

# Sharing information for timely and effective interventions

**VCOSS submission to the child information  
sharing consultation paper**

October 2017



## About VCOSS

The Victorian Council of Social Service (VCOSS) is the peak body of the social and community sector in Victoria. VCOSS members reflect the diversity of the sector and include large charities, peak organisations, small community services, advocacy groups, and individuals interested in social policy. In addition to supporting the sector, VCOSS represents the interests of vulnerable and disadvantaged Victorians in policy debates and advocates for the development of a sustainable, fair and equitable society.

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VCOSS acknowledges the traditional owners of country and pays its respects to Elders past and present.

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# Introduction

The Victorian Council of Social Service (VCOSS) welcomes the opportunity to provide input into the design and implementation of the proposed child information sharing scheme. VCOSS has consistently advocated for better information sharing between services, sectors and government departments to promote the wellbeing of children, young people and families, particularly those experiencing disadvantage.

Appropriate information sharing can help provide holistic, integrated services to children facing disadvantage, promote early identification of their emerging needs, and support making prompt and effective interventions. It can help children and young people achieve successful transitions between services and allow children, young people and their families to tell their story once, and avoid repeating details they've already shared with another support service.

VCOSS strongly supports the intent of the information sharing scheme to protect children from harm and improve their wellbeing. However, information sharing is only beneficial if it leads to more timely and effective interventions for children, young people and families.

Given the significant opportunity for substantial reform in information sharing regimes through the Roadmap to Reform process and the implementation of the recommendations of the Royal Commission into Family Violence, our submission explores the issues raised by the consultation paper, identifies potential risks and makes recommendations for improvements.

In preparing our submission, VCOSS consulted with many of our members, including peak bodies, specialist and mainstream services with frontline experience working with children, young people and families. They work in different service delivery areas, including childhood education and care, family violence, child and family services, youth services, justice, disability, drug and alcohol and other mainstream services which provide support to children, young people and families.

## Intersection with family violence

Child abuse and neglect and family violence is connected for some children, young people and families. In the past these have been siloed by governments as discrete issues, but more recent perspectives view them through a single lens. For example, the Safe and Together model encourages closer alignment between domestic violence, child welfare and other systems for the purpose of eliminating the risks posed by domestic violence perpetrators to women and children.<sup>1</sup>

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<sup>1</sup> D Mandel, The Safe and Together Model and Cross System Collaboration  
[http://endingviolence.com/wp-content/uploads/2013/01/st\\_model\\_and\\_cross\\_system\\_collaboration.pdf](http://endingviolence.com/wp-content/uploads/2013/01/st_model_and_cross_system_collaboration.pdf), 22 August 2017

Both the Protecting Victoria's Vulnerable Children inquiry report (PVVCI) and the Royal Commission into Family Violence endorsed a combined approach to family violence and child abuse and neglect. Both reports recognised the traditional child protection approaches unfairly blamed women for child abuse by failing to act "protectively" when faced with family violence.<sup>2</sup> Perpetrators have historically been invisible in the child protection system, even though the PVVCI noted witnessing family violence amounts to child abuse and the experience of family violence negatively affects parenting capacity.<sup>3</sup>

Violence in families creates increased risks of child abuse, magnifies other associated risks (for example mental illness, alcohol and other drug misuse and gambling),<sup>4</sup> and perpetrators can deliberately undermine the mother-child relationship.<sup>5</sup> Even though family violence has a significant impact on children, their experiences can be largely invisible to traditional approaches.<sup>6</sup>

Hence, it is important the information sharing regimes for family violence, and those for vulnerable children to protect them from abuse and neglect, work in concert with each other to ensure children remain safe.

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<sup>2</sup> State of Victoria, Royal Commission into family violence: Report and recommendations Vol II p. 170  
Our Watch et al., op cit p. 24

<sup>3</sup> P Cummins, D Scott and B Scales, PVVCI p. 35

<sup>4</sup> D Higgins, 'A public health approach to enhancing safe and supportive family environments for children', Family Matters, No. 96, June 2015

<sup>5</sup> L Hooker, R Kaspiew, A Taft, Domestic and family violence and parenting: Mixed methods insights into impact and support needs: State of knowledge, 2015, p. 7

<sup>6</sup> Commission for Children and Young People, Neither seen nor heard – Inquiry into issues of family violence in child deaths, 2016, p. 34

# Recommendations

## Fit-for-purpose, ethical design

### Clarify the purpose of the scheme

- Co-design the scheme with children, young people, families and the services who support them, including representation from diverse communities
- Clarify the purpose of the scheme and ensure it is achieved

### Clearly define the term “wellbeing”

- Clearly define the term “wellbeing”

### Seek appropriate consent for information sharing

- Obtain appropriate consents as standard practice and inform children and families about how their information is shared
- Consult with child development experts, children, young people, families and services about when consent can be overridden

### Listen to and respect children’s voices

- Work with organisations who have expertise in children’s development to develop guidelines and processes for organisations to seek and respect the views of children and young people

### Review Child Link and ensure it is fit for purpose

- Consult with children, young people and families about the design and implementation of Child Link, including families from diverse communities
- Clarify the intent of Child Link and ensure it is fit for purpose

### Implement robust safeguards

- Implement robust safeguards to prevent information from being inappropriately accessed or misused, or placing children and families at risk of harm

