently conducting the two year review. The review will evaluate the effectiveness and impact of the Initial Tranche and Phase One of the Scheme. It will also consider any adverse impacts or unintended consequences of the Scheme and make recommendations to improve its operation.

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 legislative model, consider any adverse effects of the legislation and make recommendations for reform.

These reviews must be tabled in Parliament within six months of the two year and five year periods. Monash University's two-year review will be complete and tabled in Parliament by August 2020. The five-year independent review of the Scheme will consider the effectiveness and impact of Phase Two.

Part 11 of the Act requires the relevant Minister to cause a review of the operation of the approved Family Violence Risk Assessment and Risk Management Framework to be conducted within five years of commencement. This review must determine the extent to which the Framework reflects evidence of best practices in relation to family violence risk assessment and risk management. The Minister must cause a further review of the operation of the approved Framework to be conducted periodically every five years after the date on which a review of the Framework is completed.

Part 11 of the Act also requires a review of the operation of Part 11 within five years of commencement. This review must assess the extent to which the Part is achieving the objective of providing a framework for achieving consistency in family violence risk assessment and family violence risk management.

Family Safety Victoria has commissioned Cube Group to develop a Monitoring and Evaluation Framework for MARAM and the Scheme and to conduct an early implementation process evaluation of MARAM. The Monitoring and Evaluation Framework includes a strategy for Family Safety Victoria to monitor progress of the reform and gather evidence to contribute to the five-year reviews. This includes gathering data in relation to the impact of MARAM training, communication and change management activities. All reform phases are in scope for the Monitoring and Evaluation Framework.

Background

The Royal Commission into Family Violence identified family violence as a pervasive problem in society with devastating impacts. Family violence inflicts physical injury, psychological trauma and emotional suffering that can impact victim survivors³ for the rest of their lives.⁴

KPMG estimates that over 160,000 people experienced family violence in Victoria in 2015-16.⁵ In terms of reported cases, 96,274 family violence incidents were reported to Victoria Police in 2018-19.⁶ Family violence also has a significant economic cost to Victorian society. The total cost to Victoria of family violence was \$5.3 billion in 2015-16, including \$1.8 billion in costs to government for service delivery, \$2.6 billion in costs to individuals and families and \$918 million in costs to the community and economy.⁷

Family violence has other negative impacts on the community. KPMG has estimated the costs associated with the long-term health impacts of family violence and associated increased risk of mental ill-health to have been \$2.2 billion in 2015-16.⁸ Each year, 40 per cent of all deaths attributed to homicide in Victoria occur between parties in an intimate or familial relationship, which is approximately 25 deaths per year.⁹ In 2015-16, family violence concerns were indicated in 47.5 per cent of reports to Child Protection, and 68.7 per cent of reports substantiated by Child Protection.¹⁰ Intimate partner violence contributes to more death, disability and illness in women aged 18 to 44 than any other preventable risk factor.¹¹ Family violence is also the single largest cause of homelessness for women, exposing victim survivors to unemployment and a cycle of poverty.¹²

Family violence also has impacts for businesses and employers. KPMG has estimated that, in 2015-16, the cost of lost economies of scale¹³ due to family violence was \$403 million and the cost to employers for staff absences or replacements was \$60 million.¹⁴

The Royal Commission put forward 227 recommendations that provide the starting point for significant changes across the health, justice and social service systems to ensure a coordinated, integrated and effective response to family violence in Victoria. *Ending Family Violence: Victoria's Plan for Change* outlines the Victorian Government's plan to achieve its vision of a Victoria free from family violence by implementing all 227 of the Royal Commission's recommendations.

A key component of the reform program to address family violence is ensuring that family violence risk assessment and risk management practices are as effective as they can be across all relevant

³ 'Victim survivor' has the same meaning as a 'primary person' in the *Family Violence Protection Act*. A person will be a victim survivor if an Information Sharing Entity reasonably believes there is a risk that the person may be subjected to family violence. The term victim survivor refers to both adult and child victim survivors. See *Family Violence Information Sharing Guidelines: Guidance for Information Sharing Entities* p 15.

⁴ Department of Premier and Cabinet (2017) *Ending Family Violence: Victoria's Plan for Change*.

⁵ KPMG (2017) *The cost of family violence in Victoria: Summary report*.

⁶ Crime Statistics Agency (2019) Recorded Offences, available on <<https://www.crimestatistics.vic.gov.au/crime-statistics/latest-crime-data/recorded-offences>>.

⁷ KPMG (2017) *The cost of family violence in Victoria: Summary report*.

⁸ KPMG (2017) *The cost of family violence in Victoria: Summary report*.

⁹ Royal Commission into Family Violence (2016) *Volume I Report and Recommendations*, 41.

¹⁰ Department of Premier and Cabinet (2017) *Ending Family Violence: Victoria's Plan for Change*, 2.

¹¹ Department of Premier and Cabinet (2017) *Ending Family Violence: Victoria's Plan for Change*, 2.

¹² Department of Premier and Cabinet (2017) *Ending Family Violence: Victoria's Plan for Change*, 2.

¹³ According to the associated KPMG report, 'family violence can force victim survivors to relocate if they reside with the perpetrator, causing a loss of economies of scale and increased individual costs that may, in turn, affect consumption spending patterns. This can substantially affect a victim survivor's economic opportunities.' See KPMG (2017) *The cost of family violence in Victoria: Summary report*.

¹⁴ KPMG (2017) *The cost of family violence in Victoria: Summary report*.

workforces that work with victim survivors and perpetrators,¹⁵ and that practitioners have timely access to the widest variety of information to assess and manage risk. The Royal Commission made several recommendations in this area, including the review and redevelopment of the Family Violence Risk Assessment and Management Framework (previously referred to as the common risk assessment framework or CRAF), and the creation of a Family Violence Information Sharing scheme (the Scheme).

In response to the Royal Commission's findings and recommendations, the pre-existing framework was redeveloped into the Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM) and established in law under Part 11 of the *Family Violence Protection Act 2008* (the Act), with the intention of creating a stronger authorising environment, further embedding it into practice and to address a number of gaps that were identified. MARAM sets out the requirements, roles and responsibilities for prescribed framework organisations and government funded services and evidence-based risk indicators to support a shared understanding of family violence risk.

In addition, the Scheme was created by Part 5A of the Act. The Scheme is a key enabler supporting effective assessment and management of family violence risk. Under the Scheme, Information Sharing Entities (or ISEs) can share information with other ISEs related to assessing or managing family violence risk.

The Victorian Government has also developed a Child Information Sharing scheme that prescribes a group of organisations and services that are largely the same as the Scheme to share confidential information for the purpose of promoting the wellbeing or safety of a child or group of children.

The Child Information Sharing scheme complements the Scheme by enabling prescribed organisations and services to share information to promote children's wellbeing and safety, including but not limited to situations where family violence is suspected or established as being present. The two schemes use a similar model for sharing information, and similar organisations and services have been prescribed under both schemes. Neither scheme requires consent before sharing information relating to a child, although guidelines will require prescribed organisations and services to promote children's agency and the agency of other affected family members by seeking their views where appropriate. For more information, see [Child Information Sharing Scheme Ministerial Guidelines – Guidance for information sharing entities](#)¹⁶.

Further detail on the impacts of the Child Information Sharing scheme can be found in the *Regulatory Impact Statement: Child Wellbeing and Safety (Information Sharing) Amendment Regulations 2020*.¹⁷

Implementation phasing

The Scheme commenced on 26 February 2018, with an Initial Tranche of prescribed ISEs. The Initial Tranche ISEs consisted of individuals who perform specific functions in key organisations that play a core role in assessing and managing family violence risk, have a good understanding of family violence or can be trained quickly and operate in a well-regulated rule-based environment.

Phase One, commencing on 27 September 2018, saw the incorporation of the Scheme under the umbrella of the broader MARAM reforms, as well as the model of prescription changing from prescribing individuals within organisations to entire organisations and services. Phase One of MARAM and the Scheme aligned with the initial rollout of the Child Information Sharing scheme.

¹⁵ In line with the Royal Commission, this document refers to "victim survivor" and "perpetrator" in recognition that these are the terms most widely used in the community.

¹⁶ Department of Health and Human Services (2018) *Child Information Sharing Scheme Ministerial Guidelines – Guidance for information sharing entities*, available on <<https://www.vic.gov.au/guides-templates-tools-for-information-sharing#child-information-sharing-scheme-resources>>

¹⁷ Department of Education and Training (2019) *Regulatory Impact Statement: Child Wellbeing and Safety (Information Sharing) Amendment Regulations 2020*.

Phase One consisted of organisations and services that hosted Initial Tranche entities, as well as entities whose core business is not directly related to family violence but who spend a significant proportion of their time responding to victim survivors or perpetrators, and non-family violence specific support or intervention agencies.

The list of currently prescribed organisations and services under MARAM and the Scheme are outlined in Table 1.

Table 1 – Organisations and services currently prescribed under MARAM and the Scheme

MARAM and the Family Violence Information Sharing Scheme
<ul style="list-style-type: none"> • Adult Parole Board • Alcohol and other drugs services • Child protection • Children’s Court officials • Corrections Victoria funded or contracted rehabilitation and reintegration services or programs, prisoner services or programs and clinical services or programs for offender rehabilitation • Corrections Victoria, including Community Correctional Services and privately-operated prisons • Court-ordered family violence counselling • Department of Health and Human Services Housing • Designated Mental Health Services • Family Violence Restorative Justice Service • Homelessness services* • Justice Health funded or contracted services for children and young people • Justice Health funded or contracted services for adults • Magistrates’ Court officials • Maternal and Child Health Services • Multi-agency Panels to Prevent Youth Offending • Out-of-Home care services • Perpetrator interventions, including trials under the Family Violence Perpetrator Intervention grants • Registered community-based child and family services (including Child FIRST and Integrated Family Services) • Risk Assessment and Management Panels • Sexual assault support services • Sexually abusive behaviour treatment services • Specialist family violence services (including family violence counselling and therapeutic programs) • State funded Financial Counselling Program • Tenancy Advice and Advocacy Program • The Orange Door (Support and Safety Hubs) • Victims Assistance Program services • Victims of Crime Helpline • Victoria Police • Youth Justice funded community support services or programs • Youth Parole Board (Secretariat)
Family Violence Information Sharing Scheme only
<ul style="list-style-type: none"> • Commission for Children and Young People • Disability Services Commissioner <p><i>* Selected workforces or professionals</i></p>

This regulatory impact statement (RIS) assesses the impact of the proposed Family Violence Protection (Information Sharing and Risk Management) Amendment Regulations 2020.

Identifying the problem

Limitations in consistent and shared family violence risk assessment and risk management practices across the service system have prevented services from efficiently identifying, assessing and managing the risks of family violence to victim survivors, or from keeping perpetrators in view and holding them to account, through timely and effective interventions.

The Royal Commission identified barriers that prevented information from being shared as effectively as it could be, and found that the failure to share crucial information with frontline workers can have catastrophic consequences.

These problems are discussed below.

Lack of visibility across different service pathways

In Australia, on average, one woman a week is murdered by her current or former partner.¹⁸ In Victoria, 40 per cent of all deaths attributed to homicide occur between parties in an intimate or familial relationship, which is approximately 25 deaths per year.¹⁹ Intimate partner homicides are recognised as the most preventable types of homicide, because a history of family violence is a known risk factor.²⁰ However, most victims do not seek support from police or family violence services – with an estimated eight in 10 women (82%) who experience violence from a current partner never contacting the police.²¹

Victim survivors and perpetrators of family violence gain access to and use services in many ways, and the diversity of entry points can make it difficult for people to find the full range of services they need. The Royal Commission found that specialist family violence services are not always visible to victim survivors, or even to services that refer victim survivors.²² Examples of good service collaboration and local partnerships often rely on local relationships and initiatives, rather than strong and formalised state-wide and system-level arrangements. This leads to many victim survivors having to manage risk on their own. A key feature of the reforms is to move the burden of holding a perpetrator to account away from the victim survivor and onto the service system.

At present, health and other universal services²³ are, in the main, not equipped to identify family violence risk and provide support to victim survivors, both adults and children.²⁴ In the Monash University review of the CRAF, victim survivors described multiple interactions with health and other universal services where they were unable to access help or support despite having experienced physical violence²⁵. Universal services that work with children and young people – for example, early childhood services, schools and health service providers – often lack the knowledge and expertise to identify and respond when children and young people are experiencing family violence.²⁶

In addition, the Royal Commission heard that dispersed populations and the long distances between population centres in rural, regional and remote communities mean that in some areas specialist family violence services are available only on a part-time basis or if the victim survivor has the ability to travel

¹⁸ Bryant, W. & Bricknall, S. (2017) *Homicide in Australia 2012-2014: National Homicide Monitoring Program report*.

¹⁹ Royal Commission into Family Violence (2016) *Volume I Report and Recommendations*, 41.

²⁰ McCulloch, J et al. (2016) *Review of the Family Violence Risk Assessment and Risk Management Framework (CRAF)*, 14.

