

# TRANSCRIPT

## LEGISLATIVE ASSEMBLY LEGAL AND SOCIAL ISSUES COMMITTEE

### **Inquiry into capturing data on family violence perpetrators in Victoria**

Melbourne—Monday 19 August 2024

#### **MEMBERS**

Ella George – Chair

Annabelle Cleeland – Deputy Chair

Chris Couzens

Chris Crewther

Cindy McLeish

Meng Heang Tak

Jackson Taylor

#### **WITNESS**

Dr Lance Emerson, Deputy Secretary, eHealth Victoria, Department of Health.

**The CHAIR:** Good morning. My name is Ella George, and I am the Chair of the Legislative Assembly's Legal and Social Issues Committee. I declare open this public hearing of the Committee's Inquiry into capturing data on family violence perpetrators in Victoria.

I begin today by acknowledging the traditional owners of the land on which we are meeting, the Wurundjeri Woi Wurrung people of the Kulin nation. I pay my respects to their elders past, present and future and extend that respect to First Nations people across Victoria.

I am joined today by my colleagues Jackson Taylor, the Member for Bayswater; Meng Heang Tak, the Member for Clarinda; Christine Couzens, the Member for Geelong; Annabelle Cleeland, the Member for Euroa and Deputy Chair; and Chris Crewther, the Member for Mornington.

On behalf of the Committee, I want to thank everyone participating in the inquiry through submissions or hearings. We greatly appreciate your time and effort in contributing to this important inquiry. The Committee has received a number of valuable submissions to date, which can be viewed on our website.

The Committee recognises that evidence to this inquiry may be distressing, and we urge people to reach out for support. You can contact Lifeline on 13 11 14, 1800RESPECT or the Blue Knot helpline on 1300 657 380. Today is the Committee's fifth day of public hearings in August, and today we will be hearing from a number of witnesses.

All evidence given today is being recorded by Hansard and broadcast live. While all evidence taken by the Committee is protected by parliamentary privilege, comments repeated outside this hearing may not be protected by this privilege.

Witnesses will be provided with a proof version of today's transcript to check, together with any questions taken on notice. Verified transcripts, responses to questions taken on notice and other documents provided during the hearing will be published on the Committee's website.

I am now pleased to welcome Dr Lance Emerson, Deputy Secretary, eHealth Victoria, Department of Health, Centre for Victorian Data Linkage. I invite you now to make a brief opening statement, and this will be followed by questions from members. Thank you.

**Lance EMERSON:** Thank you very much, Chair. Thank you to the Committee for the invitation to speak here before the inquiry and also acknowledging that we are on Wurundjeri land this morning, and I am paying my respects to their elders past and present.

Now, I have a set opener here, but I just wanted to check that it is going to meet your needs. I would like to talk about the Centre for Data Linkage, which has been the request, and also talk a little bit about the data linkage process—the technical process; the enablers for successful data linkage; how those data linkage outputs are used; a little bit about the Victorian Social Investment Integrated Data Resource, VSIIDR, which I believe you have heard about, and also researcher access to that; and some linkage projects which have focused on perpetrators of family violence. I am hoping those topics will be useful as an opener. I am getting nods, so I will proceed.

Thanks once again for the opportunity. I am appearing in my role as Deputy Secretary for the eHealth division, where the Centre for Victorian Data Linkage, or CVDL, is located. While the centre is located within my division, CVDL does provide statewide linkage services for all of the Victorian Government and indeed the research sector. I will be focusing on CVDL today. It was established in 2009 as Victoria's specialist data linkage unit to provide data linkage services to government and researchers. Our core business is creating and updating linked data assets and responding to requests for access to linked data for research and analytics purposes. We conduct around 120 projects per year from linked data requests. We only undertake the data linkage; we do not undertake the analysis following the provision of those linked data. We produce those data for research, analytics and policy purposes rather than individual case management, service delivery or tracking of individuals. And those purposes have been covered by other submissions that I have seen, so I will really focus on CVDL's role in supporting policy research and analysis.