### Allow children and families to access their information

- Provide individuals with the right to access their personal Child Link records and amend any incorrect details, in line with the Australian Privacy Principles
- Inform individuals about their right to access their record, how they can make a complaint, and what happens to their record after a child turns 18

## Workforce readiness and sector capacity

### Provide comprehensive training to all participating services

- Provide comprehensive training to all services affected by the scheme about when and how to safely and effectively share information
- Provide comprehensive training to help services engage respectfully and sensitively with children and families when sharing information

### Provide clear guidance

- Provide clear guidance, decisions making tools and scenarios to help practitioners and organisations share information confidently and appropriately
- Provide a well-resourced central body to assist organisations seeking advice

### Clarify interactions with other systems and reforms

- Clarify how the child information sharing scheme will interact with existing systems

### Provide accurate data

- Improve data collection processes and system oversight across state based services so accurate records are maintained

# Fit-for-purpose, ethical design

## Clarify the purpose of the scheme

### Recommendations

- Co-design the scheme with children, young people, families and the services who support them, including representation from diverse communities
- Clarify the purpose of the scheme and ensure it is achieved

From the available information, VCOSS members are reporting difficulty in discerning the purpose of child information sharing scheme, and when, in practice, it is proposed to be used.

In part, this is caused by the vagueness of concepts and language, particularly the phrase “wellbeing and safety,” which is not clearly defined in the consultation documents. It is generally understood ‘wellbeing’ and ‘safety’ can be distinct concepts. Children’s wellbeing is a broad concept, including providing assistance and support for a child’s learning, healthy development and secure attachment relationships with family. Protecting a child’s safety can be interpreted more narrowly, referring to protecting a child from harm.

The purpose of information sharing has important implications for the protocols by which information is shared.

For example, if the purpose of the scheme is primarily to protect children from harm, a stronger emphasis on safety is required, and there are clearer reasons to override consent in order for child protection authorities to be notified, consistent with mandatory reporting requirements.

However, if the scheme is intended to take a wider view and promote the development and wellbeing of children, different protocols for information sharing are appropriate. For example, a service might identify a child with a developmental delay. Sharing this information with other services, with consent of the child or their parents, may help provide an effective early intervention. In this case, the child is not at risk of harm, but information sharing may improve the child’s educational and developmental trajectory.

This illustrates different possible purposes of the child information sharing scheme: to support a child’s wellbeing, services might share information with consent about how a child and their family is engaging with a universal service and whether they may need some enhanced support to stay engaged. To protect a child’s safety, services might share information without consent because a child or their family members are in danger.

To help clarify the scheme’s purpose, we believe comprehensive consultations should be undertaken with children, young people, families and the services who support them. It is crucial the scheme is co-designed with the children and families it is seeking to help and not done ‘to’ children and families. Without involving families from the start, there is a risk the scheme will have negative unintended consequences, such as deterring some families from engaging with universal services, or refraining from disclosing problems they fear will be shared without their knowledge. In the case of a mother experiencing family violence, it may also act as a barrier for them accessing universal services that will benefit their children.

Some VCOSS members also worry that use of the term ‘wellbeing’ may not consistently be interpreted in the context of a child’s family structure or cultural heritage. They are concerned the scheme could potentially wrongly “target” young parents, parents from LGBTI communities, Aboriginal communities, parents with a disability and parents from culturally and linguistically diverse backgrounds. Consultation with people from these communities is crucial to gaining trust in the system and ensuring the scheme delivers on its purpose.

## Clearly define the term “wellbeing”

### Recommendation

- Clearly define the term “wellbeing”

The consultation paper attributes different meanings to the term “wellbeing”. It uses “promote wellbeing” and “significant concern for a child’s wellbeing” interchangeably. VCOSS members are confused about the wellbeing goals of information sharing, albeit broadly supporting improved mechanisms to share information to promote wellbeing.