²¹ Australian Bureau of Statistics (2017) *Personal Safety Survey 2016*.

²² Royal Commission into Family Violence (2016) *Summary and recommendations*, 24.

²³ The Royal Commission into Family Violence *Summary and recommendations* (2016. p.273) defines a universal service as “A service provider to the entire community, such as health services in public hospitals or education in public schools”.

²⁴ Royal Commission into Family Violence (2016) *Summary and recommendations*, 19.

²⁵ McCulloch, J et al. (2016) *Review of the Family Violence Risk Assessment and Risk Management Framework (CRAF)*, 13.

²⁶ Royal Commission into Family Violence (2016) *Summary and recommendations*, 23.

long distances, effectively resulting in a denial of service.²⁷ Therefore, universal services that already have good geographic coverage in these communities need to be supported to build their capacity to respond to family violence.

Limited service responses across the spectrum of risk

Due to inconsistencies in understanding and practice, risk is not well identified, assessed and managed at a system-wide level. The elements of good risk management are the same at all levels of risk. However, comprehensive guidelines, policies and resources to support effective risk management strategies are only available for those at highest risk and are lacking for clients across the full spectrum of risk.²⁸

The Royal Commission emphasised that the pre-existing framework's original intent as a framework for the entire system needed to be re-established and embedded in practice. All services – not just the family violence system – have a role in identifying and responding to family violence, and this message should be reinforced through legislative and regulatory mechanisms, policy, service agreements, and investment in workforce capability and capacity.²⁹ This requires strengthening the identification and assessment of family violence risk by professionals in universal and specialist services, and providing risk management interventions as appropriate to organisations' roles and responsibilities across the service system, that aim to prevent violence from escalating.

Limited organisational and workforce capabilities, including organisational leadership, to address family violence risk

The Royal Commission stated that, despite valuable efforts to increase professionals' competency and to standardise practice through a state-wide training program and targeted workforce-wide training, an effective response may rely on the skill level and motivation of individuals.³⁰ Where not required by employing organisations, professionals usually self-nominate to attend training, and following training there was found to be limited organisational capability or support to embed the pre-existing framework into their policies, practices and procedures as part of an ongoing and shared responsibility. The Royal Commission recommended stronger workforce development across the range of professionals who use the framework in order to develop or strengthen core skills appropriate to their particular roles (Recommendation 3).³¹ Within this recommendation, general practitioners, aged care and hospital workers were identified as some priority sectors.

Without organisational leadership, the responsibilities assumed by professionals in identifying, assessing and/or managing family violence risk may be dependent on the individual professional, leading to inconsistency in approach and potentially putting the client at further risk. Organisational leadership is also required to ensure that professionals attend and implement training that is relevant to their role and associated MARAM responsibilities.

Legal and administrative impediments to information sharing

In February 2018, the Initial Tranche of the Scheme was prescribed based on entities' criticality, family violence literacy and ability to operate in a regulatory environment. In September 2018, Phase One was prescribed to include entities whose core business is not directly related to family violence but who spend a significant proportion of their time responding to victim survivors or perpetrators, as well as non-family violence specific support or intervention agencies.

²⁷ Royal Commission into Family Violence (2016) *Summary and recommendations*, 37.

²⁸ Royal Commission into Family Violence (2016) *Volume I Report and Recommendations*, 124.

²⁹ Royal Commission into Family Violence (2016) *Volume I Report and Recommendations*, 135.

³⁰ Royal Commission into Family Violence (2016) *Volume I Report and Recommendations*, 123.

³¹ Royal Commission into Family Violence (2016) *Volume I Report and Recommendations*, 123.

However, generalist services and first responders often have critical information pertaining to family violence risk that may not be visible to Phase One organisations and services, particularly where a victim survivor has not yet actively sought support from police or family violence services and may be prevented from sharing in some circumstances. These services are often early contact points for many people experiencing family violence. Health services can hold information that is essential for assessing and managing family violence risk, such as health information or diagnosis, outcomes of program assessments or interventions, history of family violence and previous health issues. Schools are central points of interaction between parents, educators and children and young people, and there is opportunity to identify signs, or receive a disclosure that a child/young person and/or parent/guardian is experiencing family violence.³² Services working with children and young people on a daily basis, such as education providers, need access to information essential to managing the risk of family violence to the child or young person and their mother and other non-offending family members.

Services that are currently not prescribed under the Scheme such as schools and hospitals are, where possible, sharing information relevant to assessing and managing family violence risk under existing laws, including privacy laws and the *Children, Youth and Families Act 2005*. However, the level of sharing is restricted to only a small number of cases.

Organisations and services currently prescribed under the Scheme cannot use the Scheme to request this information from a range of universal and generalist services that are not currently prescribed, many of which may come in daily contact with victim survivors or perpetrators. Conversely, organisations and services such as schools and hospitals that are not prescribed in the Initial Tranche and Phase One would generally need to rely heavily on information provided by the victim survivor for their risk assessment and management because it is often unsafe to seek consent from the perpetrator, as may be required under privacy laws.

The information provided by a victim survivor may be limited as they may not be aware of, or have complete information about, the perpetrator's current actions and behaviours or history of use of family violence. Furthermore, the information provided by the victim survivor may be limited by the level of trust and confidence the victim survivor has in the worker or agency when disclosing information during a risk assessment.

Under current privacy legislation, the consent of a child (or their parent) is often required unless there is a serious threat. The *Children, Youth and Families Act 2005* also allows for some information to be shared with Child Protection and Child FIRST³³ if there are significant concerns for the wellbeing of the child. For example, Victoria Police may make such referrals following a family violence incident using a Victoria Police Family Violence Report (L17 form). However, there are significant constraints in the ability of Child Protection and Child FIRST to share information outwards to organisations other than those currently prescribed under the Scheme and the Child Information Sharing Scheme.

The information that the proposed additional prescribed organisations and services hold regarding perpetrators may be critical in providing a full picture of the level of risk and holding them accountable for their actions and behaviours. The proposed prescribed organisations and services may also need these permissions to share information to support a victim survivor, particularly if the victim survivor is not engaged directly with a family violence service.

A risk-averse culture to information sharing

Barriers to information sharing still apply for organisations and services that are not currently prescribed under the Scheme. Complex, confusing and restrictive legislation and policy along with workers' low

³² Victorian Department of Education and Training (2018) *PROTECT Identifying and responding to all forms of abuse in Victorian schools*, 25.

³³ Child FIRST (Child and family information, referral and support teams) is an easily accessible, community-based point of entry for children, young people and families needing support.

confidence in safely sharing information pose real barriers to information sharing in family violence cases, creating confusion and a risk-averse culture to information sharing, which means that the perceptions of privacy barriers are often deeply entrenched³⁴.

For example, organisations and services that are currently prescribed under the Scheme are still working through change management strategies to embed the reforms and address this risk-averse culture to information sharing. It suggests that these barriers will also exist, in a similar or larger scale, for the next phase of reforms.

Importance of family violence risk assessment, risk management and information sharing

Risk assessment is the process of identifying the presence of a risk factor and determining the likelihood of an adverse event occurring, its consequence and its timing. Risk management refers to the collection of responses that help to reduce risk and harm.³⁵ In essence, every intervention that an individual, service or organisation makes to keep victims safe is a form of risk management. Risk assessment, risk management and information sharing are key elements of a fully coordinated family violence response. Information sharing is a necessary precursor to interventions that promote safety and save lives. Managing risk involves removing, reducing or preventing the escalation of risk. As risk is dynamic and can change over time, information may be required for the purposes of ongoing risk assessment.

The Royal Commission noted that a systems approach is required to keep victims of family violence safe and perpetrators accountable. All agencies inside and outside the core family violence system must have a shared understanding of risk assessment and management, as well as of family violence itself. A systems approach also demands that agencies share information in a timely and proactive way and have a common approach to multi-agency risk management.

Services are already using the Scheme to request and share information to help keep people safe. Evidence and case studies gathered to date indicates an increase in information sharing from critical sectors in the family violence service system.

The Royal Commission heard that the elements of good risk management are the same at all levels of risk. Comprehensive guidelines, policies and resources to support effective risk management strategies are required to support an integrated and effective system response for all, not just those at highest risk, supported by Risk Assessment and Management Panels and intensive case management.³⁶

Improved multi-agency coordination of risk assessment and management for people at all levels of risk can contribute to increased accountability of perpetrators by keeping those who use violence firmly in view. Universal services that are available to all community members are ideally placed to play a much greater role in identifying family violence at the earliest possible stage. This is demonstrated in the following case study.

³⁴ KPMG (2016) *Review of legislative and policy impediments to sharing relevant information between agencies in relation to a person at risk or family violence*.

³⁵ Victorian Government (2011) *Family Violence Risk Assessment and Risk Management Framework*, 18.

³⁶ Royal Commission into Family Violence (2016) *Volume I Report and Recommendations*, 113.

Case study

A young pregnant woman arrived with her partner at the emergency department, presenting with bleeding and abdominal pain. The nurse noticed that the patient was withdrawn, appeared depressed and identified that missed antenatal care had not been attended to. The partner did not let the patient speak for herself during the consultation.

The nurse distracted the partner by asking him to assist with paperwork in a separate room whilst the nurse supported the patient to have a physical examination. The nurse asked screening questions in line with MARAM to identify family violence risks. The patient disclosed that her partner was verbally threatening and controlling of her movements and connection with her family, and had been physically violent in the past.

With the woman's consent, the nurse called the local Orange Door service (Support and Safety Hub), where a specialist family violence worker undertook a risk assessment which included an information request to Victoria Police (under the Scheme) about the woman's partner regarding history of violence and other risk-relevant information to inform their assessment.

The Orange Door worker was informed that the partner had a previous charge for physical assault against the patient, a prior history of violence and breach of intervention order against a former partner. The information about the perpetrator's history of family violence was able to be shared with the victim survivor under the Scheme to support her safety planning. She was later able to use this information to provide relevant information to the court regarding the child's safety when seeing his father.

Broader policy context

The Victorian Government has committed to a significant reform program in order to achieve its vision of a Victoria free from family violence. MARAM and the Scheme are core components of this reform program, as is the creation of a Central Information Point (CIP). The CIP allows representatives from Court Services Victoria, Victoria Police, Corrections and the Department of Health and Human Services (DHHS) to consolidate critical information about perpetrators of family violence into a single report for frontline workers located in Orange Door sites. Together, these changes are key enablers of broader reforms taking place across the family violence system, including the creation of The Orange Door.

The Orange Door is central to Victoria's approach to addressing both family violence and child wellbeing and vulnerability (which may or may not be related to family violence) and, as the integrated intake and assessment service, forms a critical part of the broader service system response. The Orange Door is accessible, safe and welcoming to women, children and families, providing quick and simple access to the support and safety they need. The Orange Door also focuses on perpetrators of family violence, to keep them in view and play a role in holding them accountable for their actions and changing their behaviour.

In addition, the *Roadmap for Reform: strong families, safe children* (the Roadmap) is one of the key platforms established by the government to respond to the Royal Commission, and forms part of the longer-term response. The Roadmap provides a blueprint for transforming the child and family system from a crisis response to early intervention and prevention. The 2018 update of the Roadmap focuses on a 'pathways approach', looking at how all parts of the child and family system (The Orange Door, child and family services, Child Protection, care services, including Aboriginal Children in Aboriginal Care) connect to work with vulnerable children and families, as well as how the system links to other service platforms.

Interface between the proposed Regulations and the Child Information Sharing scheme

The Victorian government has established two key reforms in the area of information sharing. One is a Child Information Sharing scheme designed to promote the wellbeing and safety of children. The other is the Scheme designed to keep family violence victim survivors safe and perpetrators in view. These two schemes and MARAM have complementary purposes and are being implemented in a consistent manner. It is intended that together the reforms will be applied in an integrated way to respond to a range of wellbeing and safety needs and risks for children, including family violence. For more information refer to *Regulatory Impact Statement: Child Wellbeing and Safety (Information Sharing) Amendment Regulations 2020*.³⁷

The intersection between the two schemes and MARAM is shown in Figure 1.

Figure 1 – Intersection of the reforms



Legislative and regulatory basis for family violence risk assessment, risk management and information sharing

The Act:

- provides for a purpose-built family violence information sharing scheme under Part 5A, authorising a select group of prescribed ISEs to share information with one another for family violence risk assessment and risk management purposes;
- establishes the Central Information Point to be an effective and timely conduit of information sharing for core agencies; and
- empowers the relevant Minister to approve the Family Violence Risk Assessment and Risk Management Framework under Part 11 and require alignment by key organisations and funded agencies with it by prescribing them as Framework organisations, so they can better identify, assess and manage family violence, including in coordinated multi-agency environments.

³⁷ Department of Education and Training (2019) *Regulatory Impact Statement: Child Wellbeing and Safety (Information Sharing) Amendment Regulations 2020*.