CVDL is an accredited data service provider under the Commonwealth *Data Availability and Transparency Act* and that acknowledges our expertise in provision of data de-identification, complex data integration and secure data access services. Our linkage operations are pretty advanced compared to other states with respect to not only the breadth of data that we have linked but also the number of linkage projects that we undertake each year, which is more than any other jurisdiction. We also have a very sophisticated and highly secure technical infrastructure that enables the linkage of those data.

We have around 30 Victorian datasets across health, human services, education, justice and police that are linked on a monthly basis. And importantly, we are the only jurisdiction to undertake and access Commonwealth Medicare Benefits Scheme and Pharmaceutical Benefits Scheme data within the linked data asset. So again, we are one of the largest and busiest data linkage agencies out of any jurisdiction. Our monthly frequency of data linkage is enabled by an automated and highly secure cloud-based linkage and integration infrastructure which we implemented a few years ago. We are the only state-based linkage agency to have our own secure data access environment—called VALT—where researchers and analysts can remotely access de-identified data in a highly secure environment through virtual machines within the Department of Health technical infrastructure, so that enables researchers access in a locked-down environment. We provide services to both government and researchers, and we receive funding from a number of different sources, mainly from Department of Health but also from other population health research networks, some Victorian budget initiatives, the Commonwealth Government for some work we are doing on integration of national disability data and cost recovery from researchers, and I can talk to that little bit later if need be.

Just in terms of the data linkage process, which I am not too sure has been covered in previous hearings, but data linkage is a process where we provide a person-centred view by identifying, matching and merging records that correspond to the same person across varying datasets. We have a technical team in CVDL which undertakes that linkage. There are four stages in that data linkage process: firstly, the warehouse team are responsible for onboarding, cleaning and formatting the data assets received from various sources, and I can talk to those sources if you like. Many of them are stored within the shared Department of Health and DFFH common data layer, which is also operated by my division in the Department of Health. That is the warehousing, and it is really important to have data that are formatted well, that are clean, that have strong data definitions so that you know the data that you are linking and the data has high reliability. That is the warehousing team.

The linkage team works with the identified data—and when I say ‘identified’ that can be, for example, a person’s name, their date of birth—so the linkage team works with those identified data from various datasets to create and update the Victorian linkage map, and we use specialist software called LinXmart within technical infrastructure which matches records using a range of different methods to enable us to link and de-identify the records for those individuals. We do that through de-identified linkage keys, so that is the process of accessing identified data, de-identifying them through linkage keys so that we can ensure security of those data for those consumers.

We then have a content integration team which uses those de-identified linkage keys to assemble the service history across those various data assets, and while identifiers such as name have been removed, the data are still at the individual person level and include service interactions of that de-identified individual. Then the content integration team provisions the specific de-identified unit record data into the virtual machines, into our secure access environment, and the researcher analyst can then undertake the analysis within that locked-down environment, again without identifying that individual.

We have a high level of security controls consistent with data linkage best practice, which facilitates our compliance with privacy legislation. That includes us being able to restrict projects’ access and data access to approved users, oversight of other data and software exported to virtual machines to improve the outputs of those linked. As I said, we do not let data out unless we are reassured that we are meeting all privacy legislation. Only aggregated tables are released from the virtual machine to the researchers, for example in spreadsheets, tables or PowerPoints, and we check those outputs before release. We have not had a data security or identification-of-individual issue since we have been established. Our security and privacy controls are required to be as safe as the Institute of Health and Welfare, ABS and so on. That enables our authorisations as a linkage agency.

Just in terms of the key foundational enablers for data linkage, there are a range of legislative enablers; for example, the Victorian *Health Records Act*, the *Privacy and Data Protection Act* and the health privacy principles. We also have a range of data governance and best practice enablers, and we assess each project against governance processes and the Five Safes principles for data handling. We have a cloud-based linkage and integration infrastructure within the Department of Health Microsoft Azure tenancy, which is highly secure, to ensure the security of those data. And again, we restrict access only to those members of the team internally who require access to particular parts of the infrastructure at particular times. And as I said, we have never had a data leak or privacy breach within the 15 years of our operation due to our high level of focus on security.

