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**ANMF (Vic Branch)
Submission to the:**

- **Redeveloped Family Violence Risk Assessment and Risk Management Framework**
- **Family Violence Information Sharing Scheme Amendment Regulations**
- **Family Violence Regulatory Impact Statement.**

10 July 2018

**Ms Lisa Fitzpatrick
Secretary
Australian Nursing and
Midwifery Federation
(Victorian Branch)**

Introduction

The Australian Nursing and Midwifery Federation (Victorian Branch) (ANMF) was established in 1924. The ANMF (Vic Branch) is the largest industrial and professional organisation in Australia for nurses and midwives, with Branches in each state and territory of Australia.

The ANMF (Vic Branch) represents more than 83,000 nurses, midwives and personal care workers (the latter predominantly in the private residential aged care sector). Our members are employed in a wide range of enterprises in urban, rural and community care locations and the public and private health and aged care sectors. Relevantly, ANMF (Vic Branch) represents maternal and child health nurses throughout Victoria.

The core business for the ANMF (Vic Branch) is the representation of the professional and industrial interests of our members and the professions of nursing and midwifery.

The ANMF (Vic Branch) participates in the development of policy relating to nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare, health and aged care, community services, veterans' affairs, occupational health and safety, industrial relations, social justice, human rights, immigration, foreign affairs and law reform.

The ANMF (Vic Branch) is delighted to make submission to: the Redeveloped Family Violence Risk Assessment and Risk Management Framework; the Family Violence Information Sharing Scheme Amendment Regulations; and, the Family Violence Regulatory Impact Statement. This submission can be read in conjunction with recent ANMF (Vic Branch) Submissions to the Child Information Sharing Scheme Public Consultation: Regulations and Regulatory Impact Statement and Ministerial Guidelines.

1. Family Violence Risk Assessment and Risk Management Policy and Practice Consultation Draft – June 2018

ANMF (Vic Branch) supports the high-level guidance provided within the Family Violence Risk Assessment and Risk Management Policy and Practice Consultation Draft June 2018 [the ‘Redeveloped Family Violence Risk Assessment and Risk Management Framework’] and believe the four “Framework Pillars” within the document provide a useful anchor for this Framework.

We also welcome that supporting resources are currently being developed to provide practice guidance on risk identification and screening, risk assessment and risk management and that additionally, materials and guidance will be provided to embed the Redeveloped Family Violence Risk Assessment and Risk Management Framework into organisational policies and procedures. Given the broad overarching focus of the Redeveloped Family Violence Risk Assessment and Risk Management Framework, more specific guidance is critical to ensure all workforces have a clear understanding of their precise role and responsibility in supporting adult and child survivors of family violence.

ANMF also welcomes that ‘training and further education resources’ are currently being developed. We highlight that comprehensive and targeted workforce education and training is essential to ensure each respective workforce and/or professional understands their individual role and responsibility regarding implementing the Redeveloped Family Violence Risk Assessment and Risk Management Framework.

We also make the following comments in response to the specific consultation questions:

1.1. Roles and responsibilities - What is your understanding of the Roles and responsibilities?

The Maternal and Child Health Service: Practice Guidelines 2009 (Department of Education and Early Childhood Development) [the ‘Practice Guidelines’] describe the current role of maternal and child health (MCH) nurses employed within the MCH Service. In specific regard to family violence (and notwithstanding all other complementary assessments and interventions included in the MCH Service more broadly) this includes the following:

- 1) undertaking an initial assessment of family violence
- 2) completing a safety plan where required
- 3) referring the ‘child and adult survivor’ to specialist support services.

This role can commence antenatally however formally commences at the initial MCH Service Key Ages and Stages, Home Visit. A set of four questions outlined in the Practice Guidelines for the 4-week Key Ages and Stages (KAS) consultation can be utilised at any MCH consultation to support the MCH nurse to undertake initial assessment (and referral and development of a safety plan) regarding family violence.

MCH nurses are also currently supported by the *Family Violence Risk Assessment and Risk Management Framework and Practice Guides 1 – 3* (Edition 2, Department of Human Services Maternal and Child Health, 2012).