The Family Violence Information Sharing scheme

Under Part 5A of the Act, relevant information can be shared between a select group of prescribed ISEs for the purposes of assessing and managing risk of family violence. The ISEs that are currently authorised to share information under the Scheme are prescribed in the Family Violence Protection (Information Sharing and Risk Management) Regulations 2018.

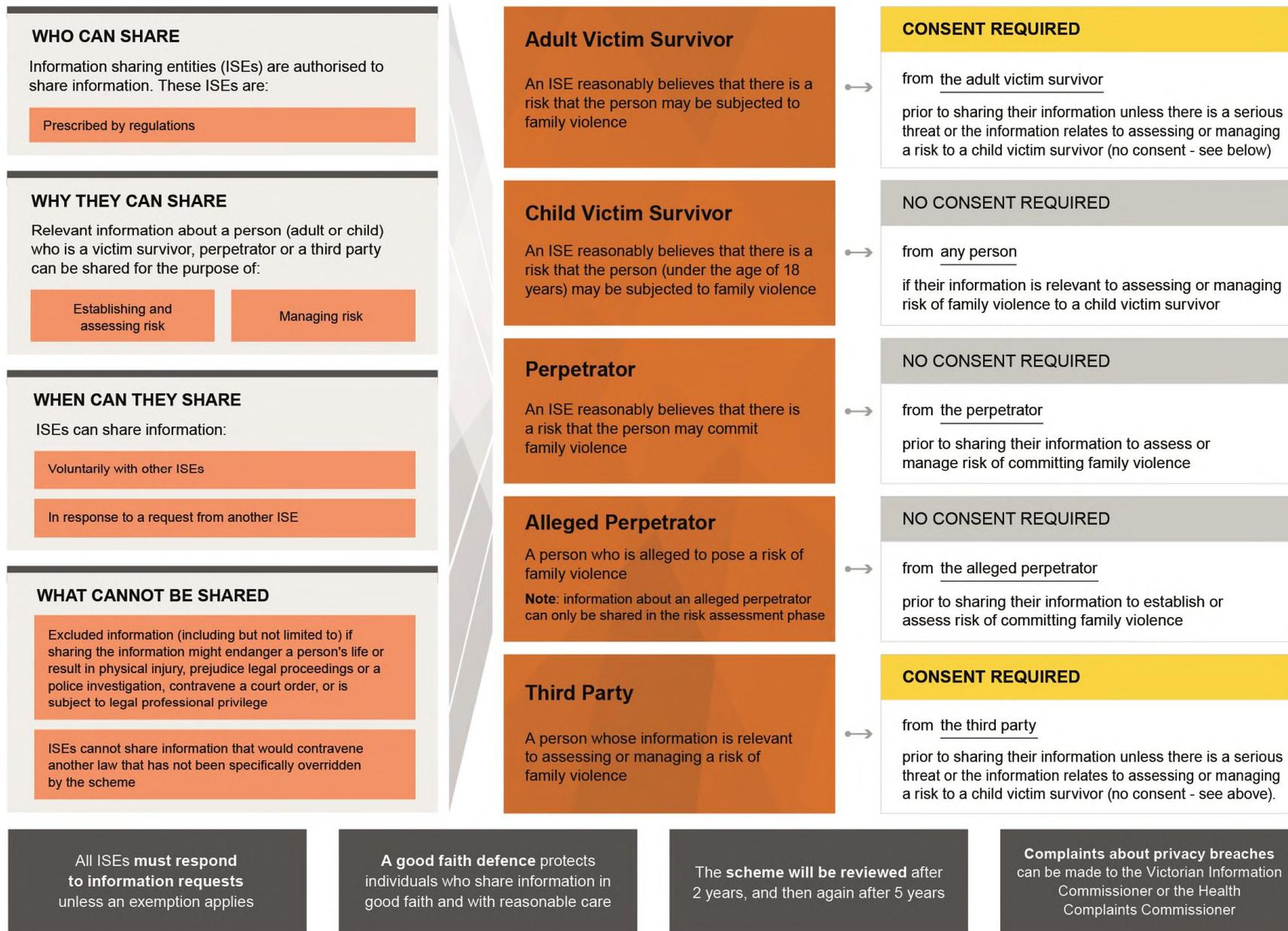
The Scheme is intended to:

- increase consistency and efficiency in assessing and managing family violence risk; and
- enable a more tailored service response through the increased sharing of information.

The following diagram provides an overview of the Scheme, including definitions of victim survivor, perpetrator, alleged perpetrator and third party in the context of family violence.

Note that a perpetrator is a person that an ISE reasonably believes there is a risk that the person may commit family violence. There is no need for a criminal conviction, intervention order or other justice system involvement for a person to be considered a perpetrator under the Scheme. An alleged perpetrator is a person that is alleged to pose a risk of family violence but about whom there is not yet enough information to form a reasonable belief. Information can only be shared about an alleged perpetrator in the risk assessment phase, in order to determine if the person does actually pose a risk of committing family violence.

For more information on the Scheme, please see [Family Violence Information Sharing Guidelines: Guidance for Information Sharing Entities](#).



The Family Violence Multi-Agency Risk Assessment and Management Framework

Part 11 of the Act provides that the relevant Minister can approve a Family Violence Risk Assessment and Risk Management Framework for assessing and managing family violence risk, and require prescribed Framework organisations to align with the approved Framework.

Under Part 11 of the Act, the Framework is a legislative instrument within the meaning of the *Subordinate Legislation Act 1994*. Table 2 outlines the different elements of MARAM. For more information on each element, see [MARAM practice guides and resources](#).

Table 2 – Elements of MARAM

Implementation of MARAM is underway through a strengthened authorising environment, stronger connections between organisations and improved practice guidance, training and change management activities

MARAM is embedded in Part 11 of the <i>Family Violence Protection Act 2008</i>	Establishing MARAM as a legislative instrument strengthens the authorising environment, creating formalised roles and responsibilities for family violence risk assessment and management. This allows for a system-wide approach, and shared responsibilities and obligations for, responding to family violence risk.
Regulations prescribe who is required to operate under MARAM	Prescribing 'Framework organisations' provides clarity of which organisations are required to align their policies, procedures practice guidance and tools to MARAM, and supports professionals and services to understand their roles, responsibilities and obligations under MARAM.
A new policy- MARAM - including new responsibilities	MARAM interprets the legal obligations and sets out the approach to implementation of the reforms. MARAM assists organisations to identify responsibilities for their workforces to assess and manage risk, including in collaborative, multi-agency environments. MARAM also reinforces a shared understanding of the drivers and experience of risk, evidence-based risk factors including description of perpetrator actions and behaviours, and approaches to risk assessment and management practice.
MARAM Practice Guides and assessment tools	<p>MARAM Practice Guides and tools provide comprehensive practice advice for a range of professionals across the whole service system to engage in family violence practice across the activities of intake, identification and screening and intermediate to comprehensive risk assessment and management. New assessment tools build on contemporary evidence, recognising a wider range of risk factors, including where violence is being used against children, Aboriginal people, diverse communities and older people.</p> <p>Over time, the evidence-base for experiences of family violence and effective intervention will be strengthened through use of MARAM which will inform continuous improvement and updates.</p>
New training, resources and guidance for organisations	New training on MARAM tools and practice is being provided to the current specialist and non-specialist workforce (in line with <i>Strengthening the Foundations</i> family violence literacy) and MARAM competencies are being built into pre-service qualifications for in-scope workforces.
New resources for organisations	Change management supports through targeted funding, communications and organisational guidance supports alignment with, and implementation of MARAM policies, procedures, practice guidance and tools.

Objectives

The Scheme created under Part 5A of the Act has two main objectives: to ensure the safety and protection of those experiencing family violence; and to hold perpetrators to account.³⁸ By broadening the authorised information sharing environment, the Scheme aims to create a cultural shift in information sharing practice and support effective and enhanced assessment and management of family violence risk through information sharing between prescribed organisations and services.

Part 11 of the Act aims to establish a shared understanding of family violence across the service system, in order to facilitate consistent and collaborative practice, including multi-agency risk assessment and management. This is to ensure that all parts of the service system, including universal services, can identify family violence and risk and provide timely and appropriate responses in order to prevent the escalation of risk or harm.

The proposed Family Violence Protection (Information Sharing and Risk Management) Amendment Regulations 2020 (the Regulations) will amend the Family Violence Protection (Information Sharing and Risk Management) Regulations 2018 to:

- prescribe additional organisations and services as ISEs that will be authorised to share information under the Scheme; and
- prescribe additional organisations and services that are required under the Act to align their relevant policies, procedures, practice guidance and tools with MARAM.

The intent of the Regulations in prescribing additional organisations and services is to ensure that prescribed organisations and services have access to as much relevant information as possible in order to comprehensively assess and manage the risk of family violence, and that they use their powers appropriately.

³⁸ Victorian Government (2018) *Family Violence Information Sharing Guidelines – Guidance for Information Sharing Entities*, 8.

Reform options

This RIS assesses options for prescription under the proposed Regulations. These options are discussed below, along with a brief outline of elements of the proposed Regulations for which options are not considered.

Options for prescription of MARAM and the Family Violence Information Sharing Scheme

Reform options are assessed in relation to who will be prescribed in the Regulations.

In developing options for the Initial Tranche of the Scheme, organisations and services were categorised according to the following three principles:

- **role** – extent that entities play (or are expected to play) a critical or core role in responding to family violence;
- **family violence literacy** – extent that entities have a family violence risk literate workforce or that can be trained quickly to develop family violence risk literacy, considering the size of the workforce; and
- **rule-based** – extent that entities have a strong rule based or regulatory operating environment to ensure information is handled appropriately and record keeping requirements are met.

For example, the Initial Tranche involved prescribing workforces that were regarded as playing a critical role in family violence, had a high level of family violence literacy and had a strong ability to operate in a rule-based environment. Phase One prescribed organisations and services whose core business is not directly linked to family violence, but who spend a significant proportion of their time responding to victim survivors or perpetrators, as well as non-family violence support or intervention agencies.

Beyond these groups, however, there are services that are regularly accessed by the community who may hold critical information and contribute to identification and referral. Specialist services for people affected by family violence such as those already prescribed are not always visible to the victims or to the services that need to refer victims. The situation is made more complex by the 'siloed' nature of services that work with people affected by family violence. Victims and perpetrators of family violence gain access to and use services in many ways, and the starting point is often service providers to the entire community, such as health services in public hospitals or education in public schools.

The options considered in this RIS are summarised as follows and discussed in more detail below:

- **Option 1:** Prescribe a limited group of additional organisations and services;
- **Option 2:** Option 1, plus targeted universal health and education providers; and
- **Option 3:** Option 2, plus disability and private allied health, and early childhood and education services

These options are compared to a base case where the current Family Violence Protection (Information Sharing and Risk Management) Amendment Regulations 2018 continue, and no new organisations and services are prescribed.

Base case

In the absence of the proposed Regulations, information would still be able to be shared by all workforces to assess and manage the risk of family violence, provided it meets the requirements of the *Privacy and Data Protection Act 2014*, the *Health Records Act 2001*, the *Privacy Act 1988* (Cth) or any other permissions that might apply to individual workforces. Under these laws, information is permitted to be shared about any person (including a perpetrator or other person whose information is relevant for assessing or managing family violence risk) for a primary purpose it was collected for, for a limited range

of secondary purposes, to lessen or prevent a serious threat to a person, or with consent, unless certain conditions apply.

Information relevant to assessing or managing a risk of family violence could also be shared by the existing organisations and services prescribed by the Family Violence Protection (Information Sharing) Regulations 2017, i.e. Initial Tranche, and the Family Violence Protection (Information Sharing and Risk Management) Regulations 2018, i.e. Phase One. Initial Tranche entities have previously been assessed as central, based on the criteria of role, family violence literacy and operating in a rule-based environment. Phase One entities do not have family violence as their core business but were prescribed because they spend a significant proportion of their time responding to victim survivors or perpetrators.

Any personal, health or sensitive information that is relevant to assessing and/or managing family violence risk must be shared on request or can be shared voluntarily between Initial Tranche and Phase One entities, provided:

- the information is not excluded;
- sharing the information does not contravene another law; and
- applicable consent requirements have been met.³⁹

Option 1 - Prescribe a limited group of additional organisations and services

The first option is for the Regulations to prescribe a limited group of organisations and services over and above those that are currently prescribed. These would include a combination of:

- Organisations and services that may hold information related to family violence risk, and play an important role in family violence risk assessment and management, but could not be prescribed previously due to change management lead time required. Examples include community housing organisations, community-managed mental health services and forensic disability services funded by DHHS.
- Organisations and services that provide targeted parenting and learning and development support for Victorian children and their parents, and thus have the opportunity to identify, assess and manage family violence risk and share information. Examples include student disengagement and wellbeing services and programs funded by the Department of Education and Training (DET).
- Organisations and services that target a particular cohort that may not seek other support. Examples include migrant and refugee services.