I know that other speakers have talked previously about data quality, which is incredibly important. The quality of the linked data is highly dependent on the quality of the source and administrative data. In general what we find is that health datasets are a little bit more robust and stable than human service data assets simply because we have been working with them for a long time and they have very strong data definitions within those data, and my division also audits those health data to ensure their integrity.

Another key foundation is the willingness of data custodians to share the data for linkage services. And just a note to say that I think that, whilst Victoria is quite advanced in our sharing of data for linkage, it has taken a while, and that willingness to share has increased over time, which is great. And as we see the value of linked data recognised for research and analysis and policy purposes, we see more sharing of those data.

There are some barriers to linkage. Adding new datasets—we would like to see new data in there. We have never been precluded from linking any particular datasets for legal purposes, legal reasons, although there may be particular steps involved, such as privacy impact assessment or data sharing agreements that are required in the inclusion of any new dataset. Sometimes the data themselves are not fit for purpose for linkage, as I said earlier. Datasets need to have sufficient identifiers and need to be of high quality.

Just in terms of how we use those data, generally there are five different areas that the outputs from linked data are used, often for evaluation program effectiveness, to determine whether or not a particular intervention or program has been effective, measuring the outcomes for patients or clients. It can also inform service design to help understand the characteristics and needs of particular consumer groups whose needs may or may not be met. Understanding service pathways and other sorts of pathways and touchpoints within a system, that can be particularly useful to improve our response to particular populations. For example, tracking pathways of people diagnosed with cancer before and after diagnosis, to consider those health-seeking pathways along the way.

Analysis can also inform clinical care by creating models to identify patients at risk, which we do often in health. We have analysed linked general practice and hospital data—we are one of the few states to do so—to understand patient journey across the whole health continuum, which is really important to having those optics to understand patient journey, and of course, social investment and demand modelling, which quantifies how increased investments or policy change in one service can result in lower use of services in another. In that respect, CVDL support the Victorian Government's Early Intervention Investment Framework, the EEIF, for modelling of particular interventions. Of course, finally, we provide those data for researchers to undertake research papers and so on.

I will talk a little bit about VSIIDR in relation to CVDL. So the key pathway for the Victorian Government to access linked data relating to family violence is via the whole of Victorian Government linked data asset, the Victorian Social Investment Integrated Data Resource, or VSIIDR, established in 2018 with the aim of improving the evidence base upon which we develop social policy. Findings and outputs from VSIIDR can be used to inform the delivery and planning and design and evaluation of government functions and activities. It is important to note that the VSIIDR, through the governance process, currently is not used for identifying individuals or for operational or compliance purposes through the terms of reference that we have established through VSIIDR.

DGS, the Department of Government Services, is responsible for the governance and secretariat of VSIIDR, while the Department of Health, through CVDL, is responsible for production and provisioning of those linked data for VSIIDR. The use of the data asset is overseen by a VSIIDR governing council, including those largely responsible for overseeing data governance in the contributing organisations: government services; health; families, fairness and housing; education; justice; Victoria Police; Treasury and Finance and so on. We include

in VSIIDR a range of data assets from across those various departments, and the frequency of the inclusion of those data varies generally with the data input.

Finally, just in terms of researcher access to linked data, the data access pathway for academic and clinical researchers differs from government employees to access through CVDL. Generally, researchers approach CVDL via our web portal for requesting linked data and complete an online access form, which we then work with the researcher or academic group to complete. The project governance differs from VSIIDR in that we always need to obtain approvals from the various data governance or data owners in order for us to undertake the linkage to provide those outputs for the researcher, and we also need to see approvals from a human research ethics committee and individual approval from all of those data custodians. So we need ethics and we need custodianship approval in order to undertake that linkage and provide any data. Just a note that those governance processes can take a while to see approved and in fact account for the majority of the time that we spend delivering those research project data. It can take months, and we cannot release any data until all custodians have approved those. Timelines can be particularly extensive if Commonwealth data are required.

