

Applying the Reforms – Case Study 1

The scenario

Maggie is three years old and lives with her mother, Sam. She attends a long day care (LDC) centre five days a week and is usually a bright, happy child. Ayesha is the LDC centre team leader. Over a two-week period, Ayesha notices that Maggie has missed five days at the centre. Ayesha contacts Sam to ask about Maggie missing day care. Sam tells her that Maggie is often awake at night crying, that Maggie screams every morning that she doesn't want to go to day care. Sam thinks Maggie is worried about not being with her. But while Sam is happy to talk about Maggie's changed behaviours, she shares very little about their personal circumstances or family situation. She does, however, reveal that her MCH nurse, Kim, was very helpful when she suffered post-natal depression after Maggie's birth. Several of Maggie's educators also observe that Maggie's behaviour has changed. When Sam leaves the centre in the morning, Maggie becomes tearful and withdrawn. They have also observed that Sam is noticeably more irritable than usual and is not as well-groomed as she usually is.

Details of information sharing

Ayesha discusses with Sam that she'd like to contact her MCH nurse to have a discussion around how the LDC might better support Maggie's wellbeing. Sam becomes teary and with a raised and shaking voice says this is not Ayesha's business. Ayesha decides not to continue the conversation with Sam as she doesn't want to risk damaging the relationship. Knowing MCH is a prescribed ISE and being concerned about Maggie's wellbeing, Ayesha calls the MCH service. Ayesha tells the MCH nurse about why she is calling and Sam's views about Maggie's information being shared. The MCH nurse shares that there is a history of family violence.

As there is a history of family violence the information will be shared under FVISS.

The MCH nurse offers to follow up with Sam's family violence service so they can assess the current family violence risk as she has spoken with them previously and Maggie also has an appointment coming up. The family violence service (RAE) advises they are not aware of any changes, but they will check in with Sam. They get back in touch with the MCH nurse and Ayesha to inform them that Maggie's father has moved back into the family home despite an intervention order being in place, so the police have been notified. They also inform Ayesha and the MCH nurse that they have not informed Sam that the information has been shared at this time, due to the family violence risk.

The three services agree to stay in touch and follow the agreed safety plan to better support Maggie's wellbeing and Sam's safety.

Ayesha continues to build a stronger relationship with Sam to build her trust and work with her to support Maggie's wellbeing. Ayesha talks to Sam about ways to support Maggie at the centre including developing a "social story" with Maggie about her interests at day-care, having set routines and times for drop off and pick up, and suggest bringing in self-soothing items from home that Maggie can use while she is at the LDC. Ayesha plans to inform Sam that information sharing has occurred between the services when she is confident that it is safe and appropriate to do so and plans to seek advice on this from Sam's family violence

Considerations when making the decision to share information

Which information sharing scheme applies?

Ayesha requests information from the MCH nurse under CISS to help her better understand the situation and inform her support for Maggie.

As the MCH service's information includes a history of family violence, there may be a current family violence risk to Maggie and Sam. Where children are involved and family violence may be present, professionals will share under FVISS (to assess and manage family violence risk). Information must also be shared in line with MARAM.

Why is information being requested or shared?

Ayesha is requesting information from the MCH nurse to help the ECEC support the family and to support the wellbeing of Maggie.

Is the organization an ISE?

Both the ECEC service and the Maternal and Child Health Service are on the ISE list. The family violence service is an RAE and they are responsible for assessing and managing the family violence risk.

Is consent required to request or share information under CISS or FVISS?

Ayesha does not require the child and/or adult victim survivors' consent to request or share information with the MCH nurse in this case, when a child is at risk, but she seeks their views and wishes as she feels it is safe, reasonable and appropriate in this instance. The protective parent expresses concerns with the sharing of information which she notes, but she can continue with her request as it meets the requirements of the schemes.

Consent is not required from any person to share relevant information to promote the wellbeing or safety of a child or group of children (under the age of 18) or to share information that is relevant to assessing or managing family violence risk to a child. However, professionals should seek and take into account the views of the child and/or family (who is not a perpetrator) before sharing their information, wherever safe, reasonable and appropriate to do so.

Have the requirements for requesting information been met?

They have been met as Ayesha is requesting and sharing information for the purpose of supporting Maggie's wellbeing. They have also been met as the MCH nurse know that there has been previous family violence risk.

Are there any record-keeping requirements?

Both Ayesha and the MCH nurse must record the following information:

- The request to share information
- What information that they shared with each other
- If the views and wishes of the family were sought, what were they. If the views and wishes were not sought, why not.
- The dates when information was shared

What happens next?

Ayesha, the MCH nurse and the family violence service should continue to share information about Maggie and update each other with information as needed for the purpose of promoting wellbeing or safety and assessing or managing family violence risk.