Option 2 – Option 1, plus targeted universal health and education providers

The second option considered is to prescribe a broader group of entities in addition to Option 1 – specifically targeted universal health and education providers, including schools and hospitals. These workforces interact with children and families on a day-to-day basis and are likely to have regular and extended contact with victim survivors or perpetrators of family violence. However, these organisations and services are likely to have lower levels of family violence literacy than Phase One and less direct engagement in family violence risk assessment and management. Training on the Scheme and MARAM would therefore need to be provided to large workforces to ensure that information would be shared safely and appropriately.

These workforces have the potential to play an important role in identifying family violence risk due to their regular and extended contact with victim survivors and perpetrators of family violence, and could also play an important role in risk management.

Under this option, the role of the additional prescribed organisations and services include universal services that are the first, and sometimes only, point of service contact for the community as they

³⁹ Victorian Government (2018) *Family Violence Information Sharing Guidelines – Guidance for Information Sharing Entities*, 20.

address basic needs like health and education. These organisations and services are therefore in a position to note early signs of people experiencing or perpetrating family violence, potentially preventing the escalation of risk and/or addressing the issue of under-reporting of family violence in the community. Examples include government and non-government schools and publicly funded metropolitan, regional and rural health services. This option also includes prescribing General Practitioners for the Scheme only, and not MARAM, as individuals cannot be prescribed to align with MARAM.

These organisations and services operate in a rule-based environment, enabling them to adapt their policies and procedures and comply with the record keeping obligations of the Scheme. They have also been assessed as having capacity to train their workforces and conduct other activities within the required timelines for implementation. This option considers a group of prescribed organisations and services similar to the preferred option of the *Regulatory Impact Statement: Child Wellbeing and Safety (Information Sharing) Amendment Regulations 2020*.⁴⁰

Option 3 – Option 2, plus disability and private allied health, early childhood and education services

This option considers prescribing a combination of organisations and services in addition to Option 2, including broader disability services, private allied health services, private aged care services, private hospitals, private psychiatrists, private psychologists, and private education and early childhood providers.

This option includes broader disability services (including National Disability Insurance Agency providers) who are currently undergoing a state of transition given the National Disability Insurance Scheme reforms.

The legal and regulatory complexity of prescribing private providers must also be considered when assessing this option. Extensive consultation and change management strategies are required to address this complexity.

Table 3 provides an indicative list of organisations and services considered across the three options, for the purposes of options comparison only.

Table 3 – Summary of options

Option 1	Option 2	Option 3
<ul style="list-style-type: none"> Health and support services, excluding General Practitioners Student disengagement and wellbeing services Government statutory bodies and organisations/services 	Option 1, as well as: <ul style="list-style-type: none"> Schools General Practitioners (Scheme only) Early childhood education and care providers Out of school hours care Hospitals 	Option 2, as well as: <ul style="list-style-type: none"> Broader disability services Private health services Private aged care services Specialist health services

⁴⁰ Department of Education and Training (2019) *Regulatory Impact Statement: Child Wellbeing and Safety (Information Sharing) Amendment Regulations 2020*.

Other elements of the proposed Regulations for which options are not considered

Record keeping obligations

Options for record keeping obligations for ISEs prescribed under the Scheme were considered and finalised in the *Regulatory Impact Statement: Family Violence Protection (Information Sharing) Regulations 2018* (September 2017). These obligations will not be changed in the proposed amended Regulations. The preferred option under the previous RIS was to require ISEs to record certain information in case notes, with no requirement to record aggregated data nor report on it. This was considered to meet minimum requirements necessary to reduce the risk of inappropriate sharing while also keeping record keeping costs to a minimum. Although options for record keeping obligations are not considered in this RIS, it does include an assessment of the impact of these costs on prescribed organisations and services under the proposed Scheme.

Determining the preferred option

Approach

Key benefits of the reforms over the long run are to:

- increase the safety of people experiencing family violence;
- ensure the broad range of experiences across the spectrum of risk are represented, including for Aboriginal communities, diverse communities, children, young people and older people, across identities, and family and relationships types;
- keep perpetrators in view and hold them accountable for their actions and behaviours;
- align practice across a range of organisations who have responsibilities to identify, assess and manage family violence risk; and
- ensure consistent use of MARAM across organisations and sectors.

Given the difficulty involved in estimating and valuing the above benefits of the reforms, this RIS does not include a full cost benefit analysis. Rather, the preferred option is selected using Multi-Criteria Analysis (MCA) and costs are estimated in relation to the preferred option only – consistent with the approach taken for the previous *Regulatory Impact Statement: Family Violence Protection (Information Sharing) Regulations 2018* (September 2017) and *Regulatory Impact Statement: Family Violence Protection (Information Sharing and Risk Management) Regulations 2018* (June 2018). The MCA criteria, weighting and scale applied in this RIS are outlined below.

Criteria

The criteria used to assess each option are as follows:

- **Effectiveness of the reforms** – assesses the degree to which the option would be effective in meeting the intended objectives, including improved levels of family violence information sharing and consistent and collaborative family violence risk assessment and risk management practice;
- **Risk of inappropriate practice** – assesses the degree to which the option increases the risk of inappropriate or poor family violence information sharing,⁴¹ risk assessment and risk management practice.⁴²
- **Costs to prescribed entities** – assesses the degree to which the option imposes costs on the sector, including both upfront and ongoing costs.

Weightings

Consistent with standard practice, the above criteria are weighted such that considerations over benefits (effectiveness of the reforms) were treated with equal importance to considerations over costs (cost to prescribed entities and risks of inappropriate or inconsistent practice), with the two cost-related criteria being considered as having equal importance and therefore equal weighting, as follows:

- Effectiveness of the reforms – 50 per cent;
- Risk of inappropriate practice – 25 per cent; and

⁴¹ In this context, inappropriate information sharing refers to disclosures of information that are for purposes other than to assess or manage family violence risk, and/or could potentially have harmful consequences for a victim survivor's safety and the safety of others. The Scheme prioritises victim survivors' safety over perpetrators' privacy. For more information see *Family Violence Information Sharing Guidelines: Guidance for Information Sharing Entities*.

⁴² In this context, inappropriate or poor risk assessment and management practice refers to undertaking family violence risk assessment or management activities that do not reflect a shared understanding of family violence and consistent and collaborative practice. For more information see *Family Violence Multi-Agency Risk Assessment and Management Framework*.

- Costs to prescribed entities – 25 per cent.

Scale

The criterion rating scale ranges from -10 to +10, with a score of zero representing no change from the base case. Using this scale allows for greater understanding of the proposed options. The scale is shown in Table 4.

Table 4 – MCA scale

Score	Description
-10	Much worse than the base case
-5	Somewhat worse than the base case
0	No change from the base case
+5	Somewhat better than the base case
+10	Much better than the base case

Assessing the options

Options for the scope of organisations and services prescribed under MARAM and the Scheme are assessed below. The outcomes of the MCA indicate that Option 2 is the preferred option. The results are summarised in Table 5 below.

Table 5 – Outcomes of the MCA

Criterion	Weighting	Option 1 – Prescribe limited additional organisations and services		Option 2 – Option 1, plus targeted universal health and education providers		Option 3 – Option 2, plus disability and private allied health, early childhood and education services	
		Raw	Weighted	Raw	Weighted	Raw	Weighted
Effectiveness score	50%	4.0	2.0	8.0	4.0	5.0	2.5
Risk score	25%	-2.0	-0.5	-4.0	-1.0	-10.0	-2.5
Costs score	25%	-2.0	-0.5	-4.0	-1.0	-10.0	-2.5
Total			1.0		2.0		-2.5

Who will be affected by the Regulations?

Each of the options are assessed in Table 6, Table 7 and Table 8.

Table 6 - Option 1: Prescribe limited additional organisations and services

Criterion	Comments	Score	Weighted score
Effectiveness	Under this option, only a limited group of additional targeted organisations and services would be prescribed. These organisations and services work with vulnerable clients and can provide a better service response to their clients if they have an improved understanding of family violence risk and	4.0	2.0

	<p>access to risk-related information. This option would involve an estimated 480 organisations and services employing some 12,000 workers.</p> <p>Although it is an improvement on the base case, this option is not capturing individuals and communities who may not be engaged with a targeted support service. Family violence is a pervasive problem in society and occurs among all types of families and family-like relationships in the community, not just those who may already be connected to a secondary service. The marginal benefit to the intended objectives is low.</p>		
Risk	The risk of inappropriate practice under this option will be slightly higher compared to the base case, but not significant as it is a limited group of organisations and services.	-2.0	-0.5
Cost	<p>The proposed organisations and services under this option would need to train their relevant workforce and update their existing policies, procedures and systems to reflect the reforms. They would also face an ongoing cost associated with increased information sharing and risk assessment and management activity. The cost of training development and delivery will be borne by government. The cost to organisations and services would be time spent at training.</p> <p>Despite the existence of these costs, the overall cost impact would be moderated by the fact that the workforces prescribed in this option are relatively small compared to the other options.</p>	-2.0	-0.5
Total			1.0

Table 7 – Option 2: Option 1, plus targeted universal health and education providers

Criterion	Comments	Score	Weighted score
Effectiveness	<p>This option broadens the scope of information available to inform risk assessment and management, facilitating the development of a more comprehensive and accurate picture of risk.</p> <p>Information sharing would enable a more comprehensive picture of risk to be developed compared to the base case, due to the key role that targeted universal health and education providers have in identifying family violence risk and connecting people experiencing family violence in a range of different contexts to appropriate services. Compared to the base case, Option 2 would significantly increase the reach of the reforms to the community. For example, by prescribing government and non-government schools, the reforms have the potential to positively impact some of the over 950,000 students enrolled in school and their family members. This option would involve an estimated 7,500 organisations and services employing some 370,000 workers.</p> <p>This option allows organisations and services who are currently prescribed to request important risk-related information from universal health or education providers.</p> <p>This option fulfils the Royal Commission’s vision for MARAM providing a shared understanding of family violence risk to not just specialist and supporting services, but also the universal</p>	8.0	4.0

	<p>service system, to promote victim survivors' safety and hold perpetrators to account. Core family violence support and intervention agencies already prescribed will benefit from the broader service system being trained on, and adopting, the shared understanding of family violence risk as described under MARAM. For example, early intervention from generalist and mainstream services through timely identification of family violence risk factors may prevent escalation of risk in many cases.</p>		
Risk	<p>Under this option, the risk of inappropriate information sharing would be higher than the base case and Option 1, due to authorised information sharing occurring between a broader range of organisations and services and, therefore, a larger number of people and a greater volume of information shared.</p> <p>This is mitigated by the risk of inappropriate risk assessment and management practice, which would reduce due to the shared understanding of family violence risk across the service system that will enable workforces to provide people experiencing family violence with better responses and referrals. As organisations and services would understand family violence risk factors through MARAM training, it may lower the risk of organisations and services sharing information in a way that negatively impacts victim survivors' safety.</p>	-4.0	-1.0
Cost	<p>To effectively operationalise the reforms under this option, the proposed organisations and services would need to train their relevant workforce and adapt their existing policies, procedures and systems in relation to the Scheme for all proposed workforces, and MARAM for all except General Practitioners and Practice Nurses. Although training delivery is government-funded, there is a backfill cost for organisations and services.</p> <p>Prescribed organisations and services would also face an ongoing cost associated with increased information sharing and risk assessment and management activity.</p> <p>The costs of this option are attributed to the magnitude of the workforces in the proposed universal health and education providers.</p> <p>However, costs are mitigated by certain factors. Firstly, MARAM informs better quality risk assessment and management activity. For first responders like those under Option 2, it may lead to clearer risk identification guidance and referral pathways, not necessarily more time taken. Secondly, although Option 2 includes large workforces, the costs of updating policies and procedures may be centralised and then disseminated across the organisation or service, such as in the case of hospitals.</p>	-4.0	-1.0
Total			2.0

Table 8 – Option 3: Option 2, plus disability and private allied health, early childhood and education services

Criterion	Comments	Score	Weighted score
Effectiveness	The additional organisations and services proposed under Option 3 have great potential to contribute to a consistent, whole of system approach to assessing and managing family	5.0	2.5

	<p>violence risk by extending the reach of MARAM and the Scheme beyond government-funded services. However, Option 3 proposes a significantly larger number of organisations and services (estimated at 10,000 organisations and services employing some 500,000 workers) who have limited readiness at this stage to comply with the requirements of MARAM and the Scheme.</p>		
Risk	<p>A broad range of information would be accessible for assessing and managing family violence risk under this option, due to the relative magnitude of the full scope of organisations and services prescribed to include private providers.</p> <p>However, the relevant organisations and workforces would not have the capacity to update their policies and procedures and participate in the necessary training under the implementation timeframe.</p> <p>There is limited capacity of training organisations to train these additional organisations and services. Under Option 3, prescribed organisations and services with inadequately trained staff would pose a significant risk of information being shared inappropriately and potentially compromise victim survivor safety.</p>	-10.0	-2.5
Cost	<p>This option would require significant investments over a very short time period to train large workforces and ensure that prescribed entities are prepared for the reforms. Organisations and services who are not government-funded may have competing organisational priorities and different processes in updating policies and procedures, so for them to consider MARAM and the Scheme at this stage may produce both unknown and unintended costs.</p> <p>There are added complexities in prescribing private providers that need time and resources to be investigated and resolved. There are also anticipated legal and regulatory complexities around the prescription of Commonwealth services. The costs incurred would be higher than usual due to the short timeframes. There may also be excessive costs as a result of demand pressures on training organisations, as it is assumed they do not have the capacity at this stage to expand training supply. Additionally, there may be costs that have not been considered in this analysis and further consultation is required with private providers.</p> <p>Under the implementation timeframe, this option would not necessarily improve the effectiveness of the reforms, given the constraints involved in training such large workforces over such a short time period.</p> <p>As a result, these constraints would limit prescribed organisations and services from effectively participating in the reforms, particularly for disability services who are already undergoing significant reforms due to the rollout of the National Disability Insurance Scheme.</p>	-10.0	-2.5
Total			-2.5

Preferred option and its impacts

Based on the analysis outlined in the previous chapter, the preferred option is Option 2 which involves prescribing an additional group of organisations and services across health, education and social services, as well as targeted universal health and education providers. Key features of the preferred option and its impacts are summarised below.