Finally, just in terms of linkage projects which are focused on perpetrators of family violence, we have actually had a relatively small number of requests made to the Centre for Victorian Data Linkage for linked data—projects which specifically relate to perpetrators. I believe that those numbers will grow as family violence specific datasets are included; for example, the Orange Door and TRAM data will soon be included. So we have had four projects specifically looking at perpetrators. Two of them were actually VSIIDR-type projects, one relating to evaluation of the men's behaviour change program and the other relating to family violence outcomes. Then there are two external researcher projects, one from Swinburne University relating to providing protection to child victims from revictimisation and future offending and the other to nature and frequency of health contacts in victims and perpetrators of family violence. So two external data linkage requests we have had over the years. Thank you, Chair. That concludes my opening statement.

**The CHAIR:** Thank you. One of the things we have heard a lot about throughout this inquiry so far is the different data collection systems and storage systems across the family violence sector—so, for example, the central information point, IRIS and SHIP. Do you receive data from those systems?

**Lance EMERSON:** Thank you for the question. We do receive a range of IRIS data. I can provision the Committee with, rather than talk through all of them, the extent of assets that we do receive. The main ones related of course to family violence would be those such as from Victoria Police, the LEAP database, adult corrections, some of the integrated reports from IRIS, homelessness data, Orange Door, child protection Victoria, alcohol and drug, and then, from the health space, emergency and the TRAM data tools for risk assessment and management. They are the majority of data received in relation to this particular issue, but I can provision the Committee with the full set.

**The CHAIR:** That would be great. Thank you. In your experience, is it more challenging to link data when it is coming from different databases and multiple data sources?

**Lance EMERSON:** Yes, it is, in short. I really should just focus on my expertise, which is in the health space. As an example, often when we instigate new data collections it often takes a least a year for the volatility in those data to be ironed out before we can reliably use them. Often we do not spend enough time on the fundamentals of data quality. It is often underfunded and it is under-recognised, but having very strong data definitions and processes that standardise data collection, which can standardise those data assets to enable comparability, is really important. In the health space it is difficult. I would imagine in the social sector space it is even more difficult, because often there are fewer numbers and more words and I guess more variability in the type of data being collected as well, which means that the comparability of those data may be more difficult. So it does take time and it does take a lot of energy, and often we do not spend enough time ensuring that we have really robust data to enable us to link them.

**The CHAIR:** From that, is there anything that you would recommend the Victorian Government does to improve that?

**Lance EMERSON:** I think it is ensuring that when we do develop and implement programs we have strong data collection processes that are resourced as part of that process to enable us to collect and analyse those data for the purpose of evaluation, progress tracking and so on. I think having a lot of attention upfront on ensuring

data definition to enable that comparability is really critically important. Often we rush to program delivery and implementation and sometimes at the expense of doing the fundamentals around data definitions and security and so on.

**The CHAIR:** Thank you. Just one more question from me for now. In your opening statement you spoke about how the Centre for Victorian Data Linkage has received some requests around data linkage projects relating to people using violence. Are you able to expand a little further on that with a particular focus on how those data linkage requests have contributed towards a different policy setting or an improved policy?

**Lance EMERSON:** I would need to take that on notice. I am sorry, Chair. I am not 100% across the outputs of those four projects, but I will get back to you on that.

**The CHAIR:** That would be great. Thank you.

**Lance EMERSON:** No problem.

**The CHAIR:** Annabelle.

**Annabelle CLEELAND:** You mentioned about the breakdown, which I was trying so hard to focus on, but it seemed rather complicated. The four teams, with your warehousing team, your linkage, your service interactions and then the content creation—that is in my abbreviated notes. How many staff are in your team, in the Centre for Victorian Data Linkage?

**Lance EMERSON:** It changes depending on whether or not there is funding for specific projects, but it is around 20 to 25.

**Annabelle CLEELAND:** So currently?

**Lance EMERSON:** Currently I believe we have 24.

**Annabelle CLEELAND:** Okay. You mentioned the applications in the last few years. Is it 15 years since it was established?

**Lance EMERSON:** Since it was established, yes.

**Annabelle CLEELAND:** You have had four project requests?

**Lance EMERSON:** Four project requests relating to perpetrators of family violence, but generally it is, on average, 120 linkage requests per annum overall.

