



Information sharing

Provisions for information sharing

The child's best interests should guide information sharing between hospital and the Department of Families, Fairness and Housing (DFFH) Child Protection and Aboriginal Children in Aboriginal Care (ACAC).

Children, Youth and Families Act 2005	Family Violence Protection Act 2008
Child Wellbeing and Safety Act 2005	Privacy and Data Protection Act 2014
Section 141 of the Health Services Act 1988	Health Records Act 2001

The importance of information sharing

The timely, purposeful and coordinated exchange of information between services is critical to the immediate and ongoing protection and wellbeing of children.

The most vulnerable patients often need assistance from more than one health service or agency, and information needs to be shared for these services to work effectively together.

Sharing information is important to allow DFFH Child Protection/Aboriginal Children in Aboriginal Care (ACAC) providers to adequately assess, case plan and intervene with families.

Sharing information also ensures health professionals can deliver comprehensive, holistic services to vulnerable people.

The ways health professionals and DFFH Child Protection and ACAC can share information

Health professionals sharing information with Child Protection/ACAC

Reporting to Child Protection/ACAC (including mandatory reports)

Referral to Child FIRST/ The Orange Door (significant wellbeing concerns)

Subpoena

DFFH/ACAC request information under Children's Youth and Families Act (2005) (CYFA)

Request for information under Child Information Sharing Scheme (CISS)

Some agencies can request information as a Risk Assessment Entity (RAE) under the Family Violence Information Sharing Scheme (FVISS)

Information sharing also occurs with other agencies that are prescribed under CISS and FVISS

Child Protection/ACAC sharing information with health professionals

Children, Youth and Families Act (2005)

Requests under the CISS
Requests under FVISS for Family Violence Protection purpose

How health professionals can share information with DFFH Child Protection and ACAC

<p>When health professionals make reports to Child Protection/ACAC</p>	<p>Where a report to Child Protection or ACAC is made by a hospital staff member, the hospital should liaise with Child Protection/ACAC to ensure that it has all the information it requires to consider the report.</p> <p>When making a report to Child Protection/ACAC, and during any follow up liaison, hospital staff should share any information they feel is necessary for assessment of risk to the child.</p>
<p>DFFH Child Protection/ACAC request information</p>	<p>Child Protection/ACAC staff may require information, written and/or oral from hospital staff to:</p> <ul style="list-style-type: none"> • assist in a risk assessment and statutory or legal intervention • present as evidence in a legal proceeding • assist with decision-making and case planning. <p>Child Protection/ACAC may request this information from hospital staff even if hospital staff have not made a report.</p> <p>Your organisation will have a procedure by which information requests are received and processed. Following this procedure is important to ensure that the hospital meets its obligations when releasing patient information. It also ensures that information is being released to the correct external authority.</p> <p>This procedure may involve DHHS Child Protection/ACAC submitting a written request for information. Ascertain the urgency of the request from Child Protection so that information is not delayed that may impact on the child's safety and wellbeing.</p>
<p>Subpoena</p>	<p>DFFH Child Protection/ACAC may also request information by issuing a subpoena for hospital staff to give evidence in court.</p> <p>If you receive a subpoena/witness summons to appear in court to give evidence, follow your organisation's policies on how to respond.</p> <p>DFFH Child Protection/ACAC should issue the subpoena with a reasonable notice period and provide an estimated time and date as is possible via the court process</p>

How DFFH Child Protection share information with health professionals

Section 192 of the CYFA

Child Protection/ACAC are restricted by the Children, Youth and Families Act in relation to the information that they can share in relation to children who are subject to a report.

However, under Section 192 of the CYFA, Child Protection may release information to health services if they believe on reasonable grounds that it is required for the performance of DFFH Child Protection duties or functions under this Act.

It is recommended that health services and DFFH Child Protection/ACAC will share the following information with health professionals:

- outcomes of relevant case conferences, investigations, case planning meetings and legal proceedings
 - for children who are shared clients
 - in accordance with the provisions of the CYFA and where it is assessed as being in the best interests of the child that the hospital be provided with such information.
 - a copy of the Children's Court Order when a child who is the subject of a Children's Court order is admitted to the hospital.
- Child Protection/ACAC will also ensure that any conditions or relevant information contained in those orders are brought to the attention of the relevant hospital staff member.
- a copy of the Children's Court Order when a child who is the subject of a Children's Court order is an outpatient:
 - when it is in the child's best interests
 - is permitted under the CYFA or the Privacy and Data Protection Act
 - when attendance at medical appointments or adherence to the advice of hospital practitioners are conditions of the order.