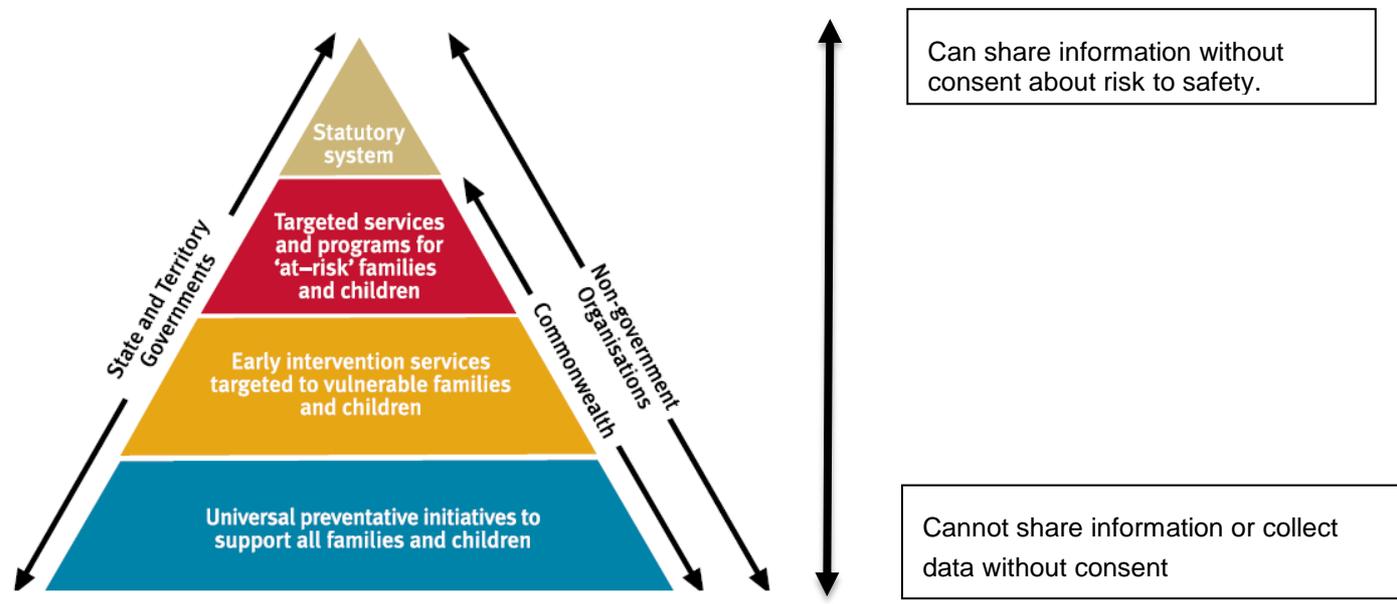
Without further clarity, VCOSS members suggest it could be difficult to explain the purpose of information sharing to people, resulting in a “chilling” effect on the worker-client relationship and complicating consent seeking.

The proposed legislation is broadly based on NSW legislation. The *Children and Young Persons (Care and Protection) Act 1998* (NSW) was amended in 2009 to add a new Chapter 16A. This facilitates service provision to children and young people, by authorising services to give and receive information about them. Information sharing is permitted by agencies that have responsibility for the “safety, welfare or well-being” of a child or young person. Information sharing is allowed to facilitate service provision relating to care and protection.

Chapter 16A must be read in the context of the *Children and Young Persons (Care and Protection) Act 1998* as a whole. The Objects of the Act, in s. 8, and the Principles in s. 9, are firmly focused on child protection. While “well-being” is not defined in the NSW legislation, it is placed firmly in a child protection context. Throughout the NSW legislation well-being is used in a particular context, for example, in s. 21, the expression “well-being in jeopardy” is used. In s. 23 a child is described

as being at risk of significant harm if current concerns exist for the safety, welfare or well-being of the child or young person because, for example, their physical or psychological needs are not being met, they have not received medical care, or they have been (or at risk of being) physically or sexually abused or ill-treated. Well-being in this context is given a narrow definition, in relation to risk of harm, and information can only be shared without consent in this context.

The national framework to protect children, COAG’s *Protecting children is everyone’s business* draws on the concept of wellbeing and safety in the context of a public health model. The framework talks about promoting safety and wellbeing through prioritising universal supports and reserving tertiary child protection services as a last resort as “the least desirable option for families and governments”.<sup>7</sup> The following figure from the Framework illustrates this approach.<sup>8</sup>



<sup>7</sup> *Protecting children is everyone’s business: National Framework for the Protection of Australia’s Children* [https://www.dss.gov.au/sites/default/files/documents/child\\_protection\\_framework.pdf](https://www.dss.gov.au/sites/default/files/documents/child_protection_framework.pdf) Accessed 26 September 2017  
<sup>8</sup> Please note VCOSS has adapted this figure to add the consent for information sharing boxes, dependent on “level” of service being accessed.

## Seek appropriate consent for information sharing

### Recommendations

- Obtain appropriate consents as standard practice and inform children and families about how their information is shared
- Consult with child development experts, children, young people, families and services about when consent can be overridden

VCOSS strongly supports meaningful information sharing. With consent, it is appropriate for service providers to share information about children and young people's engagement with universal services, so they receive access to the best possible services to support their health and development.

When a child or young person's safety is at risk, there is a stronger case to share information without consent. VCOSS members generally consider best practice is obtaining informed consent from parents, and from children and young people (appropriate to their age and maturity) to share information. However, in practice, there are times when it will not be possible to gain consent, especially in the case of imminent risk.

VCOSS members are concerned that little attention is paid to the complexity of consent issues in the consultation paper. If services can share information and collect data about children, young people and families without consent, those people may be deterred from seeking help. In the absence of a good relationship between client and practitioner, it can be hard to build and maintain the trust needed to deliver effective services – especially in child and family services, where parents can feel judged, but want help to support their children.

This is also the case with professional relationships between youth workers, teachers and medical professionals working with young people. VCOSS members advise young people are often concerned about their privacy and reluctant to seek help without a trusting relationship.

In our view, it is preferable to seek consent to share information wherever possible, and unlikely to exacerbate risk.<sup>9</sup> We believe organisations should be required to seek consent before sharing information, and only allow this to be overridden if a child or young person is at risk of harm. For example, seeking informed consent (except where this isn't possible to protect children's safety) could be included as one of the legislative principles. Guidance and decision-making tools should include further details about how to seek consent, and the circumstances where consent is not required.

Depending on the circumstances it may be most appropriate for consent to be sought from the child or young person, their parents or carers, or from both.