**Annabelle CLEELAND:** But the two data linkage requests over the years were just—so we are just focusing on the perpetrators?

**Lance EMERSON:** Exactly, yes.

**Annabelle CLEELAND:** Wow. And what is the cost, on average, of one of those applications?

**Lance EMERSON:** We do charge external researchers for access to data linkage. Our costs are, from memory, \$1,330 per day, which is benchmarked against the Institute of Health and Welfare and other data linkage agencies. Generally, what happens is researchers and academic groups include those costs in their grant from NHMRC or other funds. The average cost I understand to be from around \$10,000 to \$20,000 for undertaking that linked data work for them.

**Annabelle CLEELAND:** What is the shortest timeframe you have been able to provide research data?

**Lance EMERSON:** Some linkage requests are quite simple to undertake and can be undertaken –

**Annabelle CLEELAND:** For these four projects requests, for instance, what is the shortest timeframe?

**Lance EMERSON:** I would need to get back to you on that, I am sorry.

**Annabelle CLEELAND:** That is all right. And maybe an average while you are looking at it—average timeframe.

**Lance EMERSON:** An average would be around the \$15,000 mark.

**Annabelle CLEELAND:** Sorry, timeframe as well. What is the length of time it takes to –

**Lance EMERSON:** Well, 1300 a day, so a week.

**Annabelle CLEELAND:** We have had some comments from service providers that most of the data collection is focused on funding accountability and not necessarily performance or effectiveness of the service or the program, which has been a frustration across a lot of the services. What is your view on that comment?

**Lance EMERSON:** I guess I can only talk about issues from a data and data linkage perspective and the use. I guess it really depends on what we are using data for and the sorts of questions that we are asking. If we are wanting to understand the efficacy or effectiveness of particular programs, then we need to be including data collection processes to enable our optics on the efficiency of those programs. Historically, I think usually we collect utility data—how many, how often—and less data collection around whether or not it has actually been an effective intervention, but I think things are changing as we are needing to demonstrate impact, value for money, prevention. I think as a whole the system is getting a lot better, not just in the health system but in the broader social system. We are getting better at collecting those data to inform the effectiveness of particular interventions. But I would agree that traditionally we have focused on utility data, which counts the number of people we are seeing, visitation rates, which are not necessarily all that effective for answering the question of if it been overall an efficacious intervention.

**Annabelle CLEELAND:** The six software database systems that operate currently in Victoria for all Victorian services and include some federal services, do you get all of that information into the centre, which you then distribute? My supplementary question is: those four requests—those receiving information from you—are only from universities? No service providers are able to apply or could afford to necessarily?

**Lance EMERSON:** Well, they could. There is nothing stopping service providers applying, but again we do charge a market-comparable rate for linkage services. There is nothing stopping anyone, if they have the appropriate ethics approvals, to request those linked data. But in relation to this particular issue, yes, we have only had four and two externals—two from VSIIDR, from governing councils member organisations, and then two from academic. We have had, to my understanding and to my team's understanding, no request from service providers for those linked data. There may have been requests for data through my division for non-linked data, which we provide through a slightly different process, but those data are available to externals are de-identified.

**Annabelle CLEELAND:** Sorry, is 'no linked data' a different department to you?

**Lance EMERSON:** Sorry?

**Annabelle CLEELAND:** Is the 'no linked data' that you referenced a different department? Is that a different group of people? I do not understand that 'no linked data' reference.

**Lance EMERSON:** Sorry, there is often requests for data that are not linked, so straight utilisation data: how many patients were admitted to Frankston Hospital between these dates? It does not require data linkage.

**Annabelle CLEELAND:** Right. Thanks.

**The CHAIR:** Christine.

**Chris COUZENS:** Thank you very much for your time this morning. We really appreciate it. Data sovereignty is an issue for Aboriginal communities and in line with closing the gap. Can you talk a bit about how you do that with Aboriginal data?