Summary of preferred option

Organisations and services to be prescribed under the proposed Regulations are listed in Table 9. The preferred option is collectively referred to as Phase Two.

The preferred option allows for information sharing between a broader range of organisations and services, among which there will also be a consistent and coordinated family violence risk assessment and risk management approach.

This option includes

- Organisations and services whose core business is not directly related to family violence but who spend a significant proportion of their time responding to victim survivors or perpetrators. These organisations and services could not be prescribed in earlier phases of the reforms due to consultation and change management lead time required. Examples include community health services, state-funded aged care services, community housing organisations and community-managed mental health services.
- Organisations and services that provide targeted parenting and learning and development support for Victorian children and their parents, and thus have the opportunity to identify, assess and manage family violence risk and share risk-related information. Examples include student disengagement and wellbeing services, long day care and kindergartens.
- Organisations and services that fulfil the Royal Commission's intent of the reforms to include universal health and education providers, so that both victim survivors and the generalist and mainstream services they engage with have greater visibility of available support. Examples include schools, General Practitioners (Scheme only) and hospitals.

This option balances victim survivor safety with the need to effectively operationalise the reforms by considering workforce readiness and sector capacity. This option also limits the risk of inappropriate practice. A similar group of organisations and services are also proposed to be prescribed for Phase Two of the Child Information Sharing scheme⁴³, enabling joint implementation of key interrelated reforms across the Victorian service system. Implementation of the reforms is discussed further in the Implementation chapter.

Table 9 - List of proposed prescribed organisations and services for Phase Two

Organisation or service type	Family Violence Information Sharing Scheme	MARAM
Government schools	✓	✓
Independent schools	✓	✓
Catholic schools	✓	✓

⁴³ Department of Education and Training (2019) *Regulatory Impact Statement: Child Wellbeing and Safety (Information Sharing) Amendment Regulations 2020*, Appendix B: Entities proposed for Phase Two prescription.

Student disengagement and wellbeing services and programs funded by the DET, and DET to the extent it delivers child health and wellbeing services	✓	✓
Kindergartens	✓	✓
Long day care	✓	✓
DHHS-funded Supported Playgroups	✓	✓
Out of School Hours Care	✓	✓
Ambulance Victoria	✓	✓
Community health services	✓	✓
Community housing	✓	✓
Community-managed mental health services	✓	✓
Publicly funded early parenting centres	✓	✓
Remaining state-funded homelessness services	✓	✓
General Practitioners	✓	✗
Practice Nurses ³	✓	✗
Refugee and migrant services	✓	✓
Publicly funded metropolitan, regional and rural health services	✓	✓
State-funded aged care services	✓	✓
Victorian Curriculum and Assessment Authority	✓	✗
Victorian Institute of Teaching	✓	✗
Victorian Registration and Qualifications Authority	✓	✗
Refugee minor	✓	✓
Multiple and Complex Needs Initiative (MACNI)	✓	✓
Quality and Regulation Division (QARD) of DET	✓	✓
Dispute Settlement Centre of Victoria	✓	✓
Forensic disability	✓	✓

Impacts of preferred option

The proposed Regulations are anticipated to result in a range of impacts including:

- costs to government of prescribing additional organisations and services;
- upfront costs to prescribed organisations and services to transition to the Scheme;
- upfront costs of prescribed organisations to align to MARAM; and
- ongoing costs to prescribed organisations and services associated with family violence information sharing and risk assessment and management activity.

The burden imposed by the Scheme on additional prescribed organisations and services will depend on the volume of information sharing requests, the specifics of each request and the systems in place to respond to requests.

The burden imposed by MARAM on additional prescribed organisations and services will depend on the volume of risk assessment and management activity.

Given uncertainty about these aspects, this RIS provides only an indicative guide to the potential impacts of broadening prescription to include additional organisations and services. The approach taken to determining the impacts involved interviews with stakeholders representing organisations and services proposed for Phase Two. The purpose of the interview was to scope out the key upfront and ongoing activities required under the Scheme and MARAM, the various tasks associated with those activities and impacts in terms of staff time and other costs such as training. This process was undertaken with consideration of how the impacts may differ across different types of prescribed organisations and services, including through information sharing, the potential volume of requests, the capacity of existing IT and other systems, and the forms of risk assessment and management activity.

To assist in assessing the impacts across different types of prescribed organisations and services, they were categorised into six groups:

- Group 1: Schools (including student disengagement and wellbeing services);
- Group 2: Early childhood education and care providers;
- Group 3: Out of school hours care;
- Group 4: Health and support services;
- Group 5: Hospitals; and
- Group 6: Government statutory bodies and organisations/services.

This grouping approach is consistent with the approach taken for the *Regulatory Impact Statement: Child Wellbeing and Safety (Information Sharing) Amendment Regulations 2020*. For a detailed breakdown of each group, see **Appendix A**.

Stakeholders interviewed were asked about the potential impacts, including through valuing staff time and other costs. The resulting estimates were then scaled up according to the size of the relevant workforces, the number of organisations impacted, the potential volume of information requests under the Scheme and the potential increase in family violence risk assessment and/or risk management activity. For more information on the consultation process, see the Consultation [chapter](#).

Costs included in the RIS analysis are costs to government of prescribing additional organisations and services, upfront costs to prescribed organisations and services associated with time spent training, updating policies, procedures, and systems; and ongoing costs to prescribed organisations and services for training, staff time spent sharing information and undertaking family violence risk assessment and/or risk management activity.

In developing the cost estimates, efforts were made to align the approach, inputs and key assumptions with those adopted for the *Regulatory Impact Statement: Child Wellbeing and Safety (Information Sharing) Amendment Regulations 2020*. That is, given that the costs associated with the Scheme and the Child Information Sharing Scheme will be equivalent in many cases.

Upfront costs to government

Upfront reform development costs

To ensure that the reforms are effectively designed and successfully implemented, Family Safety Victoria has been funded to undertake a range of activities, including to:

- establish an internal coordination unit that will oversee the implementation of MARAM and the Scheme, including the rollout of cultural change initiatives, development of online family violence risk assessment tools and the development of training;
- undertake an implementation review of MARAM and the Scheme (already underway); and
- fund the cost of responding to complaints made to the Office of the Victorian Information Commissioner and the Health Complaints Commissioner (in relation to sharing of health information) under the Scheme and as a result of changes to privacy legislation.

Funding for these activities was allocated as part of the 2017-18 State Budget and is reflected in the *Regulatory Impact Statement: Family Violence Protection (Information Sharing) Regulations 2018* (September 2017) and the *Regulatory Impact Statement: Family Violence Protection (Information Sharing and Risk Management) Regulations 2018* (June 2018).

Other upfront costs

Table 10 highlights the upfront costs to government for Phase Two. Due to the scale of organisations and services prescribed under Phase Two, upfront costs to government are spread over a longer period (i.e. three years) compared to the Initial Tranche and Phase One to ensure effectiveness of the reforms.

These costs are in addition to the costs captured in the *Regulatory Impact Statement: Family Violence Protection (Information Sharing) Regulations 2018* (September 2017) and *Regulatory Impact Statement: Family Violence Protection (Information Sharing and Risk Management) Regulations 2018* (June 2018).

Table 10 – Other upfront costs (\$ million)

	2020-21	2021-22	2022-23
Training development and delivery	3.8	2.9	1.9
Information sharing resources	1.4	1.6	1.6
Implementation coordination units	8.1	10.1	6.1
Total	\$13.3	\$14.6	\$9.6

Source: Internal costings.

The costs are outlined below.

Upfront training development and delivery costs

A key cost to government in implementing the reforms is the cost of training workers in the prescribed organisations and services. These costs are in addition to the training development and delivery costs captured in the *Regulatory Impact Statement: Family Violence Protection (Information Sharing) Regulations 2018* (September 2017) and *Regulatory Impact Statement: Family Violence Protection (Information Sharing and Risk Management) Regulations 2018* (June 2018).

These costs include the development and delivery of tailored face-to-face training, and development and delivery of contextualised online training packages and resources for Phase Two.

Upfront information sharing resource costs

Additional resources are required to manage the increased demand for information sharing requests as a result of Phase Two. These resources would be placed in key areas of government who hold critical information on perpetrators relevant to assessing and managing family violence risk to victim survivors.

Upfront implementation coordination costs

Upfront costs for implementation coordination include cost of reform implementation and support staff, development and delivery of IT and other system supports, and evaluation activities and research work.

Ongoing costs to government

Key ongoing costs to government include the cost of managing demand for information sharing requests, support and licensing of IT and other system supports and the cost of implementation coordination units across government.

These ongoing costs to government are summarised in Table 11.

Table 11 – Ongoing costs to government, 2022-23 onwards (\$ million)

	Cost per year
Information sharing resources	\$1.6
Implementation coordination units across government	\$1.8
Total	\$3.4

Source: *Internal costings.*

Note: These costs are in addition to ongoing costs reflected in the previous Regulatory Impact Statements. These costs are necessary additional costs given the size and scope of Phase Two.

Upfront costs to prescribed organisations and services

It is anticipated that prescribed organisations and services will respond to the proposed reforms within the context of their existing systems and policy frameworks, and that costly policy redesigns or system rebuilds will not be necessary in most cases. However, prescribed organisations and services will still be required to train key staff in MARAM and the Scheme, and adapt existing policies, procedures and systems to ensure information can be retrieved and the details recorded, and to ensure alignment to MARAM.

As with upfront costs to government, upfront costs to prescribed organisations and services are spread over a longer period (i.e. three years) compared to the Initial Tranche and Phase One to ensure effectiveness of the reforms.

It is anticipated that prescribed organisations and services under Phase Two of MARAM and the Scheme will face the following costs across a three-year period:

- Cost of staff time to train them in how to effectively handle sensitive information and their obligations when disclosing information under the Scheme. For the Scheme, this RIS assumes that there would be an upfront requirement of one person per organisation or service in Groups 1, 2, 3, 4 and 6 to attend face-to-face training, and two people to complete online training. For Group 5 (Hospitals), it is assumed that there would be an upfront requirement of one person per organisation or service to attend face-to-face training, and four people to complete online training. All affected organisations and services are expected to undergo this training regardless of size. The impact of this training on organisations and services is assumed to be the cost of staff resources being diverted whilst attending training.
- Cost of staff time to train them in family violence risk assessment and management. For MARAM, this RIS assumes that there would be an upfront requirement for four people per organisation or service in Groups 1, 2, 3, 4 and 6 to attend one day of face-to-face training, and 50 per cent of the remainder of staff in the organisation or service to complete three hours of online training. For Group 5 (Hospitals), it is assumed that there would be an upfront requirement of four people per organisation or service to attend one day of face-to-face training, and 25 per cent of the remainder of staff in the organisation or service to complete three hours of online training. This assumption is based, on average, on an organisation or service's capacity to absorb staff time spent at training. The impact of this training on organisations and services is assumed to be the cost of staff resources being diverted whilst attending training.

- Updating existing policies, procedures and systems to effectively respond to the Scheme. This will include aligning existing policies and procedures to the specific requirements of the Scheme. It will also include adapting existing systems so that information can be retrieved and the details of instances of information sharing recorded. This may include changes to adapt electronic systems, such as the setting of standards for recording information in case notes and the insertion of flags to assist with searching, or changes to adapt paper-based systems, such as the setting of standards for keeping written records and/or changes to filing processes.
- Updating existing policies, procedures, practice guidance and tools to align with MARAM, as appropriate to the roles and functions of the prescribed organisation or service and its place in the service system. This may include mapping MARAM responsibilities and identifying and reviewing existing policies, procedures, practice guidance and tools to reflect the principles and pillars of MARAM.

Estimates of these costs were quantified as part of the stakeholder interviews. The results are summarised in Table 12.