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<sup>9</sup> R Cassells, N Cortis, A Duncan, C Eastman, G Gao, G Giuntoli, I Katz, M Keegan, M Macvean, A Mavisakalyan, A Shlonsky, J Skattebol, C Smyth and K Valentine, *Keep Them Safe Outcomes Evaluation Final Report*, Sydney, NSW Department of Premier and Cabinet, 2014.

Obtaining consent depends partly on the developmental maturity of the child, the consequence or risk of informing the parents and the wishes of the child or young person for their parents or carers to be informed. For example, if a 16-year-old girl informs her school counsellor about a sexual health issue which poses no threat to her safety, her consent should be sought to share this information, but not require her parents' consent. Conversely, if the information did pose an immediate threat to her safety, such as suicidal ideation, then consent would not be required, but she should be informed why and with whom that information is being shared, unless this would pose an additional risk to her safety. A very young child recently diagnosed with Autism is unlikely to have the developmental maturity to give consent and it is likely that only the parent or carer's consent will be sought to share this information with other services

## Listen to and respect children's voices

### Recommendation

- Work with organisations who have expertise in children's development to develop guidelines and processes for organisations to seek and respect the views of children and young people

Wherever possible children should have their voices heard and respected about the information shared about them and, if they are developmentally capable, be asked to provide their views in decisions made about them.

However, VCOSS members identify complexities associated with getting consent from children to share information. Members refer to:

- The practicalities of talking about information sharing with children and young people
- Concerns that telling a child or young person that you are going to share information about them will undermine the professional relationship and reduce young people's confidence to access services
- Making children feel conflicted about sharing information, especially if it involves information about a parent
- Problems identifying whether a child or young person is old enough to have a view.

Giving children the opportunity to provide informed consent for sharing their information provides them with decision-making power. Article 12 of the United Nations Convention on the Rights of the Child, to which Australia is a signatory, says "States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child." VCOSS members provide insight into this, saying removing children and young people's decision-making powers risked dis-engagement. They acknowledge the complexities associated with assessing the maturity of a child and their capacity to form and express a view.

Although Article 12 has existed for some time, there is still reluctance to acknowledge the importance of giving children and young people a say in decisions affecting them. Children are no longer considered to be ‘unformed’ adults: vulnerable, dependent and immature. Rather, their competence and agency is increasingly highlighted, leading to more emphasis on listening to their views.<sup>10</sup>

Recent Victorian government policy acknowledges child participation in decision-making. For example, Victoria’s Child Safe Standard number 7 requires organisations to enable and promote the participation of children, including through promoting and encouraging their decision-making, valuing and respecting their opinions, and seeking their views about what makes them feel safe and unsafe.<sup>11</sup>

Similarly, the principles guiding the Roadmap for Reform include “building personal capacity (of young people) to make choices where appropriate and input to their care, guided by professional support” and “ensuring opportunities are available (for children and young people) to develop executive function and self-regulation skills – skills crucial for enabling positive behavior and healthy decision making.”<sup>12</sup> Not only is it empowering for children and young people to be involved in decision making, it has a therapeutic function.

In “Implementing Article 12 of the United Nations Convention on the Rights of the Child in Child Protection Decision-Making: a Critical Analysis of the Challenges and Opportunities for Social Work”, Paul McCafferty wrote about the importance of including children in decision making, while acknowledging the practical difficulties for professionals in the community services sector of achieving this goal.

*... Involving children in decision-making contributes to their personal development; empowering and enhancing self-esteem and social skills. Involving children has the potential to improve decision-making processes and outcomes by ensuring decisions are more inclusive and responsive to explicit and stated need. Decisions made in this more enlightened manner thus have the potential to increase the efficacy of protective services. In principle, services can now be designed and evaluated based on a more tailored, informed, inclusive and democratic constituency. Service delivery therefore becomes more child centric based on what children state they need, as opposed to adult centric based on what adults think children need. As a further consequence of this type of involvement, accountability and transparency can improve with children given the right to hold decision-makers to account. Finally, involvement can also prepare children for civil society and teaches tolerance and respect for others.<sup>13</sup>*

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<sup>10</sup> <https://aifs.gov.au/publications/family-matters/issue-96/ethical-research-involving-children> citing (James & Prout, 1990; Pufall & Unsworth, 2004; Woodhead, 2009).

<sup>11</sup> Commissioner for Children and Young People <https://ccyp.vic.gov.au/child-safety/being-a-child-safe-organisation/the-child-safe-standards/standard-7-empowering-children/> Accessed 26 September 2017

<sup>12</sup> Roadmap pages 11 & 12

<sup>13</sup> Paul McCafferty “Implementing Article 12 of the United Nations Convention on the Rights of the Child in Child Protection Decision-Making: a Critical Analysis of the Challenges and Opportunities for Social Work” Child Care in Practice Vol. 23 , Iss. 4,2017

Recent surveys indicate support for children and young people to be consulted on policies and programs, with 71 per cent of Australians surveyed supporting opportunities for 15 to 18 year-olds to influence government decisions.<sup>14</sup>

VCOSS members generally favour giving children and young people a say about whether agencies could share their information, and advocate further consultation with children and young people on the Child Information Sharing Scheme, prior to implementation.

The principle of giving children a say in decisions affecting them is at the heart of child-centred practice, including whether their information should be shared across the community, education, and government sectors.