The role of MCH nurses practising within the MCH Service is therefore currently limited to completing initial assessment and/or screening, referring to speciality services and developing a safety plan where required.

1.2. Are there any gaps in the role and responsibilities?

Table 3 provides a broad, high level description of each organisation's responsibilities. However, whilst Table 3 adequately describes that 'Responsibilities 1 to 6 and 9 to 10' (Risk Assessment and Management Responsibilities) apply to professionals employed within all 'Framework Organisations' identified in the *Family Violence Protection (Information Sharing and Risk Management Amendment Regulations) 2018*, further clarification is required to identify which workforces (and professionals) are responsible for undertaking 'Responsibilities 7 and 8' which require 'comprehensive assessment' and 'comprehensive risk management and safety planning'.

To reduce risk to child and adult survivors of family violence, the final iteration of the Redeveloped Family Violence Risk Assessment and Risk Management Framework should list all professionals and/ or organisations who are responsible for implementing Responsibilities 7 and 8 and further, be more tightly aligned to the *Family Violence Protection (Information Sharing and Risk Management Amendment Regulations) 2018*.

Specifically, the Redeveloped Family Violence Risk Assessment and Risk Management Framework and related Practice Guidance must clarify the ongoing role of the maternal and child health nurse in this space including describing how the additional family violence MCH Service consultation (within the Key Ages and Stages Framework) is to be utilised and whether the role of MCH nurse remains limited to:

- 1) Undertaking an initial assessment of family violence
- 2) Completing a safety plan where required
- 3) Referring the 'child and adult survivor' to specialist support services.

2. Regulatory Impact Statement Family Violence Protection (Information Sharing and Risk Management) Amendment Regulations 2018 Final Report 8 June 2018 [RIS]

ANMF (Vic Branch) notes the comprehensive nature of the RIS and welcomes its alignment with the introduction of the Child Information Sharing Scheme (CIS Scheme). We also make the following suggestions for improvement:

2.1. Pillar 3 Roles and Responsibilities

As detailed above, greater specificity if required regarding which professionals or workforces are responsible for implementing responsibilities 7 and 8 of Table 3 of the Redeveloped Family Violence Risk Assessment and Risk Management Framework.

Additionally, clarification is required regarding the timeframes for 'Framework Organisations' to amend existing policies, procedures, tools and practice guidance to align with the Redeveloped Family Violence Risk Assessment and Risk Management Framework. The content on page 47 of the RIS is not clear and for example, ANMF (Vic Branch) is not able to ascertain what is meant by the requirement to "amend policies over time as per a maturity model of alignment". The RIS should clearly stipulate whether 'Framework Organisations' included in Phase 1 are required to align all policies, procedures, tools and practice guidance with the Framework by 3 September 2018. Further, the RIS should clarify whether comprehensive and workforce specific education and training must be completed by 3 September 2018.

On this point, ANMF (Vic Branch) considers it imperative that these steps occur prior to enactment of the *Family Violence Protection (Information Sharing and Risk Management) Amendments Regulations 2018*.

3. Family Violence Protection (Information Sharing and Risk Management) Amendments Regulations 2018 [the Amendment Regulations]

ANMF (Vic Branch) supports the *Family Violence Protection (Information Sharing and Risk Management) Amendments Regulations 2018* [the Amendment Regulations] and make the following suggestion for improvement:

- a) A definition is required regarding a “person” or “body”. For example, does the responsibility to share information in accordance with the Amendment Regulations apply automatically to all maternal and child health nurses referred to in Regulation 9 (ze) and (zf)? Or is a council required to separately identify which persons or body within the council are required to share information in accordance with the Amendment Regulations?

Bibliography

1. *Department of Education and Early Childhood Development (2009) Maternal and Child Health Service: Practice Guidelines 2009*
<http://www.education.vic.gov.au/Documents/childhood/professionals/support/mchpracguidel.pdf>

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2. Family Violence Risk Assessment and Risk Management Framework, Practice Guides 1 – 3 (Department of Human Services, 2012)

<https://www.thelookout.org.au/sites/default/files/Family-Violence-Risk-Assessment-and-Risk-Management-Framework-and-Practice-Guides-1-3.pdf>

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