It is important to note that these estimates exclude IT and system change costs that may apply to some organisations and services in order for them to operate under the Scheme and MARAM. However, as discussed above, it is not anticipated that costly policy redesigns or system rebuilds will be necessary in most cases. The nature and extent of any such costs will be the subject of future evaluation.

Table 12 – Estimated average upfront costs per organisation or service, by workforce group^{1 2}

	MARAM			The Family Violence Information Sharing Scheme		
	Update policies	Upfront training	Total	Update policies ³	Upfront training	Total
Group 1: Schools	\$8,466	\$9,118	\$17,584	\$3,003	\$1,125	\$4,127
Group 2: Early childhood education and care provider	\$9,522	\$4,489	\$14,011	\$2,399	\$1,125	\$3,523
Group 3: Out of school hours care	\$10,796	\$5,804	\$16,599	\$1,349	\$1,125	\$2,474
Group 4: Health and support services	\$18,936	\$7,427	\$26,362	\$3,608	\$1,125	\$4,733
Group 5: Hospitals	\$83,466	\$100,636	\$184,102	\$8,611	\$1,607	\$10,217
Group 6: Government statutory bodies and organisations/services	\$11,262	\$3,541	\$14,803	\$1,060	\$1,125	\$2,185

Source: Cost of updating policies were estimated from targeted stakeholder interviews. The cost of upfront training is based on assumptions as articulated in the section [“Upfront costs to prescribed organisations and services”](#).

Notes: ¹In estimating costs, the assumed labour costs were calculated using the average wage reported by the ABS, adjusted for overheads and on costs at a rate of 75 per cent (as per the Victorian Regulatory Change Measurement manual). In May 2018, the ABS reported that professionals had average hourly earnings of \$54.00 per hour. The average wage across all occupation levels was estimated at \$45 average hourly earnings, which was applied to the ‘any worker’ category. A skilled worker has been assumed to have a wage 10 per cent lower than that of a professional. Wages were also adjusted for a 2 per cent wage growth since 2018. The upfront cost to a prescribed organisation or service of staff attending training for a day is estimated at \$80.33.

²For upfront training, it is assumed that the time spent per staff member for face to face training is one day, and the average duration of online training is three hours.

³For updating policies and procedures for the Scheme, the interviews collected estimates of the time impact on organisations and services for the Scheme and the Child Information Sharing scheme combined, given the aligned implementation of the schemes and the largely overlapping regulatory requirements. For each response, 50 per cent of the reported impact was attributed to each scheme. The calculations of monetary value of these impacts may differ somewhat between this RIS and the RIS for the Child Information Sharing scheme due to variations in methodology and approach to analysis of available data.

Table 13 – Estimated average upfront time taken per organisation or service, by workforce group (days)

	MARAM		The Family Violence Information Sharing Scheme	
	Update policies	Upfront training	Update policies	Upfront training
Group 1: Schools	11	14	4	2
Group 2: Early childhood education and care provider	13	7	4	2
Group 3: Out of school hours care	14	9	2	2
Group 4: Health and support services	25	12	5	2
Group 5: Hospitals	114	157	11	3
Group 6: Government statutory bodies and organisations/services	15	6	2	2

Source: The time taken to update policies was estimated from targeted stakeholder interviews. The time taken to attend training is based on assumptions as articulated in the section “Upfront costs to prescribed organisations and services”.

Ongoing costs to prescribed organisations and services

Prescribed organisations and services will also face a number of ongoing costs as a result of the reforms, namely:

- Training new staff in how to effectively handle sensitive information and their obligations when disclosing information under the Scheme, and training new staff on MARAM.
- Staff time spent requesting information under the Scheme. This will involve identifying the required information, going through the process of requesting the information and recording the details in the relevant system.
- Staff time spent responding to an information request under the Scheme. This will involve receiving the initial information request, confirming the identity of the person requesting the information, determining whether the sharing of the requested information is permitted under the Scheme, retrieving the information, providing it to the requesting entity and recording the details in the relevant system.
- Staff time spent undertaking family violence risk assessment and/or risk management activity as appropriate to the service’s response to the family violence service system and other requirements of that service under MARAM.

Although this RIS only captures the cost of new staff receiving MARAM training, Family Safety Victoria, in partnership with DET, has established a long-term plan to build capability within workforces to address

family violence through embedding MARAM-aligned training within the vocational education and training sector. MARAM creates new expectations for affected workforces, and thus it places an onus on the formal training sector to ensure the readiness of students and graduates to work in organisations and services prescribed under MARAM. DET is leading on the development of new accredited units of competency to meet this need. Family Safety Victoria is working collaboratively with DET to ensure the accredited units being developed are aligned to MARAM.

Estimates of the cost of information sharing and risk assessment and management activity were quantified as part of the cost mapping exercise and are based on an estimate of the average additional time likely to be spent by organisations and services on information sharing and MARAM responses.

It has been assumed that, out of the estimated 160,000 people who experience family violence per year in Victoria⁴⁴, 75 per cent of them come into contact with a Phase Two organisation or service each year, and that contact occurs twice per year on average. It is further assumed that 40 per cent of these 120,000 people would receive a MARAM response⁴⁵ each time they come contact with these organisations or services (96,000 MARAM responses per year) and that the average duration is 30 minutes. As these estimates are for Phase Two, which includes mostly universal and generalist services, the assumption of the time taken to provide a MARAM response is lower than that for MARAM Phase One.

Out of the assumed 96,000 MARAM responses per year, it is assumed that, on average, 30 per cent of them would include using the Scheme to enable assessment and management of family violence risk to a victim survivor. Estimates of the average time spent keeping records associated with these information sharing exchanges were based on the stakeholder interviews. It should be noted that these estimates should be considered an initial indication of the cost, rather than anything more definitive as they were derived from a small sample size of representatives from Phase Two organisations and services.

These costs are summarised in Table 14, Table 15, Table 16 and Table 17.

Table 14 – Average ongoing cost of training per organisation or service, by workforce group ¹

	MARAM		The Family Violence Information Sharing Scheme	
	Total annual training days ²	Total annual cost per organisation or service	Total annual training days	Total annual cost per organisation or service
Group 1: Schools	2.8	\$1,824	0.4	\$225
Group 2: Early childhood education and care provider	1.4	\$898	0.4	\$225
Group 3: Out of school hours care	1.8	\$1,161	0.4	\$225
Group 4: Health and support services	2.3	\$1,485	0.4	\$225
Group 5: Hospitals	31.3	\$20,127	0.5	\$321

⁴⁴ KPMG (2017) *The cost of family violence in Victoria: Summary report*.

⁴⁵ MARAM responses include activities undertaken as part of any of the ten MARAM responsibilities. For more information, see the [Family Violence Multi-Agency Risk Assessment and Management Framework](#), p.46.

Group 6: Government statutory bodies and organisations/services	1.1	\$708	0.4	\$225
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Notes: ¹In estimating costs, the assumed labour costs were calculated using the average wage reported by the ABS, adjusted for overheads and on costs at a rate of 75 per cent (as per the Victorian Regulatory Change Measurement manual). In May 2018, the ABS reported that professionals had average hourly earnings of \$54.00 per hour. The average wage across all occupation levels was estimated at \$45 average hourly earnings, which was applied to the 'any worker' category. A skilled worker has been assumed to have a wage 10 per cent lower than that of a professional. Wages were also adjusted for a 2 per cent wage growth since 2018. The upfront cost to a prescribed organisation or service of staff attending training for a day is estimated at \$80.33.

²Estimates of the number of new workers requiring training each year are based on the number of existing workers requiring training and an assumed turnover rate of 20 per cent per year.

Table 15 – Average ongoing costs of requests per organisation or service, by workforce group

	Minutes per request ¹	Avg. cost per request ²	Minutes per record keep	Avg. cost per record keep	Annual no. of requests ³	Annual cost of requests	Annual cost record keep	Total annual cost per org. or service
Group 1: Schools	40	\$64.07	34	\$54.50	4.3	\$276	\$235	\$511
Group 2: Early childhood education and care provider	26	\$38.90	14	\$21.97	2.2	\$85	\$48	\$132
Group 3: Out of school hours care	13	\$20.08	20	\$32.13	1.3	\$26	\$42	\$68
Group 4: Health and support services	32	\$47.66	24	\$34.17	5.4	\$259	\$186	\$445
Group 5: Hospitals	52	\$82.62	24	\$37.85	18.3	\$1,515	\$694	\$2,209
Group 6: Government statutory bodies and organisations/services	45	\$72.29	13	\$19.28	0.1	\$10	\$3	\$13

Source: Targeted stakeholder interviews, other data and assumed labour costs

Notes: ¹ Minutes per request are based on targeted stakeholder interview results.

² Average cost per request are based on targeted stakeholder interview results. Hourly rates in this table are based on interview responses, so are an average that varies across workforce groupings.

³ Annual number of requests per organisation or service assumes 30% of 96,000 MARAM responses will result in an information sharing exchange (see discussion above) and this was divided by the number of organisations and services. The estimates are also weighted across the different workforce groups based on how often interview respondents anticipated they would request information. The annual number of requests per organisation or service is not directly based on interview results as respondents were not confident in their answers in most cases, leading to an overestimate in the number of requests when compared with the number of cases of family violence per year.

Table 16 – Average ongoing costs of responding to requests per organisation or service, by workforce group

	Minutes per response ¹	Avg. cost per response ²	Minutes per record keep	Avg. cost per record keep	Annual no. of responses ³	Annual cost of responses	Annual cost record keep	Total annual cost per org. or service
Group 1: Schools	50	\$79.60	36	\$53.60	1.0	\$80	\$54	\$134
Group 2: Early childhood education and care provider	26	\$38.46	17	\$24.58	1.3	\$49	\$32	\$81
Group 3: Out of school hours care	60	\$96.39	30	\$43.38	0.6	\$60	\$27	\$88
Group 4: Health and support services	78	\$116.29	23	\$34.16	8.1	\$937	\$275	\$1,213
Group 5: Hospitals	70	\$101.75	32	\$49.34	73.8	\$7,504	\$3,639	\$11,144
Group 6: Government statutory bodies and organisations/services	45	\$66.94	12	\$16.51	1.2	\$78	\$19	\$97

Source: Targeted stakeholder interviews, other data and assumed labour costs

Notes: ¹ Minutes per response are based on targeted stakeholder interview results.

² Average cost per response are based on targeted stakeholder interview results. Hourly rates in this table are based on interview responses, so are an average that varies across workforce groupings.

³ Annual number of requests per organisation or service assumes 30% of 96,000 MARAM responses will result in an information sharing exchange (see discussion above) and this was divided by the number of organisations and services. The estimates are also weighted across the different workforce groups based on how often interview respondents anticipated they would respond to requests for information. The annual number of responses per organisation or service is not directly based on interview results as respondents were not confident in their answers in most cases, leading to an overestimate in the number of responses when compared with the number of cases of family violence per year.

Table 17 – Average ongoing costs of MARAM risk assessment and management activity per organisation or service, by workforce group

	Minutes per MARAM response	Avg. cost per MARAM response	Annual no. of MARAM responses	Annual cost of MARAM responses
Group 1: Schools	30	\$40.17	14.4	\$577
Group 2: Early childhood education and care provider	30	\$40.17	7.3	\$291
Group 3: Out of school hours care	30	\$40.17	4.3	\$174
Group 4: Health and support services	30	\$40.17	18.1	\$729
Group 5: Hospitals	30	\$40.17	61.1	\$2,455
Group 6: Government statutory bodies and organisations/services	30	\$40.17	0.5	\$18

Source: Targeted stakeholder interviews, other data and assumed labour costs

Notes: It is assumed that a MARAM response will take 30 minutes, on average, for Phase Two, as the organisations and services responsible for a crisis response were already covered by MARAM Phase One. It is expected that Phase Two will largely focus activities such as respectful, sensitive and safe engagement, identification of family violence and referral. Similar to the information sharing activity assumption, the annual number of MARAM responses per workforce group are assumed to be the same.

Overall costs of the reforms

When factoring in the number of organisations and services and associated workforces impacted, and the potential number of information exchanges under the Scheme and reported incidents involving risk assessment and risk management, the total cost of the proposed reforms is estimated to be \$178.1 million over three years (2020-21 to 2022-23) in upfront costs and \$4.1 million in 2020-21, \$7.2 million in 2021-22, \$9.3 million in 2022-23 ramping up to \$23.7 million in 2022-23 and thereafter in ongoing costs. A breakdown of these results is provided in Table 18 and Table 19.

In net present value terms, the total cost of the Scheme and MARAM is estimated to be \$311 million over ten years.⁴⁶

To put these costs in perspective, the key benefit of the reforms will be a reduction over the longer term in the number and severity of incidents of family violence, including those that escalate to major injury, trauma or death of a family member. That is, bearing in mind that the number of reported incidents of family violence will likely increase over the short to medium term as workers across the service system will be better equipped to identify and respond to family violence and this will lead to greater number of disclosures by victim survivors and associated reports to Victoria Police.