As we have noted above, there will be situations in which information about a child, young person, or their family needs to be shared without their consent. VCOSS believes this should be confined to circumstances when a child's safety is at risk.

The South Australia Government recognises this principle in their information sharing guidelines for promoting and protecting children's safety.<sup>15</sup> The guidelines include information about assessing a child's capacity to provide consent and managing conflicting views between children and young people and their parents. The decision making guide places strong emphasis on seeking children and young people's consent wherever possible and only sharing information without consent where there is a legitimate reason to do so. The NSW system, upon which the Victorian model is broadly based, also indicates a child or young person should be given an opportunity to express views on personal matters and give their consent where possible.

VCOSS members suggest the 'voice' of children is not limited to their words, but can include other means of expression, particularly for very young children, such as observations of them, data about them and their expression through physical or social engagement with other people.

## Review Child Link and ensure it is fit for purpose

### Recommendations

- Consult with children, young people and families about the design and implementation of Child Link, including families from diverse communities
- Clarify the intent of Child Link and ensure it is fit for purpose

The consultation paper proposes an information database will support information sharing, known as Child Link. Child Link will contain a limited profile of every Victorian child, including their participation in universal services and involvement in other state-based systems. Consent of

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<sup>14</sup> <https://theconversation.com/giving-voice-to-the-young-survey-shows-people-want-under-18s-involved-in-politics-83101>

<sup>15</sup> Ombudsman SA, *Information Sharing Guidelines: for promoting safety and wellbeing*, Adelaide, Ombudsman South Australia, 2013.

children, parents or carers will not be required, although at the time of service enrolment parent and carers will be informed their information is being collected and how it may be used.

The consultation documents do not make clear the purpose of the Child Link database. This makes it difficult to provide feedback on the information it should contain, or the appropriate people to have access.

If Child Link's purpose is to help identify children at risk of harm it is not clear why the system is primarily focused on children's participation in universal services. The mechanisms by which this information can be used to identify children at risk of harm is not identified.

Alternatively, if the intent of Child Link is to promote children's wellbeing (such as identifying children missing out on universal services or children who may benefit from enhanced support), then VCOSS members generally feel there should be greater emphasis on working alongside families rather than compulsorily tracking them, and sharing information without their consent.

VCOSS members express mixed views about Child Link. Some believe it could benefit children if designed and implemented effectively, but others expressed concerns about its potential for misuse and the risk of unintended consequences.

Child Link has the potential to help prevent vulnerable families from falling through the cracks, particularly for transient families. VCOSS members give examples of families moving home, but their children were not re-enrolled in a new school, or families did not engage with a new maternal and child health service. Similarly, they provide cases of families referred by General Practitioners or other mainstream services to specialist services, such as early childhood intervention services. In some instances, families did not engage with the specialist service, but since the service was unaware of the referral, there was no follow up. In these instances, Child Link could help services identify and proactively reach out to families missing out on support. However, it would require organisations to clearly understand responsibilities for checking family engagement.

VCOSS members warn of the risk some organisations may not see the value of Child Link given its limited information. As a result, some organisations may fail to use Child Link. Alternatively, accessing children's information may become a tick-a-box standard procedure for children enrolled in a service, but the information not interpreted, or meaningfully used to promote collaboration with families and understand a child's needs.

Depending on the purpose of Child Link, recording broader information with the consent of children and families could be valuable. For instance, recording a child's Aboriginal or Torres Strait Islander identity, culturally and linguistically diverse background, or disability or developmental delay. This information could help services be culturally safe and provide inclusive practices, or help link children and families to the most relevant services. However, there are perceived and actual risks some practitioners will make incorrect assumptions and judgements about families and children based on this information. VCOSS members report some families, particularly women experiencing family violence and Aboriginal families, are fearful this may lead to having their children being removed from their care. Given the very high rates of Aboriginal children in out-of-

home-care, this fear is not unfounded. There is a risk some families may disengage or not engage in universal services if they believe they are being tracked, or information about them is being shared without their knowledge.

Consulting with the broader community, including women with children who have experienced family violence, families from Aboriginal communities, CALD communities, LGBTI communities and the disability community, would help minimise negative unintended consequences, and ensure Child Link maximises benefits them. Based on this community consultation, the purpose of Child Link should be clarified and its design amended to be fit for purpose.

## Implement robust safeguards

### Recommendation

- Implement robust safeguards to prevent information from being inappropriately accessed or misused, or placing children and families at risk of harm

Sharing information between services can help promote the safety of children, however, there are circumstances where this could pose a risk. For example, a service may inadvertently reveal information placing a child or parent or carer at risk of harm. Given the coverage of Child Link to schools, maternal and child health services, and kindergarten programs, it is possible a family violence perpetrator working in one of these settings could access Child Link through their workplace, and could use the information to deduce where a child lives or identify a service they attend. This is not a small risk given the prevalence of family violence in our community.

The consultation paper states it is 'likely access will be limited to particular employees within a service at a management or senior level' but no further details are provided.<sup>16</sup> It is unclear how access will be determined and how strictly it will be monitored. VCOSS members raise concerns about the large number of staff who will potentially have access to Child Link and felt this should be more tightly controlled. VCOSS members warn some managers may simply delegate Child Link access to other workers, increasing the risk. Some members are concerned about the breadth of organisations who can access the system, particularly if sensitive information will be available, such as children's involvement in youth justice systems.