**Lance EMERSON:** We are working towards it with the sector. We are committed to working with the sector for Aboriginal sovereignty. That involves discussing with them the breadth and depth of data that they

would like to see. I think it is fair to say we have undertaken some initial scoping with the sector but it is still in its early stages of development.

**Chris COUZENS:** So how do you manage that now? Is it just through agreement?

**Lance EMERSON:** It is through agreement. Again, if the sector are needing data for Aboriginal people for any sort of purposes, we would have arrangements in place for the provision of those data.

**Chris COUZENS:** You mentioned earlier wanting to have new data sources. What would that look like?

**Lance EMERSON:** What sort of data?

**Chris COUZENS:** Yes.

**Lance EMERSON:** I guess it depends on what question we are asking, and that would determine then what sort of data we need. If we are wanting to see impact on, for example, Commonwealth services, it would be good to see more Commonwealth data within our asset. That is a developing area—as I said, we are the only linkage agency in any jurisdiction to access federal health data. Potentially there is some social service data which the Commonwealth holds which could be usable and useful. Again, it just depends on what question we are asking and what data would help in answering that.

I think with some of the frequency of the data that we do have in the existing linked data asset—for example, sometimes it is only updated every year, sometimes every six months, sometimes monthly—we are all working within our resources to provide those data in a more timely way. An area that I think would be useful to focus on too is regularity of those data in terms of the update to the integrated asset.

**Chris COUZENS:** Do you have an opportunity to suggest to government different forms of data collection?

**Lance EMERSON:** We do, and we talk about that through the VSIIDR governing council. There are positive discussions there around how we can best develop the asset for the benefit of Victorians and to answer those questions, and we are all working toward, within our resources, the most valuable asset we can have with the updates we can provide within the timeframes that we have.

**Chris COUZENS:** Thank you.

**The CHAIR:** Thanks. Christine. Chris.

**Chris CREWITHER:** Thank you, Dr Emerson, for your evidence today and your time giving evidence as well and of course your work with the centre. You mentioned in your opening statement that there is a major issue in terms of governance taking a while to be approved. Could you elaborate on that? What do you think are the major roadblocks in that regard? How can that be fixed from your perspective? And what can we do as parliamentarians and what can the state government do to assist in that regard?

**Lance EMERSON:** It is a good question. I wish I could answer what would help. This applies to external linked data requests. Internal linked data requests that we manage through the governance council of VSIIDR, we manage really effectively because we are all in the same room. We all have a legally binding agreement about data governance to see that stream through, so that process actually works incredibly well. It is the external requests that I was referring to that do take a little longer. So, for example, if there is a question that relates to a judicial court or policing issue, we need to then go to the relevant department and seek their approval for it, which means they need to approve the use of their data and the linkage of their data from their own legislative and policy perspective, and that is the time-consuming part. Also, the outputs of the linked data process they will need to be convinced of. That does take time. I think the data custodian needs to be involved in that, and that takes time as well. To answer your question ‘What could help?’ I think it comes down to the availability of those data custodians and the time it takes to go through the application, to go through the ethics approval and to ensure the relevant legislation is adhered to in the linkage and output of those data, which takes time. So it comes down to enabling that person with that time and resources often.

**Chris CREWITHER:** Thank you. ANROWS in their submission noted, and I quote, that there are different recording methods and limited data linkages across jurisdictions. You noted in your opening statement that you have never been precluded from obtaining data, but you also noted that data is sometimes not fit for purpose for



linkage. What types of data have you found has not been fit for purpose for linkage, where has that come from and how do you think that can be improved?

**Lance EMERSON:** It is often where the data do not have strong identifiers—for example, name and date of birth—that it can be difficult to link those data. Where we have that situation, there is a methodology we can use that enables linkage without strong identifiers, called privacy-preserving data linkage, which we actually use in general practice and acute care data linkage. That uses, without getting too technical, bloom filters, which look at a particular record and determine the probability of that being the same person in another record. Where you have a high probability, the filters enable the linkage of them. So there are ways around that. But generally, to answer your question, where there are not strong identifiers, that makes it very difficult to link those data reliably.

