

Providing support to vulnerable children and families

An information sharing guide for authorised Information Holders or professionals employed by Service Agencies in Victoria according to the *Children, Youth and Families Act 2005*

every child every chance

a good childhood is in everyone's best interests



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Department of Human Services

Who is this guide for?

This guide is for authorised Information Holders and professionals who are employed by Service Agencies under the *Children, Youth and Families Act 2005*, which includes:

- 1) Registered psychologists
- 2) Government department employees
- 3) A person in charge of, or a professional employed at:
 - a) a children's service, including child care workers and kindergarten teachers
 - b) a disability service
 - c) a drug or alcohol treatment service
 - d) a family violence service
 - e) a sexual assault support service
 - f) a parenting assessment and skills development service
 - g) a local government child and family service that is not registered as a community service with the Department of Human Services
 - h) a placement support service for children in out of home care.

Specific versions of this guide have also been produced for the remaining classes of Information Holders and Service Agencies, as well as community services:

1. Registered school teachers and principals
2. Health professionals (registered medical practitioners and nurses, and persons in charge of a relevant health service)
3. Community service workers (family and out of home care service workers).

A complete list of Information Holders and Service Agencies is provided on page 28.

All versions of the guide are available at: www.dhs.vic.gov.au/everychildeverychance

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Glossary

Child	For the purposes of the relevant parts of the <i>Children, Youth and Families Act 2005</i> , this is a person who is under 17 years of age or, if subject to a Protection Order, under 18 years of age.
Child in need of protection	A child who has suffered, or who is likely to suffer, significant harm from sexual abuse, physical injury, emotional or psychological harm, neglect or abandonment, and where the parents have not protected or are unlikely to protect them. This may be the result of one abusive or neglectful incident, or the cumulative result of many instances, or a general pattern of behaviour or circumstances.
Child FIRST	A team run by a registered community service in a local area (for example, two or three local government areas) that can receive confidential referrals about a child of concern. It does not have any statutory powers to protect a child but can refer matters to family services or other services who will then try to engage the child or family. Such other services include disability, family violence, mental health and drug or alcohol treatment services.
Child Protection	The Victorian Government agency that protects children at risk of significant harm and that is provided by the Department of Human Services from regional offices. Child Protection has statutory powers and can use these to protect a child.
Children’s Court Protection Order	An order made by the Children’s Court when a child is found to be in need of protection. The order may specify such things as where the child lives, what services the child and family must receive and what actions they must take.
Community service	A registered family service or out of home care service.
Family service	A registered community service that provides advice, support and assistance to children and their families. This may include family support services, counselling services, parent education, and practical and other assistance.
Information Holder	A person authorised to share information with Child Protection and Child FIRST under certain circumstances by the <i>Children, Youth and Families Act 2005</i> , as described in this guide (see list on page 28).
Mandatory report	A report made to Child Protection by a mandated reporter (medical practitioner, nurse, teacher, principal, police) that is based on a reasonable belief that a child is in need of protection from sexual abuse or physical injury.
Out of home care service	A registered community service that provides foster care or residential care for children away from home.

Person in charge (of a relevant service)	Not necessarily the most senior manager or CEO (who may not even work at that location or be present on that day), but the person in charge for practical purposes at that location, at that time on that day.
Service Agency	An agency authorised by the <i>Children, Youth and Families Act 2005</i> to share relevant information with Child Protection or Child FIRST to help them determine the most appropriate response to a referral or report they have received. A Service Agency may also accept a referral from Child Protection or Child FIRST to follow up (see list on page 28).
Statutory power	A power conferred by an Act of parliament. For example, the <i>Children, Youth and Families Act 2005</i> empowers Child Protection workers to take action to protect a child by placing a child in a safe place until the matter can be heard in the Children's Court.

Summary of the guide

As an authorised Information Holder, you must:

- provide information relevant to the protection or development of a child who is subject to a Children’s Court Protection Order where properly directed to do so
- only share information as authorised by privacy legislation (such as the *Information Privacy Act 2000*), where you are not specifically authorised by the *Children, Youth and Families Act 2005* to share information, as described in this guide.