By comparison, under the Family Violence Central Information Point, information sharing entities are not freely able to access the database but need to submit information requests to Family Safety Victoria.<sup>17</sup> Under the NSW information sharing scheme, the child wellbeing IT database 'Wellnet' is only accessible to Child Wellbeing Units in NSW Health, the NSW Police Force, and

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<sup>16</sup> Victorian Government Department of Health and Human Services, *Child Information Sharing: Consultation Paper*, 2017, p.17

<sup>17</sup> Family Safety Victoria, *Family Violence Information Sharing Scheme: Frequently Asked Questions*, 2017.

the Department of Education and Communities.<sup>18</sup> While we recognise the differences between Child Link and these systems, we believe further consideration about access is required.

The scheme must adhere to the Australian Privacy Principles so reasonable steps are undertaken to protect personal information against misuse, unauthorised access and disclosure.<sup>19</sup> Given concerns about inappropriate access to information stored on Child Link, we believe further consultation should be undertaken to identify potential risks and strong safeguards to protect personal information.

## Allow children and families to access their information

### Recommendation

- Provide individuals with the right to access their personal Child Link records and amend any incorrect details, in line with the Australian Privacy Principles
- Inform individuals about their right to access their record, how they can make a complaint, and what happens to their record after a child turns 18

It appears a Child Link record will be created for every child living in Victoria from birth, or from their first enrolment in a universal service if they move to Victoria from another jurisdiction. However, it is unclear what happens to this information once the child turns 18. For example, how long will the information be retained? Will it be destroyed or will it be de-identified and used for research purposes? If services are sharing information to benefit a 17-year-old child what happens the day after the child turns 18?

The consultation paper does not indicate whether children, young people and their parents and carers will be able to access their own records or to amend data errors. The Australian Privacy Principles require organisations to provide individuals with access to their personal information, upon request, and to correct any errors.<sup>20</sup> This principle is adhered to in other systems such as health, where individuals can access and amend their own health records if they are incorrect.<sup>21,22</sup> We believe the same rights should be extended to individuals under Child Link.

The consultation paper states children, and where appropriate parents and carers, will be notified about why their information is collected and how it will be used. We believe individuals should also be informed about their rights to access their own records, how to make a complaint and what happens to their record once the child turns 18.

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<sup>18</sup> NSW Government, Child Wellbeing Units, Keep Them Safe, [http://www.keepthemsafe.nsw.gov.au/initiatives/child\\_wellbeing\\_units](http://www.keepthemsafe.nsw.gov.au/initiatives/child_wellbeing_units), accessed 25 September 2017.

<sup>19</sup> Office of the Australian Information Commissioner, Privacy fact sheet 17: Australian Privacy Principles, January 2014, <https://www.oaic.gov.au/individuals/privacy-fact-sheets/general/privacy-fact-sheet-17-australian-privacy-principles#part-2-collection-of-personal-information>, accessed 25 September 2017.

<sup>20</sup> Office of the Australian Information Commissioner, Privacy fact sheet 17: Australian Privacy Principles, January 2014, <https://www.oaic.gov.au/individuals/privacy-fact-sheets/general/privacy-fact-sheet-17-australian-privacy-principles#part-5-access-to-and-correction-of-personal-information>, accessed 25 September 2017.

<sup>21</sup> Victorian Government, *Health Records Act*, <https://www2.health.vic.gov.au/about/legislation/health-records-act>, accessed 25 September 2017.

<sup>22</sup> Health Complaints Commissioner, *Health Records*, <https://hcc.vic.gov.au/public/health-records>, accessed 25 September 2017.

# Workforce readiness and sector capacity

Legislative amendments alone will not change information sharing practices to protect the safety and wellbeing of children. VCOSS members report the biggest challenge to improving information sharing are cultural and procedural barriers. For example, organisations do not always understand or adhere to existing legislation, and some organisational cultures continue to emphasise privacy over information sharing, and are risk averse about sharing information with other services.

For greatest effect, any legislative change must be accompanied by comprehensive and ongoing training, clear guidelines and consistent policies to achieve cultural change. An evaluation of Chapter 16A in NSW identified the legislative change had resulted in improved information sharing, and was viewed as a “real game changer”. However, “the formal legislative change was less significant than the message that exchanging information to support or protect children was to be encouraged.”<sup>23</sup>

Despite improved information sharing in NSW there are still variable practices and differences between the willingness and capacity of agencies to share information.<sup>24</sup> The evaluation identifies the system “still appears to be preoccupied with referral and reporting rather than providing timely, holistic, and effective interventions to children and families.”<sup>25</sup>

## Ongoing information sharing issues in NSW

Reviews of the information sharing legislation identify ongoing issues including practitioners or agencies:

- Lacking understanding or experience with legislative and policy obligations and constraints, such as being unsure when or whether privacy legislation is relevant in situations relating to the safety, welfare or wellbeing of children
- Lacking confidence in making difficult decisions about the safety, welfare or wellbeing of children under the provisions

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<sup>23</sup> R Cassells, N Cortis, A Duncan, C Eastman, G Gao, G Giuntoli, I Katz, M Keegan, M Macvean, A Mavisakalyan, A Shlonsky, J Skattebol, C Smyth and K Valentine, *Keep Them Safe Outcomes Evaluation Final Report*, Sydney, NSW Department of Premier and Cabinet, 2014, p.69.