These benefits are difficult to quantify given the inability to draw a clear causal link between information shared as a result of the Scheme and more coordinated risk assessment and management activity across all sectors as a result of MARAM and associated reductions in the rate and escalation of family violence. However, it is reasonable to assume that, together, the Scheme and MARAM are critical reform planks required to reduce the number and severity of cases over the longer term and will, therefore, reduce the costs of family violence to the Victorian community, estimated to be \$5.3 billion in 2015-16.⁴⁷ The costs of the proposed reforms represent a small proportion of this cost to the Victorian community and are therefore regarded as reasonable when considered within this broader context.

The reforms will also improve responses to victim survivors at all levels of risk, not just those at the highest risk. MARAM will facilitate whole-of-system accountability by ensuring not just those at the specialist end are responsible for identifying, assessing or managing family violence risk. This message of system accountability will be supported by the improvement in the culture of shared understanding and increased information sharing between a broader group of entities, as well as strengthened coordination or risk management responses. The inclusion of Phase Two will significantly contribute to whole-of-system accountability.

Training in MARAM and the Scheme will increase the capability and capacity of prescribed organisations and services and will result in an improved service experience for victim survivors and more effective outcomes. The reforms will also increase capacity and coordination of workforces to keep perpetrators in view and hold them to account.

⁴⁶ In calculating the net present value a discount rate of 4 per cent was used.

⁴⁷ KPMG (2017) *The cost of family violence in Victoria: Summary report*.

Table 18 – Estimated overall upfront costs under the proposed reforms (\$ million) ^{1 2}

	No. of organisations and services ³	2020-21	2021-22	2022-23
Family Violence Information Sharing Scheme and MARAM				
Reform development				
Training development and delivery	N/A	\$3.8	\$2.9	\$1.9
Information sharing resources	N/A	\$1.4	\$1.6	\$1.6
Implementation coordination units	N/A	\$8.1	\$10.1	\$6.1
Subtotal		13.3	14.6	9.6
Family Violence Information Sharing Scheme				
Training attendance (existing staff)				
Group 1: Schools	2,257	\$9.1	\$6.9	\$4.5
Group 2: Early childhood	2,791	\$5.5	\$4.2	\$2.8
Group 3: Out of school care	317	\$0.8	\$0.6	\$0.4
Group 4: Health and support	2,019	\$1.1	\$0.9	\$0.6
Group 5: Hospitals	87	\$3.9	\$3.0	\$1.9
Group 6: Government bodies and organisations/services	58	\$0.1	\$0.1	\$0.0
Subtotal	7,529	\$20.5	\$15.7	\$10.3
Updating policies and procedures				
Group 1: Schools	2,257	\$3.0	\$2.3	\$1.5
Group 2: Early childhood	2,791	\$3.0	\$2.3	\$1.5
Group 3: Out of school care	317	\$0.2	\$0.1	\$0.1
Group 4: Health and support	2,019	\$3.2	\$2.5	\$1.6
Group 5: Hospitals	87	\$0.3	\$0.3	\$0.2
Group 6: Government bodies and organisations/services	58	\$0.0	\$0.0	\$0.0
Subtotal	7,529	\$9.7	\$7.4	\$4.9
MARAM				
Training attendance (existing staff)				
Group 1: Schools	2,257	\$1.1	\$0.9	\$0.6
Group 2: Early childhood	2,791	\$1.4	\$1.1	\$0.7
Group 3: Out of school care	317	\$0.2	\$0.1	\$0.1
Group 4: Health and support	348	\$1.0	\$0.8	\$0.5

Group 5: Hospitals	87	\$0.1	\$0.0	\$0.0
Group 6: Government bodies and organisations/services	55	\$0.0	\$0.0	\$0.0
Subtotal	5,855	\$3.8	\$2.9	\$1.9
Updating policies, procedures and practice guidance				
Group 1: Schools	2,257	\$8.4	\$6.4	\$4.2
Group 2: Early childhood	2,791	\$11.7	\$9.0	\$5.9
Group 3: Out of school care	317	\$1.5	\$1.2	\$0.8
Group 4: Health and support	348	\$2.9	\$2.2	\$1.5
Group 5: Hospitals	87	\$3.2	\$2.4	\$1.6
Group 6: Government bodies and organisations/services	55	\$0.3	\$0.2	\$0.1
Subtotal	5,855	\$28.1	\$21.4	\$14.0
Total		\$75.4	\$62.0	\$40.7

Notes: ¹These estimates are based on costings outlined in Table 10 and Table 12 above that were subsequently scaled based on the number of organisations and services in each workforce group. Costs apply across all workforce groups noting that low costs are listed as zero due to rounding. Estimates of the number of organisations and services in each workforce group are based on the figures provided in [Appendix A](#).

²The profile of training and updating policies and procedures is based on the profile of funding for training provision.

³The number of organisations and services reflects the total number over three years, given it will take time to train staff, update policies and procedures and align to MARAM.

Table 19 – Estimated overall ongoing costs under the proposed reforms (\$ million) ^{1 2}

	No. of organisations and services ³	2020-21	2021-22	2022-23	Ongoing
Family Violence Information Sharing Scheme and MARAM					
Reform development					
Information sharing resources	N/A	\$0.0	\$0.0	\$0.0	\$1.6
Implementation coordination units	N/A	\$0.0	\$0.0	\$0.0	\$1.8
Subtotal		\$0.0	\$0.0	\$0.0	\$3.4
Family Violence Information Sharing Scheme					
Training attendance (new staff)					
Group 1: Schools	2,257	\$0.0	\$0.0	\$0.0	\$0.5
Group 2: Early childhood	2,791	\$0.0	\$0.0	\$0.0	\$0.6

Group 3: Out of school care	317	\$0.0	\$0.0	\$0.0	\$0.1
Group 4: Health and support	2,019	\$0.0	\$0.0	\$0.0	\$0.5
Group 5: Hospitals	87	\$0.0	\$0.0	\$0.0	\$0.0
Group 6: Government bodies and organisations/services	58	\$0.0	\$0.0	\$0.0	\$0.0
Subtotal	7,529	\$0.0	\$0.0	\$0.0	\$1.7
Information sharing requests (including record keeping)					
Group 1: Schools	2,257	\$0.5	\$0.9	\$1.2	\$1.2
Group 2: Early childhood	2,791	\$0.2	\$0.3	\$0.4	\$0.4
Group 3: Out of school care	317	\$0.0	\$0.0	\$0.0	\$0.0
Group 4: Health and support	2,019	\$0.4	\$0.7	\$0.9	\$0.9
Group 5: Hospitals	87	\$0.1	\$0.1	\$0.2	\$0.2
Group 6: Government bodies and organisations/services	58	\$0.0	\$0.0	\$0.0	\$0.0
Subtotal	7,529	\$1.2	\$2.1	\$2.6	\$2.6
Information sharing responses to requests (including record keeping)					
Group 1: Schools	2,257	\$0.1	\$0.2	\$0.3	\$0.3
Group 2: Early childhood	2,791	\$0.1	\$0.2	\$0.2	\$0.2
Group 3: Out of school care	317	\$0.0	\$0.0	\$0.0	\$0.0
Group 4: Health and support	2,019	\$1.1	\$1.9	\$2.4	\$2.4
Group 5: Hospitals	87	\$0.4	\$0.8	\$1.0	\$1.0
Group 6: Government bodies and organisations/services	58	\$0.0	\$0.0	\$0.0	\$0.0
Subtotal	7,529	\$1.8	\$3.1	\$4.0	\$4.0
MARAM					
Training attendance (new staff)					
Group 1: Schools	2,257	\$0.0	\$0.0	\$0.0	\$4.1
Group 2: Early childhood	2,791	\$0.0	\$0.0	\$0.0	\$2.5
Group 3: Out of school care	317	\$0.0	\$0.0	\$0.0	\$0.4
Group 4: Health and support	348	\$0.0	\$0.0	\$0.0	\$0.5
Group 5: Hospitals	87	\$0.0	\$0.0	\$0.0	\$1.8
Group 6: Government bodies and organisations/services	55	\$0.0	\$0.0	\$0.0	\$0.0
Subtotal	5,855	\$0.0	\$0.0	\$0.0	\$9.3

Risk assessment and management activity					
Group 1: Schools	2,257	\$0.6	\$1.0	\$1.3	\$1.3
Group 2: Early childhood	2,791	\$0.4	\$0.6	\$0.8	\$0.8
Group 3: Out of school care	317	\$0.0	\$0.0	\$0.1	\$0.1
Group 4: Health and support	348	\$0.1	\$0.2	\$0.3	\$0.3
Group 5: Hospitals	87	\$0.1	\$0.2	\$0.2	\$0.2
Group 6: Government bodies and organisations/services	55	\$0.0	\$0.0	\$0.0	\$0.0
Subtotal	5,855	\$1.2	\$2.1	\$2.6	\$2.6
Total		\$4.1	\$7.2	\$9.3	\$23.7

Notes: ¹These estimates are based on costings outlined in Table 11, Table 14, Table 15, Table 16 and Table 17 above that were subsequently scaled based on the number of organisations and services in each workforce group. Costs apply across all workforce groups noting that low costs are listed as zero due to rounding. Estimates of the number of organisations and services in each workforce group are based on the figures provided in [Appendix A](#).

²The profile of training, information sharing and risk assessment and management activity is based on the profile of funding for training provision.

³The number of organisations and services reflects the total number at ramp-up after three years i.e. 2022-23 and onwards.

Table 20 – Breakdown of total upfront and ongoing costs for the Scheme and MARAM by workforce group

	2020-21	2021-22	2022-23	Ongoing
Central government	\$13.3	\$14.6	\$9.6	\$3.4
Group 1: Schools	\$22.9	\$18.7	\$13.6	\$7.4
Group 2: Early childhood	\$22.2	\$17.6	\$12.2	\$4.5
Group 3: Out of school care	\$2.7	\$2.1	\$1.4	\$0.5
Group 4: Health and support	\$9.9	\$9.1	\$7.7	\$4.6
Group 5: Hospitals	\$8.1	\$6.8	\$5.1	\$3.2
Group 6: Government bodies and organisations/services	\$0.4	\$0.3	\$0.2	\$0.1
Total	\$79.5	\$69.2	\$49.9	\$23.7

Implementation

A phased approach to roll-out

In order to ensure workforce readiness and sector capacity (thereby minimising risks of inappropriate information sharing and inconsistent family violence risk assessment and management practice), Family Safety Victoria has adopted a phased approach to the roll-out of these reforms. The Initial Tranche and Phase One have been prescribed by regulations, with Phase Two proposed to commence in September 2020. The approach has been as follows:

- **26 February 2018 (completed):** prescription of an Initial Tranche of ISEs under the Scheme. Initial Tranche ISEs are prescribed positions within organisations that play a core role in assessing and managing family violence risk, have a good understanding of family violence or can be trained quickly and operate in a well-regulated, rule-based environment.
- **Commencement in September 2018 (completed):** prescription of additional ISEs under the Scheme, jointly with the prescription of Framework organisations as part of the proposed Regulations. Model of prescription changed from individuals to organisations for the Scheme. The prescription and implementation of this second tranche, termed as “Phase One”, aligned with implementation of the Child Information Sharing Scheme.
- **September 2020 (the subject of this RIS):** proposed prescription of a broader group of organisations and services targeting mainstream and universal services with larger workforces that require longer lead-in times in terms of sector readiness. Longer lead-in times exist for a combination of reasons such as: the size of the workforce, their existing level of family violence literacy, their current role in providing support to core services assessing or managing family violence risk and their capacity to operate in a regulated environment. This proposed future round of prescription is referred to as “Phase Two”.

Progressive roll-out of MARAM reforms

Organisations and services prescribed under MARAM will be required to amend their policies, procedures, tools and practice guidance gradually over time as per a maturity model of alignment that recognises the variability in starting points across different sectors.

Joint implementation with the Child Information Sharing Scheme

Together the Scheme, the Child Information Sharing scheme and MARAM will facilitate the early identification and management of risks to child wellbeing or safety in a wide range of contexts, enabling services to respond to the multiple, complex needs of families and children.

Implementation is being approached jointly, given the interdependencies between the three reforms, and the need to coordinate training, communications and change management activities for the workforces affected. Considerations guiding the implementation approach include understanding sector readiness, timeliness of reform commencement, and promoting victim survivor safety. A joint approach is also proposed for Phase Two.

A joint implementation approach will:

- mitigate the risk of confusion about workforce obligations and overlap of reforms;
- reduce change fatigue; and
- allow for efficiencies and cost savings in communications, change management and training activities.

Training and change management

A joint implementation approach to the Scheme, MARAM and the Child Information Sharing Scheme allows for efficient, coordinated and consistent knowledge and capability building within prescribed workforces, including integrated training, communications and change management activities.