As an authorised Information Holder or professional employed at a Service Agency you should:

- give priority to children’s best interests, including consideration of the need to protect children from harm, protect their rights and promote their development
- seek consent before sharing information where this is possible, and where this does not place the child or another person at risk
- exercise professional judgment – using your professional skills, knowledge and experience – in deciding what action to take in regard to a vulnerable child
- consult with your manager where you are unsure what to do and, if necessary, seek the advice of your professional association or union

- make a referral to Child FIRST where you have a significant concern for a child’s wellbeing
- make a report to Child Protection where you form a reasonable belief that a child is in need of protection
- share relevant information with Child FIRST or Child Protection workers to help them complete the assessment of a referral or report they have received.

As an authorised Information Holder or you should:

- share relevant information with Child Protection where a child is subject to a Child Protection investigation, further Child Protection intervention or a Children’s Court Protection Order.

As an authorised Information Holder or professional employed at a Service Agency:

- you are protected when you share information in good faith with Child FIRST or Child Protection as authorised. You cannot be successfully sued or suffer formal adverse consequences in your work. Your identity will be protected, unless you consent to its disclosure or disclosure is required by law.





Section 1

Providing support to vulnerable children and their families

The Children, Youth and Families Act 2005


The Victorian Government believes in a society where every child thrives, learns and grows, is respected and valued, and becomes an effective adult member of the community – a community in which the safety, stability, health, development and learning of every child is protected and promoted throughout childhood.

The *Children, Youth and Families Act* came into effect in 2007 and provides the legislative basis for the system of services that provide support to vulnerable children¹ and their families and, where necessary, protect children from significant harm.

The service system includes a range of prevention and early intervention services that help to ensure vulnerable children and their families receive the assistance they need, so that children can develop in a healthy way, and so that situations do not deteriorate to the point where a child is harmed.

All children and their families rely on community support – relatives, friends, neighbours and informal networks. They also rely on services such as maternal and child health services, child-care services, medical services, dental services and school education services.

Some children and their families need additional services, such as foster care, family violence support, or a parenting skills service, that are specifically provided for the most vulnerable in our community. It is these children and their families who you are authorised to share information about, as described in this guide.

 Further information about services available in Victoria for vulnerable children and their families can be found at: www.dhs.vic.gov.au/everychildeverychance

Agreements between your organisation and family services

Many organisations already have protocols. These protocols will be progressively revised and updated, and new protocols will be developed.

Where your organisation has a specific protocol with Child Protection or Child FIRST, this should also be referred to when you are considering authorised information sharing as described in this guide. If you are not sure whether a protocol exists at your organisation, you should consult your manager.



1. As in the relevant parts of the *Children, Youth and Families Act*, the terms ‘child’ or ‘children’ in this guide refer to children and young people under 17 or, if subject to a Children’s Court Order, under 18.

Sharing information to promote children's safety and development

One feature of the *Children, Youth and Families Act 2005* is that it provides for clear and flexible information sharing arrangements between professionals and those services that support families and protect children. It complements existing privacy and confidentiality laws such as the *Information Privacy Act 2000* and the *Health Records Act 2001*.

As an Information Holder or professional employed at a Service Agency in Victoria, you have a key role to play in ensuring that vulnerable children are protected and supported. This involves sharing information about children's safety and development where authorised by legislation to do so.

The legislation allows you to share relevant information about a vulnerable child in specified

circumstances without needing to be concerned about legal or professional consequences, provided you do so in good faith. It is important for you to know, however, when and how you can share this information, and when you may need the consent of a child or their parents.

This guide is designed to help you make the right decisions when sharing information about a child.

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2. This term will be used in this guide to denote a registered medical practitioner, a registered nurse, or the person in charge of a relevant health service.



New Child FIRST teams

Prior to the *Children, Youth and Families Act 2005*, there were two ways of connecting vulnerable children and their families to services. The first was where families referred themselves to services, or agreed to someone making a referral on their behalf. The second was where a situation had deteriorated to the point that someone notified Child Protection, who could then connect a family to services as part of its intervention.

The *Children, Youth and Families Act* adds a third way. Anyone who has a significant concern about the wellbeing of a child can make a referral to one of the new Child FIRST teams, which are run by registered community services. These referrals can be made in confidence and without the consent of a child or their parents, if necessary. Child FIRST teams can then refer a child and their family to the services they need.

What's new about information sharing in the *Children, Youth and Families Act 2005*?