If Child Protection, or authorised Aboriginal agency staff from ACAC providers become aware of a named person's potential to be a danger to staff or patients visiting the hospital, then this information will be shared with senior managers (head of department or more senior) at the hospital in order to develop a hospital risk management plan.

How both parties can share information with each other

<p>The Child Information Sharing Scheme</p>	<p>Enables authorised organisations and services to share information to promote the wellbeing and safety of children.</p>
<p>CISS</p>	<p>Public Hospitals will be authorised as information sharing entities under the schemes from 2021.</p> <p>The Multi-Agency Risk Assessment and Management Framework (MARAM) sets out the responsibilities of different workforces in identifying, assessing and managing family violence risk across the family violence and broader service system.</p> <p>MARAM will guide information sharing under both information sharing schemes wherever family violence is present.</p> <p>Professionals who will be sharing information under this legislation should undertake training or have an understanding of the legislation and how it is applied.</p> <p>The following services (that are potentially based within hospitals) were authorised under MARAM, CISS and FVISS in 2018,</p> <ul style="list-style-type: none"> • State-funded alcohol and other drugs services • Maternal Child Health Nurse services • State-funded sexual assault services and sexually abusive behaviour treatment services designated mental health services. <p>Staff within these health services should seek training in the Information Sharing schemes and the MARAM when their organisations are added as prescribed entities.</p>
<p>The Family Violence Information Sharing Scheme (FVISS)</p>	<p>FVISS enables authorised organisations and services to share information to facilitate assessment and management of family violence risk to children and adults.</p> <p>The Multi-Agency Risk Assessment and Management Framework (MARAM) sets out the responsibilities of different workforces in identifying, assessing and managing family violence risk across the family violence and broader service system.</p> <p>MARAM will guide information sharing under both information sharing schemes wherever family violence is present.</p> <p>Professionals who will be sharing information under this legislation should undertake training or have an understanding of the legislation and how it is applied.</p>
<p>For more information</p>	<p>Consult with the key stakeholders for information sharing, family violence and vulnerable children at your hospital, including.</p> <ul style="list-style-type: none"> • Social Work • Health Information Services • Medico-legal department <p>More information and comprehensive training for prescribed entities under the MARAM, CISS and FVISS schemes is available at: https://www.vic.gov.au/information-sharing-schemes-and-the-maram-framework</p>

Translation of health information to Child Protection Practitioners

- The health information that professionals often need to convey to DFFH Child Protection/ACAC is complex.
- This information may form a key component of a risk assessment for a child/young person, or may be an important consideration for what they would require from a carer.
- Health professionals need to ensure that health information, including factors that may make children more vulnerable from a medical or health perspective, are conveyed to DHHS Child Protection/ACAC.
- DFFH Child Protection/ACAC practitioners are often professionals with no formal health training. Health professionals should tailor the delivery of information to the level required for a competent caregiver or parent.

Ways to communicate health information to DFFH Child Protection

- conduct a file audit and/or develop a chronology of events
- prepare written materials
- include DFFH Child Protection/ACAC staff in face to face training relevant to the child's needs whenever relevant
- spell out aspects of your practice that seem obvious. For example, impact of child development on clinical decision making
- explain both 'best' and 'worst' case scenario impacts if things don't change
- where a child has complex medical needs or is about to be discharged from hospital, a case conference should be held either face to face or via technology to ensure all relevant information for the child is clearly communicated and understood.

This educational material has been developed to assist health professionals with decision making about appropriate health care for children and young people. The information in this resource does not indicate an exclusive course of action or standard of care. It does not replace the need for application of clinical judgement to individual cases, or variations based on locality or facility type. This educational material does not constitute legal advice and should not be treated as such. The authors accept no responsibility for any loss incurred as a result of reliance upon the material.

For more information, please contact the Department of Health via email: healthcarethatcounts@health.vic.gov.au



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