<sup>24</sup> M Keeley, J Bullen, S Bates, I Katz and A Choi, *Opportunities for information sharing: Case studies: Report to the NSW Department of Premier and Cabinet (SPRC Report 04/2015)*, Sydney: Social Policy Research Centre, UNSW Australia, 2015.

<sup>25</sup> R Cassells, N Cortis, A Duncan, C Eastman, G Gao, G Giuntoli, I Katz, M Keegan, M Macvean, A Mavisakalyan, A Shlonsky, J Skattebol, C Smyth and K Valentine, *Keep Them Safe Outcomes Evaluation Final Report*, Sydney, NSW Department of Premier and Cabinet, 2014, p.86.

- Demonstrating a reluctance to discuss information sharing with families, particularly in sensitive or complex cases. As a result workers are likely to either report to the Child Protection Helpline, not share information with others, or not seek consent before sharing information
- Holding a fear information would be used inappropriately or even illegally
- Resourcing constraints. For example, some government agencies receive a large number of requests and were overwhelmed with the additional work. Other small organisations such as GPs were not adequately equipped to manage requests
- Experiencing practical and technological issues, such as individuals having multiple local records.<sup>26</sup>

## Provide comprehensive training to all participating services

### Recommendations

- Provide comprehensive training to all services affected by the scheme about when and how to safely and effectively share information
- Provide comprehensive training to help services engage respectfully and sensitively with children and families when sharing information

In organisations and across the sector, staff will have varying capacity and experience in assessing risk to children, managing information requests, and judging when they should proactively share information. Providing comprehensive face-to-face training can build the capacity and confidence of practitioners so they understand when and how to share information safely and effectively. This training should be promoted and made available to all prescribed organisations, not just those in the smaller subset with access to Child Link. VCOSS members raise concerns there will be inadequate support for prescribed organisations who do not have access to Child Link (such as youth workers) or organisations who have less involvement with children (such as TAFE facilities). While these organisations may be required to provide information under the new legislation, they are less likely to be aware of the proposed reforms or their responsibilities under the scheme.

Periodic training should be available to train new workers who enter the sector and to maintain awareness among workers, particularly those who do not regularly share information. Despite training being provided when the NSW Chapter 16A scheme commenced, reviews identify the need for ongoing training to remind existing staff of the change and to train new staff.<sup>27</sup>

VCOSS members raise concerns some families will disengage from services if they lack trust in services or feel they are being 'tracked' through Child Link. There is a risk workers may

<sup>26</sup> M Keeley, J Bullen, S Bates, I Katz and A Choi, *Opportunities for information sharing: Case studies: Report to the NSW Department of Premier and Cabinet (SPRC Report 04/2015)*, Sydney: Social Policy Research Centre, UNSW Australia, 2015.

<sup>27</sup> M Keeley, J Bullen, S Bates, I Katz and A Choi, *Opportunities for information sharing: Case studies: Report to the NSW Department of Premier and Cabinet (SPRC Report 04/2015)*, Sydney: Social Policy Research Centre, UNSW Australia, 2015.

unintentionally discriminate, or make incorrect assumptions about families or parenting practices based on information they receive. In particular, this is likely to affect Aboriginal families, families from CALD backgrounds, parents or children with disability, LGBTI Victorians, and those experiencing poverty. To help prevent negative unintended consequences arising from the scheme, it is crucial services engage respectfully and sensitively with children and families. VCOSS members strongly call for prescribed organisations to undergo comprehensive cultural safety training, gender responsive training and disability awareness training. Training would help organisations share information appropriately, develop their understanding of different practices, and help foster trusting relationships with families.

Training should cover when and how staff should seek consent from children and parents or carers. As identified in the NSW evaluation, discussing information sharing or gaining consent from children and families appear to be challenging issues for staff.<sup>28</sup> Determining the developmental maturity of children and empowering them to make decisions requires specialist knowledge and skills.

## Provide clear guidance

### Recommendations

- Provide clear guidance, decisions making tools and scenarios to help practitioners and organisations share information confidently and appropriately
- Provide a well-resourced central body to assist organisations seeking advice

Clear guidance can help practitioners understand their responsibilities to share information effectively and in a timely manner. VCOSS members report there is a risk of lengthy delays in receiving information if practitioners are unsure how to respond or require advice from managers. The review of the NSW Chapter 16A scheme identified staff were more confident sharing information where a serious risk of harm was identified, rather than early intervention or prevention, largely because there were clearer guidelines under these circumstances.<sup>29</sup>

Having clear policies and procedures outlining when and how to share information can help practitioners confidently and accurately share information. This requires developing easy to follow flow-charts, decision making tools, guidance documents and examples of complex or difficult scenarios. Some good examples exist such as the South Australia Ombudsman Information Sharing Guidelines.<sup>30</sup>

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<sup>28</sup> R Cassells, N Cortis, A Duncan, C Eastman, G Gao, G Giuntoli, I Katz, M Keegan, M Macvean, A Mavisakalyan, A Shlonsky, J Skattebol, C Smyth and K Valentine, *Keep Them Safe Outcomes Evaluation Final Report*, Sydney, NSW Department of Premier and Cabinet, 2014, p.55-56.