As an Information Holder or professional employed at a Service Agency, there are a number of new aspects of the legislation that you should know about when considering information sharing. These new aspects of the legislation are in addition to authorisations carried over from previous legislation for you to make reports to Child Protection, and to assist Child Protection when they are undertaking an investigation.

You can now make a referral to Child FIRST

- As well as being able to make a report to Child Protection when you believe a child is in need of protection, you can now make a referral to your local Child FIRST team. You should contact Child FIRST if you have a significant concern for a

child's wellbeing but do not believe the child is in need of protection. Child FIRST can then arrange for appropriate services to be provided to the family (see pages 18-20 for more information).

You can now be consulted by Child FIRST or Child Protection

- As an Information Holder or professional worker at a Service Agency (see lists on page 28), you can now be consulted by either Child FIRST or Child Protection when they are deciding how best to respond to a referral or report they have received. You may provide any relevant information you have about the child in question and the child's family at this time (see page 24 for more information).

You are now more clearly authorised to share information with Child Protection after a child is found to be in need of protection and also when a child is subject to a Protection Order

- As well as being allowed to share information with Child Protection during an investigation, you are now clearly authorised as an Information Holder to share information with Child Protection when they have assessed that a child is in need of protection and are working with the child and their family. You can also disclose, and can be required to disclose, information to Child Protection where a child is subject to a Children's Court Protection Order (see pages 25-27 for more information).



Section 2

Important things to know about information sharing

Why should I share information?

As an Information Holder or professional worker at a Service Agency in Victoria, you are encouraged to share information about a vulnerable child who needs help by making a referral or report, or sharing information in other circumstances where you are authorised to do so. This is because sharing information with an agency helps to protect a child's safety and wellbeing. It also allows for an agency to provide better prevention and early intervention services to a vulnerable child and their family.

By sharing information with agencies, a comprehensive assessment of a child's situation can be developed, leading to better outcomes for the child and their family.

Sharing information also enables intervention and support by several agencies working together, which is essential for families with complex needs.

In most instances, you will be able to discuss your concerns with the child and their family, and any information sharing can occur with their consent. Sometimes it will not be possible to discuss your concerns properly with the child or their family. You may then refer or report your concerns to a service that provides support or protection to children and their families without the consent of a child or their parents.

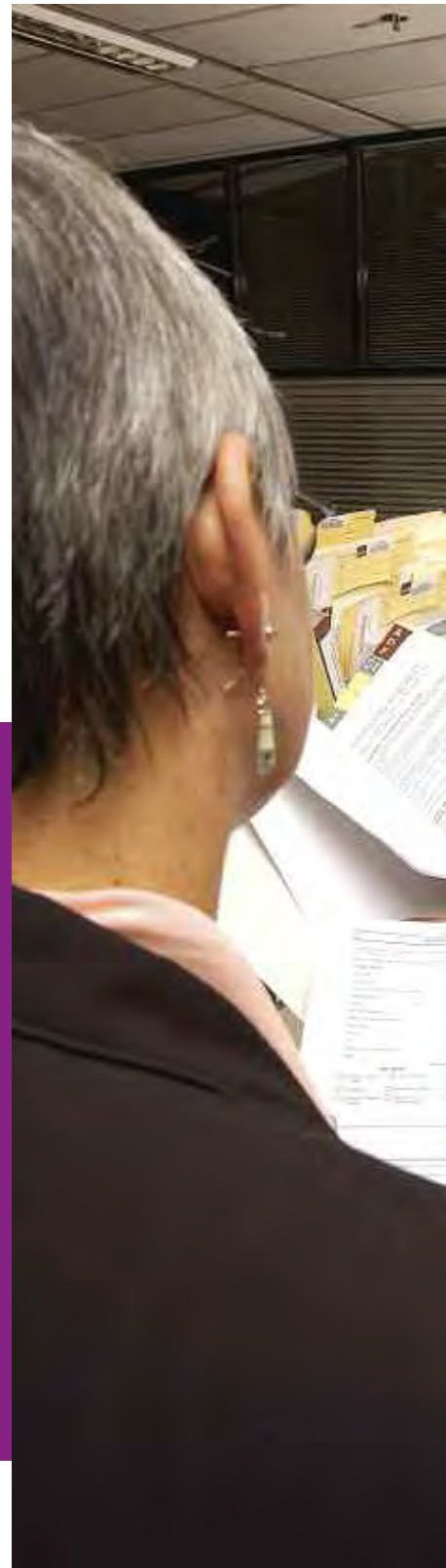
When can I share information?