**Chris CREWETHER:** Thank you. Thank you, Chair.

**The CHAIR:** Thank you. Heang.

**Meng Heang TAK:** Thank you, Chair. Thank you. The part of your submission that in my question I want to focus on is opportunities. What opportunities are there for researchers and policymakers to provide feedback to CVDL on data sharing to promote the continuation of improvement?

**Lance EMERSON:** What feedback should we—I am sorry –

**Meng Heang TAK:** What feedback to your organisation so that we can continue to –

**Lance EMERSON:** I think there are opportunities to talk about the benefits of data linkage, to be frank. I do not think it really receives a lot of public attention, to be honest, but it does enable answering of complex questions, which we are unable to do through other means. Often those other means are incredibly expensive. Just talking in the health space, we often undertake randomised controlled trials to see the impact of interventions within a system, whereas we can use linked data—real-world data—to understand the impact of various interventions on patients without having to actually undertake big trials. So I think talking about the benefits and uses of linked data would be beneficial. I think also focusing on data quality and the benefit of a range of data from administrative datasets from agencies and focusing on how we can assist those agencies to develop datasets that are robust to enable linkage would be beneficial longer term as well. I know that previous speakers have talked about some of the reliability of existing data assets. So that would be incredibly useful—and in general, data quality improvement. I know this sounds dull, but data quality improvement is—if you have bad data going into linked data, you are going to get bad data out. So I cannot emphasise enough the importance of ensuring quality data within program resourcing to ensure that those outputs have high integrity.

**Meng Heang TAK:** Thank you. Thank you, Chair.

**The CHAIR:** Jackson.

**Jackson TAYLOR:** Thank you, Chair. Thank you very much, Doctor, for your time today. I know there is not a great deal of time left, but I just sort of wanted to bring it all together and ask you what hopefully will be a simple question. If you could name three things that you would like to see this Committee look at to make the sharing of data easier, to make people and organisations more susceptible to wanting to come and make requests to your centre, what would those three practical steps be? It does not have to be about what I have mentioned, but what are three things that you would love to see this Committee look at to make the sharing of data easier and to make it, I guess, more well known?

**Lance EMERSON:** Good question. Tricky question. I would say data quality—ensuring that we are doing all we can to help agencies with the quality of data that they are providing. That includes having data standards, having audit processes and so on. That sounds a little dull, but it is incredibly important.

Secondly, I think having a really strong understanding of what it is we want answered. What are the key questions we want answered in this space now and in the future? That will then help us identify the sort of data we need longer term. As I said, often it takes a while to collect these data. If we have those questions established, it will enable us to start to collect those data that might not be there at the moment. Whether it be

about pathways of perpetrators in the system or being able to predict potential perpetrator behaviours, what are the data that are needed to help identify that? Do we have that plan?

I think, thirdly, the benefits of linked data and the resourcing of that is needed longer term. This is the future of understanding behaviours and big complex systems and looking at where interventions could best be targeted, and I think the Committee's support for linked data providing these solutions and in general the government support longer term is really critical. The Victorian Government has been incredibly supportive of linked data to date. As I said, we are now the leading linkage agency in any jurisdiction, providing more outputs per year, informing more policy and more projects than any other jurisdiction. That needs to continue if we are to address these complex issues.

**Jackson TAYLOR:** Thank you very much. Thank you, Chair.

**The CHAIR:** Christine, one last question?

**Chris COUZENS:** Yes. Just very quickly, you talked about Victoria being the leading jurisdiction in this area. Is there anywhere else you are aware of around the world that is even better that could be considered?

**Lance EMERSON:** In the family violence and perpetrators area?

**Chris COUZENS:** Yes.

**Lance EMERSON:** My apologies, I do not know that area well. I would need to take that on notice. New South Wales have a brilliant linkage agency, comparable to us, and they do a lot of work in the social sector as well. But I would need to get back to you on that. I am sorry.

**Chris COUZENS:** Thank you.

**The CHAIR:** Thank you, Dr Lance Emerson, for your contribution to the inquiry today. We are incredibly grateful for the evidence that you have provided for us.

We will now take a short break before our next witnesses.

**Witness withdrew.**