<sup>29</sup> M Keeley, J Bullen, S Bates, I Katz and A Choi, *Opportunities for information sharing: Case studies: Report to the NSW Department of Premier and Cabinet (SPRC Report 04/2015)*, Sydney: Social Policy Research Centre, UNSW Australia, 2015.

<sup>30</sup> Ombudsman SA, *Information Sharing Guidelines: for promoting safety and wellbeing*, Adelaide, Ombudsman South Australia, 2013.

Resourcing a central body to provide advice and answer questions would help organisations understand the scheme and manage tricky scenarios. During the introduction of the Child Safe Standards, many organisations valued being able to contact knowledgeable staff in the Commission for Children and Young People who could provide immediate assistance with queries, and support organisations to modify their internal policies and procedures.

## Clarify interactions with other systems and reforms

### Recommendation

- Clarify how the child information sharing scheme will interact with existing systems

VCOSS members are unsure how the proposed child information sharing scheme will interact with existing schemes including Patchwork Victoria, the Department of Health and Human Services' (DHHS) new client incident management system (CIMS) and the family violence information sharing scheme.

Patchwork is a secure web application which helps practitioners from different local services to collaborate and better support common clients.<sup>31</sup> It has been piloted across 19 Victorian councils and links many public sector services, community agencies, and relevant private health practitioners across Victoria.

DHHS is implementing a new system, CIMS, focused on people's safety and wellbeing.<sup>32</sup> It is intended to commence in January 2018 and will apply to funded organisations delivering many different state-based services including child protection and out-of-home care services, disability services and mental health community support services. It will include NDIS providers until the NDIS Quality and Safeguarding Framework applies in July 2019, where NDIS providers will be subject to national incident reporting requirements.

VCOSS members report the decision to rollout the family violence and child information sharing processes separately has created complications, particularly given the large overlap between the schemes. Many organisations are likely to be subject to both schemes and face two separate sets of guidelines, creating confusion or additional work for practitioners.

VCOSS members ask how family violence and child information sharing will fit together, with some saying that the two schemes running in parallel will be confusing. There is potential for the two schemes to result in increased workload and possible duplication of work. There is the possibility that cases will slip between the two schemes, further compromising the safety of women and

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<sup>31</sup> Municipal Association of Victoria, Patchwork Victoria, Patchwork Victoria, <http://www.mav.asn.au/policy-services/social-community/children-families/Pages/patchwork.aspx>, accessed 19 September 2017.

<sup>32</sup> Victorian Government Department of Health and Human Services, *Client incident management system* <https://providers.dhhs.vic.gov.au/cims>, accessed 25 September 2017.

children. Some members believe that the child information sharing scheme undermines the protections and safeguards in the family violence information sharing scheme.

Further consideration must be given to better alignment between the two schemes for more seamless service delivery and responses to vulnerable families.

VCOSS members report the breadth of different systems may create confusion for organisations about where information should be recorded and which IT systems should be checked. They questioned whether information is being duplicated across multiple systems. Mapping the interaction between different systems and providing clear guidance about when organisations should access or record information in different systems could help ensure systems are used most effectively to benefit children and families. Wherever possible guidance about information sharing schemes should be consistent.

Some organisations receive funding from both state and federal governments to deliver services, such as long day care. It is unclear how these organisations will be expected to comply with requirements. Clear guidance is required about whether organisations can only share information on those parts of the service which are state funded, such as the kindergarten component, and not federally funded aspects, such as the childcare component. It is unclear whether all practitioners employed by an organisation will be subject to requirements or only those directly involved in delivering state-funded services.

## Provide accurate data

### Recommendation

- Improve data collection processes and system oversight across state based services so accurate records are maintained

For Child Link and the broader information sharing scheme to work as intended, services will need to maintain accurate and consistent records. The consultation paper indicates Child Link will provide information about enrolment and participation in universal childhood services and schools, including maternal and child health, supported playgroups and kindergarten. However adequate data is not always collected and recorded, even when mandated. For example, the recent Ombudsman's report into school expulsions identified there is no data on children and young people who are informally expelled from school and incomplete data on students were who formally expelled. School principals are required to record all expulsions in the school IT system 'CASES21', but currently this only occurs for around a third of cases.<sup>33</sup>

To help ensure accurate records are maintained, data collection processes in universal and specialist services will need to be reviewed and improved where gaps are identified. Stronger

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<sup>33</sup> Victorian Ombudsman, Investigation into Victorian government school expulsions, August 2017, p.19.

oversight is required from DET and DHHS, along with educating services about the importance of maintaining thorough and accurate records.

## Promote coordinated interventions

### **Recommendation:**

- Promote genuine collaboration between organisations to help provide timely and effective interventions for children, young people and families.

Information sharing is most beneficial if it leads to more timely and effective interventions for children, young people and families. VCOSS members report limited attention has been given to assisting organisations to work collaboratively and provide coordinated care and support for children and families. Providing early intervention and holistic support requires more than information sharing. Organisations need to build meaningful relationships with other agencies and local organisations, but this requires substantial time and effort. VCOSS members warn rigid and onerous administrative processes may promote formal information sharing practices but not assist genuine partnerships and collaboration between services.

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