You are authorised by the *Children, Youth and Families Act 2005* to share information about a child in the circumstances described in this guide. You are also able to share information as otherwise authorised by privacy law, for example, where authorised by the *Information Privacy Act 2000* and the *Health Records Act 2001*.

In most cases, sharing information as authorised under the *Children, Youth and Families Act* is not required by law, even though it is encouraged. For the few instances where you must share information by law about a child, see page 23.

If you work for, or at, an organisation (for example, a child care centre or a disability service) and the information you wish to disclose has become known to you at that place, you should consult the policies and protocols of that organisation.

The manager of the organisation will be able to provide you with advice about what policies and protocols exist. You may also seek advice from your manager or professional body for further information about privacy legislation.





Should I allow my identity to be disclosed?

As an Information Holder or professional worker at a Service Agency in Victoria, you may wish to keep your identity confidential when you make a referral or report to Child FIRST or Child Protection, or share information with them.

Better outcomes may be achieved, however, if you are prepared to tell the child and their family that you have shared information with Child FIRST or Child Protection. By disclosing your identity or allowing your identity to be disclosed, the family is more likely to be able to focus on solving the problems at hand, rather than questioning why the agency is unable to confirm an identity that they can, in any case, often guess.

Identifying yourself also makes it easier for you to be part of the plan that is developed to help the child.

If you are making a referral to Child FIRST and are prepared for your identity to be disclosed to the family, you may do so by simply telling the Child FIRST worker.

If you are making a report to Child Protection, and are prepared for your identity to be disclosed to the family, the Child Protection worker will need your consent in writing.

If you do not consent to disclosure, your identity cannot be disclosed by a Child Protection or Child FIRST worker.

What if I am unsure what to do?

You are expected to exercise professional judgement – that is, to use your skills and knowledge as an Information Holder or professional worker at a Service Agency – to guide your decisions. Your actions should be consistent with what a member of your profession might reasonably be expected to do.

If you are still unsure what to do after considering the information in this guide, you should generally consult your manager. Sometimes you may need to consult with your professional association or union.

When should I seek the consent of a child or their parents to disclose information to Child FIRST or Child Protection?

Generally speaking, you should seek and gain consent from a child or their parents to disclose information to Child FIRST or Child Protection wherever possible, provided that doing so does not place the child or another person at risk.

You should consider seeking consent when you first discuss your concerns with a child's parents if you believe that the disclosure of information may be necessary. If you have not had an initial discussion with a child's parents, you should consider raising your concerns with them first, unless you believe this would place the child at

risk of harm, or place yourself or another person at risk of harm.

Sometimes it is not necessary to seek consent. For example, consent is not necessary when you have a significant concern for a child's wellbeing or a reasonable belief that the child is in need of protection, or where you are unable to contact a parent, or where it is clear from previous contacts that consent would not be given.

There is no definite age at which the consent of children should be sought. This depends partly upon the general maturity of the child, and partly on the child's understanding of the particular issues involved.

Children over the age of 12 are generally considered increasingly able to give consent on many issues, and many younger children can at least express a view. You should therefore try to determine the views and wishes of a child where this possible and appropriate.

You may need to explain to the child the possible consequences of different courses of action.

In any case, you may report your concerns to Child FIRST or Child Protection, but you must seriously consider whether your concerns justify doing so against the child's wishes where these are known, bearing in mind the age and maturity of the child.

Case study

John is a psychologist in private practice in Melbourne. One day, John receives a call from Child Protection about one of his patients, Miranda, who is 12 years old.