More specifically, support will include:

- joint communication and key messaging on the rollout of all three reforms;
- a cross-sector change management strategy, and tailored, workforce-specific implementation approaches;
- sector grants for tailored workforce support to assist with the implementation of the Scheme;
- cross-sector training, including face-to-face training materials and e-learning content;
- practice guidance;
- factsheets, checklists and other materials to support implementation including tailored materials; and
- policy templates and further guidance materials to support organisations to identify and update relevant policies and procedures to meet new obligations under each of the related reforms.

Managing complaints under the Scheme

The Office of the Victorian Information Commissioner (OVIC) and the Health Complaints Commissioner (HCC) currently receive complaints for privacy breaches in relation to personal information and health information respectively. Complaints about breaches of privacy under the Scheme can also be made to these Commissioners.

Given the information sharing reforms displace several existing privacy protections, the Act ensures that individuals whose privacy is breached under the Scheme are able to make complaints to OVIC. This could occur if they believe that information has been shared about them other than in accordance with the legislation. Complaints may also be made to HCC in relation to privacy breaches when sharing health information under the Scheme.

The complaints mechanism is crucial to the Scheme as workers are protected from all liability in relation to any damage caused by the sharing of information in good faith and with reasonable care. Consequently, the complaints mechanism is for holding organisations to account for damage to individuals as a result of privacy breaches.

Ongoing funding is provided to OVIC and HCC to support this function.

Consultation

For the purposes of this RIS, extensive and targeted stakeholder consultations took place with the aim of involving all workforces proposed for Phase Two prescription. The purpose of these consultations was to understand potential impacts of the proposed Regulations on organisations and services. Consultations were held together with the DET and DHHS, and asked stakeholders to consider the joint impacts of MARAM, the Scheme and the Child Information Sharing Scheme due to the intersection of the reforms and the joint implementation approach.

Whilst consultation occurred with a range of both government and non-government organisations across regional and metro locations with different workforce sizes, it is acknowledged that only a small proportion of organisations and services that will be prescribed under Phase Two could be engaged with through the consultation process. Therefore, impacts of the Regulations outlined in this RIS should be considered as indicative only.

Consultation approach

The following approach was taken for the consultations:

- Sector forums: Forums were held with stakeholders representing organisations and services proposed for prescription, to discuss the relevant impacts and risks across the sectors, and how they will vary depending on the type of organisation or service.
- Targeted interviews: Structured interviews were undertaken with representatives of individual organisations or services to provide further insight into the anticipated impact of the Regulations, including estimated resourcing implications.

Key findings

Key findings from the sector forums and targeted interviews with proposed Phase Two organisations and services were:

- Participants discussed the value of the two schemes facilitating two-way information sharing among organisations and services.
- Participants are already sharing information with consent and this was used as the basis for their estimates.
- Participants need more information, support and tailored resources to conceptualise MARAM and determine their roles and responsibilities under the framework. Some participants were not aware that the definition of family violence is broader than intimate partner violence and violence against children.
- The *Strengthening Hospital Responses to Family Violence* initiative, which was a response to a Royal Commission recommendation, has given hospitals a good basis for the MARAM and Scheme reforms.
- Representatives from both government and non-government schools highlighted the need to apply consistent policies and procedures in relation to the reforms across government and non-government schools.

A forum was also held with a small group of Phase One representatives to understand the impacts on those currently prescribed. Feedback suggests that it will take time and resources to fully embed the reforms into practice, depending on the size and type of an organisation or service. Some organisations and services found it challenging to implement the reforms without MARAM practice guides, which were not publicly available at the time of the forum. Implementation has been most effective where supports

are in place to build networks through the implementation process across other prescribed organisations and services.

Consultation participation

Approximately 120 representatives from 60 unique organisations participated in six workforce forums (five face-to-face and one online), and 53 workforce interviews were subsequently conducted, either face-to-face or per teleconference. Stakeholders that participated throughout this consultation process are listed below.

RIS Stakeholder Participation	
<p>Schools Lyndhurst Primary School (DET) Cranbourne East Secondary College (DET) Elwood College (DET) Bialik College (Independent) David Scott School (Independent) Sophia Mundi Steiner (Independent) Chairo Christian School (Independent) Korowa Anglican Girls' School (Independent) Mentone Grammar (Independent) Holy Rosary Primary School (Catholic) Sandhurst Dioceses (Catholic) Avila College (Catholic) Our Lady of the Seas (Cowes) Catholic) St Laurence O'Toole Primary School (Catholic)</p> <p>Out of School Hours Care Junior Adventure Group Camp Australia</p> <p>Hospitals The Royal Women's Hospital Tweddle Child and Family Health Mercy Hospital Alfred Hospital Eye and Ear Hospital Peter Mac Cancer Centre The Royal Melbourne Hospital St Vincent's Hospital Austin Hospital The Royal Children's Hospital</p> <p>Student disengagement and health services DET – Navigator DET School Nurses Chaplaincy Program</p>	<p>Early Childhood Education and Care Glen Eira Kindergarten Association Kekeco Childcare Bestchance Auburn South Preschool Gowrie Victoria Goodstart Early Learning North East Regional Preschool Association City of Frankston City of Knox Shire of Yarra Ranges</p> <p>Ambulance Ambulance Victoria</p> <p>Health and Support Services Queen Elizabeth Centre Access Health and Community Link Health Carrington Health Peninsula Health Northern Health Bendigo Health Mental Health Victoria Mind Australia The Royal Australian College of General Practitioners Jesuit Social Services Monash Health</p> <p>Other government departments and services DET North Eastern Regional Services DET South Eastern Regional Services DET South Western Regional Services Victorian Curriculum and Assessment Authority Forensic Disability Multiple and Complex Needs initiative Refugee Minor</p>

Previous consultations

In addition to the above consultations conducted in 2019, Family Safety Victoria has previously engaged with a wide range of stakeholders in the development of the reforms and associated implementation strategies, including as follows:

- public consultation on the Family Violence Protection (Information Sharing) Regulations 2017, associated RIS and the Family Violence Information Sharing Guidelines;
- public consultation on the Family Violence Protection (Information Sharing and Risk Management) Regulations 2018, associated RIS and the MARAM legislative instrument;
- targeted consultations with practitioners specialising in working with Aboriginal communities, diverse communities and older people to inform the MARAM practice guidance;
- a series of sector readiness workshops across Victoria on the preparedness of relevant workforces for MARAM; and
- a series of one-day workshops seeking input from stakeholders on proposed risk assessment tools, practice guidance and training strategies under MARAM.

In relation to the latter two, over 900 stakeholders were engaged and representation was across the full spectrum of workforces impacted by the reforms.

Public consultation on this RIS

Releasing this RIS begins a further phase of public consultation through which interested members of the public can provide input into the development of the Regulations. For a minimum of 28 days, Family Safety Victoria will invite public comments or submissions before it finalises the proposed Regulations.

[DN: Highlighted areas to be completed prior to publishing]

Information on how to lodge submissions can be found on Family Safety Victoria's website at: [Family Safety Victoria <www.vic.gov.au/familyviolence/family-safety-victoria/information-sharing-and-risk-management>](http://www.vic.gov.au/familyviolence/family-safety-victoria/information-sharing-and-risk-management). Submissions on this RIS are to be received by Family Safety Victoria no later than 5pm xxxx xx xxxx 2019.

Review

A number of in-progress and planned reviews will consider the effectiveness of MARAM and the Scheme to date, as well as the effectiveness of prescribing an additional proposed Phase Two. These are discussed below.

Two-year and five-year implementation review of the Scheme

The Act requires an independent review on the implementation of the Scheme to be conducted within two years of commencement. Monash University was appointed as an independent reviewer prior to commencement of the Scheme and is currently conducting the two-year review. The review will evaluate the effectiveness and impact of the Initial Tranche and Phase One of the Scheme. It will consider any adverse impacts or unintended consequences of the Scheme and make recommendations to improve its operation. Data collection includes surveys, focus groups, and interviews with:

- stakeholders;
- service providers;
- experts;
- victim survivors; and
- perpetrators.

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 legislative model, consider any adverse effects of the legislation and make recommendations for reform.

These reviews must be tabled in Parliament within six months of the two-year and five-year periods. Monash University's two-year review will be complete and tabled in Parliament by August 2020. The five-year independent review of the Scheme will consider the effectiveness and impact of Phase Two.

Table 21 – Timeline for review of the Scheme

Activity	Date
Two-year review data gathering	Q3 2019
Two-year review final report	Q2 2020
Two-year review report tabled in Parliament	Q3 2020
Five-year review report due	Q1 2023
Five-year review report tabled in Parliament	Q2 2023

Five-year review of MARAM

Part 11 of the Act requires the relevant Minister to cause a review of the operation of the approved Family Violence Risk Assessment and Risk Management Framework to be conducted within five years of commencement. This review must determine the extent to which the Framework reflects evidence of best practices in relation to family violence risk assessment and risk management. The Minister must cause a further review of the operation of the approved Framework to be conducted periodically every five years after the date on which a review of the Framework is completed.

Part 11 of the Act also requires a review of the operation of Part 11 within five years of commencement. This review must assess the extent to which the Part is achieving the objective of providing a framework for achieving consistency in family violence risk assessment and risk management.

Family Safety Victoria has commissioned Cube Group to develop a Monitoring and Evaluation Framework for MARAM and the Scheme and to conduct an early implementation process evaluation of MARAM. The Monitoring and Evaluation Framework includes a strategy for Family Safety Victoria to monitor progress of the reform and gather evidence to contribute to the five-year reviews. This includes gathering data in relation to the impact of MARAM training, communication and change management activities. All reform phases are in scope for the Monitoring and Evaluation Framework.

The early implementation process evaluation (to completed by June 2020) will examine MARAM Phase One implementation progress to date and inform the roll-out of MARAM to Phase Two organisations and services. The early implementation process evaluation includes consultation with:

- departments and agencies responsible for implementing MARAM;
- Framework organisations;
- organisations that have received sector grant funding; and
- participants in MARAM training.

Table 22 – Timeline for process evaluation and review of MARAM

Activity	Date
Process evaluation project plan	Q2 2019
Process evaluation program logic	Q2 2019
Process evaluation monitoring and evaluation framework	Q3 2019
Process evaluation baseline data report	Q3 2019
Process evaluation interim report	Q4 2019
Process evaluation final report	Q2 2020
Five-year review report due	Q1 2023
Five-year review report tabled in Parliament	Q2 2023

Appendix A – Impacted organisations and services

For the purposes of this RIS, the number of organisations and services and associated workers were estimated. These figures are based on internal data on the total number of organisations and services, and number of workers in each organisation/service. A breakdown of these results is provided in Table 23.

Table 23 – Estimated number of workers, organisations and services impacted by the reforms¹

Organisation or service type	Family Violence Information Sharing Scheme	MARAM	No. workers ² (approx.)	No. organisations and/or services
Group 1: Schools				
Government schools	✓	✓	68,251	1,539
Independent schools	✓	✓	30,056	220
Catholic schools	✓	✓	31,909	497
Student disengagement and wellbeing services and programs funded by the DET, and DET to the extent it delivers child health and wellbeing services	✓	✓	1,448	1
Group 2: Early Childhood Education and Care provider				
Kindergartens	✓	✓	14,043	1,197
Long day care	✓	✓	41,422	1,520
DHHS-funded Supported Playgroups	✓	✓	134	74
Group 3: Out of school care				
Out of School Hours Care	✓	✓	9,774	317
Group 4: Health and support services				
Ambulance Victoria	✓	✓	6,334	1
Community health services	✓	✓	4,646	168
Community housing	✓	✓	465	78
Community-managed mental health services	✓	✓	139	30
Publicly funded early parenting centres	✓	✓	310	3
Remaining state-funded homelessness services	✓	✓	3,407	18

Organisation or service type	Family Violence Information Sharing Scheme	MARAM	No. workers ² (approx.)	No. organisations and/or services
General Practitioners	✓	✗	9,772	1,671
Practice Nurses	✓	✗	5,342	0
Refugee and migrant services	✓	✓	116	50
Group 5: Hospitals				
Publicly funded metropolitan, regional and rural health services	✓	✓	141,958	87
State-funded aged care services	✓	✓	<i>Accounted for in other categories</i>	
Group 6: Government statutory bodies and organisations/services				
Victorian Curriculum and Assessment Authority	✓	✗	266	1
Victorian Institute of Teaching	✓	✗	146	1
Victorian Registration and Qualifications Authority	✓	✗	93	1
Refugee minor	✓	✓	59	1
Multiple and Complex Needs Initiative (MACNI)	✓	✓	46	50
Quality and Regulation Division (QARD) of DET	✓	✓	201	1
Dispute Settlement Centre of Victoria	✓	✓	82	1
Forensic disability	✓	✓	274	2
Total prescribed organisations/services under the Scheme			370,694	7,529
Total prescribed organisations/services under MARAM			355,075	5,855

¹Unless otherwise stated, figures of workers, organisations and services are based on internal data.

²Number of full-time employees (FTE) were multiplied by a factor of 1.55 to estimate number of workers.