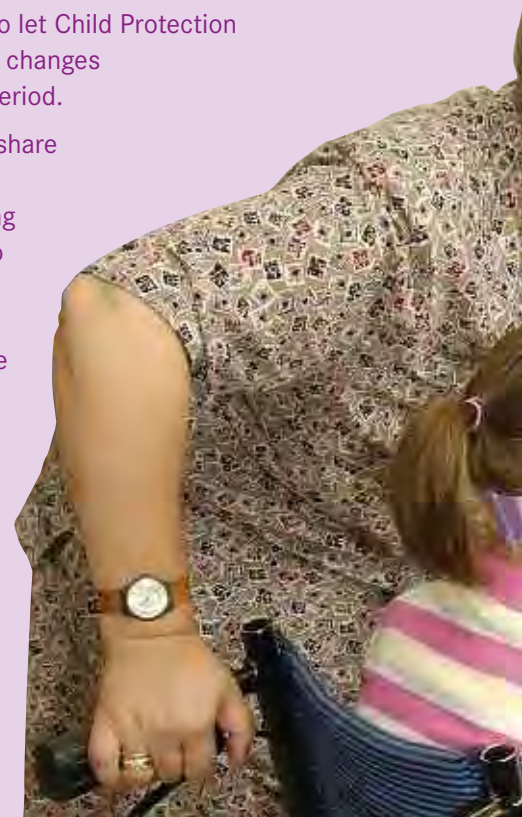
Child Protection tells John that a report has been made concerning Miranda. The report suggests that Miranda may be at risk of physical abuse. Child Protection asks John to tell them any information about Miranda that he has that is relevant to the report.

John is allowed, in these circumstances, to share this information about Miranda without her consent or the consent of her parents, and without suffering any legal or professional consequences. Because of the seriousness of the allegation and because there is no practicable way for John to get Miranda's consent today, John shares all the relevant information he is aware of with the Child Protection worker.

A few weeks later, John receives another call from Child Protection. The Child Protection worker tells John that Child Protection will be coordinating the support services being provided to Miranda and her mother for the next couple of

months, and asks John to let Child Protection know if he observes any changes in Miranda during that period.

John knows that he can share information with Child Protection not only during an investigation, but also during any subsequent Child Protection intervention. Although he is not required to do this by law, he believes that he has a professional responsibility to do so and that it is in Miranda's best interests. Once again, John discloses the relevant information he is aware of.



What sort of information can I share?

When you share information with Child FIRST or Child Protection, you are allowed to disclose any information that you believe is relevant to the safety, stability and development of a child. This may include information about the child or about the child or their family.

Types of information you may share include:

- any known history of the child suffering harm
- any periods the child has been cared for by other people
- any significant issues relating to the child's brothers or sisters
- the child's physical health, including any medical treatment needs
- any psychological or emotional difficulties the child may have
- the child's education, including any special educational needs
- any disabilities the child may have, including the care they may need as a result
- any known allergies or dietary requirements of the child
- any significant health problems of the child's parents
- whether a parent has a mental illness, substance abuse problem, disability or a history of family violence
- whether a parent is receiving treatment for any of the above issues and the outcomes of this
- information about a person who may pose a risk to the child.

Depending on the nature of the concerns, there may also be other information about a child that you are authorised to share, if it is relevant.

Information is considered to be relevant if it relates directly to your concerns about the child. For example, information about a parent's mental health is relevant only if you believe that it is having an adverse impact on the child's safety, stability and development, or if that is the assessment of Child FIRST or Child Protection.

The information sharing process is therefore a two-way exchange. The Child FIRST or Child Protection worker must explain to you the concerns about the child before you share any information, so that you can determine what information is relevant to disclose.



How am I protected when I make a referral or report, or share information with Child FIRST or Child Protection as authorised by legislation?

1. Your identity is protected

Information about your identity must be kept confidential unless you consent to it being disclosed.

2. You are legally protected

You are not subject to any legal liability in respect of the giving of information. For example, you cannot be successfully sued.

3. You are professionally protected

Authorised disclosure of information cannot be held to constitute unprofessional conduct or a breach of professional ethics. As a result, you cannot be disciplined by your professional body, or incur any formal adverse professional consequences at your workplace.

You are protected in these ways provided you share information as authorised and ‘in good faith’. This legal term is open to interpretation but implies that you are acting honestly and reasonably, and in the belief that your actions will achieve an appropriate outcome – in this case, the protection and support of a child and their family.



Case study

Peter is the manager of a disability service in Melbourne. Recently, Peter has become concerned about the child of one of his clients, Emma, a 36-year-old woman who is suffering from a debilitating degenerative illness.

Peter is aware that Emma’s disease has been getting progressively worse over the past few months and that her daughter, 11-year-old Laura, has been taking care of her mother when her father is at work. Laura has also told Peter that she doesn’t go to school much any more because her mother needs her at home.

Although Peter can understand the situation, he is concerned about the impact it is having on Laura. He also knows that Emma is likely to deteriorate further, placing Laura under even more pressure as her mother’s disease develops.

After discussing the situation with other staff at the centre, and with Emma herself, Peter decides to make a referral about Laura to Child FIRST. When he calls Child FIRST, he tells them that Laura’s mother, Emma, has consented to the referral. Peter probably would have made the referral anyway – with her knowledge, but without her consent, if necessary.

After Peter has made his referral, Child FIRST calls Laura’s school and speaks to her teacher and the school principal. Child FIRST then arranges for a local family service to contact the family and offer support services that can help them cope with the situation. Child FIRST is allowed to tell Peter that it has dealt with the referral in this way.

Three months later, Emma’s care needs are being met at home when her husband is at work and Laura is attending school.

Sharing information about the child of an adult client

Under the *Children, Youth and Families Act 2005*, you are allowed to share information about the child of an adult patient or client if you have a significant concern for the wellbeing of that child, or believe that the child is in need of protection.

When sharing information about the child, you may also disclose information about the child's parent where this is relevant to the protection or development of the child.



Section 3

Referring to Child FIRST and reporting to Child Protection

Making a **referral** to Child FIRST or a **report** to Child Protection is an important part of information sharing for the purposes of protecting a child from harm and promoting their development.

As an Information Holder or professional worker at a Service Agency in Victoria, you can make a referral to Child FIRST if you have a significant concern for the wellbeing of

a child or a report to Child Protection if you believe a child is in need of protection.

Child FIRST teams are being established across Victoria and are managed by registered community services.

The following pages outline *how* and *when* you should make a referral or report.

How do I know when to call Child FIRST or Child Protection?

There may be many factors, or combinations of factors, within family life that adversely impact upon children's safety, stability and development. The following lists are intended to provide some basic guidance as to how to decide whether to refer a matter to Child FIRST or make a report to Child Protection.

A referral to Child FIRST may be the best way of connecting children, young people and their families to the services they need. You should make a referral where families show any of the following that may impact upon a child's safety, stability or development:

- significant parenting problems that may be affecting the child's development
- serious family conflict, including family breakdown
- families under pressure due to a family member's physical or mental illness, substance abuse, disability or bereavement
- young, isolated and/or unsupported families
- significant social or economic disadvantage that may adversely impact on a child's care or development.

A report to Child Protection should be made in any of the following circumstances:

- serious physical abuse of, or non-accidental or unexplained injury to, a child

- a disclosure of sexual abuse by a child or witness, or a combination of factors that suggest the likelihood of sexual abuse – the child showing concerning behaviours, for example, after the child's mother takes on a new partner or where a known or suspected perpetrator has had unsupervised contact with the child
- serious emotional abuse or ill-treatment of a child impacting on the child's development
- persistent neglect, poor care or lack of appropriate supervision, where there is a likelihood of significant harm to the child or the child's development
- serious or persistent family violence or parental substance misuse, mental illness or intellectual disability – where there is a likelihood of significant harm to the child or the child's development
- where a child's actions or behaviour may place them at risk of significant harm and the parents are unwilling or unable to protect the child
- where a child appears to have been abandoned, or where the child's parents are dead or incapacitated, and no other person is caring properly for the child.

If – having considered all the above – you are still unsure about who to report or refer to, you may contact either Child Protection or Child FIRST for further advice.

Making a referral to Child FIRST

Child FIRST teams are run by registered community services. They aim to assess the most appropriate service to provide help to a child of concern and their family. They do not have any statutory powers to protect a child or impose services on a family.

Anyone can make a referral to Child FIRST if they have a significant concern for the wellbeing of a child.

If you have a significant concern for the wellbeing of a child, you should generally first try to discuss your concerns with the child's parents.

If you do not feel that you can talk to a child's parents, or that when you do, their response is inadequate, you should consider making a referral to Child FIRST. Making a referral can lead to prevention and early intervention services being offered to the child and their family to help address your concerns.

Child FIRST teams will be established across the state from 2007 to 2009. Prior to 2009, if you are not in one of the areas that has a Child FIRST team, you can make a referral directly to a local family service, or you can make a report to Child Protection.

What happens when I make a referral to Child FIRST?

When you make a referral to Child FIRST, a decision is made as to what to do with the information you have provided. This may include Child FIRST consulting with other professionals (see lists on page 28) to find out more information about the child.

If Child FIRST decides that the child may benefit from support services, they may arrange appropriate services for the child and their family. Services may be provided to meet the needs of parents, such as parenting education or drug or alcohol treatment services, or to meet the needs of the child, such as counselling or out-of-school activities.

If Child FIRST believes that the child is in need of protection, they must report the case to Child Protection. This is because Child FIRST does not have any statutory powers to protect a child.

When Child FIRST receives a referral and reports it to Child Protection, they will disclose the identity of the referrer to Child Protection, but Child Protection cannot then disclose the referrer's identity to anyone else without the referrer's written consent.

If Child FIRST decides that no offer of service needs to be made, the family will be informed that a referral was made, including the concerns expressed in the referral. Your identity is protected in this instance, unless you consent to it being disclosed.

Child FIRST will tell you the outcome of your referral, generally within two weeks.



Case study

Mary is a kindergarten teacher in a child-care centre in country Victoria. Recently, she has become concerned about a child in her group, Joshua. Mary has noticed that over the past few months Joshua has become very quiet and withdrawn, is sometimes inappropriately dressed, and has often been absent from the centre. Although she has raised her concerns with Joshua's mother, Sarah, the situation has not improved. After discussing the situation with other members of staff and her centre manager, Mary decides that the best thing to do is to make a referral to Child FIRST.

When Mary contacts Child FIRST to express her concerns about Joshua, she tells them that she is happy for her identity to be disclosed to the family. Mary believes that by doing this, she will be able to help Joshua and have a better relationship with the family over the long term.

After Mary has made her referral, Child FIRST contacts Joshua's family doctor for any relevant information about Joshua or his mother Sarah. The doctor is allowed to share information about Joshua with Child FIRST without suffering any legal or professional consequences. The doctor suggests that Sarah may be struggling because Joshua's 8-month-old sister has health problems and has been a very demanding baby.

Child FIRST then arranges a meeting with Mary, a Maternal and Child Health Nurse, a family service worker and Sarah to discuss what sort of assistance may improve her situation and her ability to care for Joshua.

Six months later, Mary says that Joshua is now a much happier child and is attending the centre on a regular basis. Sarah has also appreciated the assistance she and Joshua received.

Making a referral or report about unborn children to Child FIRST or Child Protection

The Children, Youth and Families Act 2005 focuses strongly on preventing harm to children through earlier intervention. As a result, a referral or report can now be made prior to the birth of a child.

This means that if you have a significant concern for the future wellbeing of an unborn child, you can now make a referral to Child FIRST or a report to Child Protection about this child, *providing your concern relates to the child's wellbeing after it is born.*

The purpose of this aspect of the legislation is to provide the mother of the unborn child with assistance before the baby is born and to enable appropriate planning to ensure the child's safety, stability and development after it has been born.



Making a report to Child Protection

Child Protection is the Victorian Government agency that protects children at risk of significant harm. Child Protection has statutory powers and can use these to protect a child.

If you believe a child is in need of protection, you are encouraged to make a report to Child Protection, and are protected when you do so.



What happens when I make a report to Child Protection?

When you make a report to Child Protection, a decision is made as to what to do with the information you have provided. This may include Child Protection consulting with other professionals (refer to list of Information Holders and Service Agencies on page 28), to find out more information about the child.

If Child Protection believes the child is not at risk of significant harm, but that the child or the child's family may benefit from support services, they can either refer the case to Child FIRST, who can arrange family services for the child or their family, or refer the case directly to a Service Agency (refer to list of Service Agencies on page 28).

If the report is referred to Child FIRST, the identity of the reporter will be disclosed to Child FIRST, but Child FIRST cannot disclose the reporter's identity to anyone else without the reporter's written consent.

If Child Protection believes an investigation is justified, based on the information contained in the report and other available information, then one will be conducted. This may involve the police if it appears that the child the child has been physically injured or sexually abused. There is a protocol between the Department of Human Services and Victoria Police that deals with such situations.

If Child Protection believes that the child is in need of immediate protection, they can use their statutory powers to protect the child and make an application to the Children's Court.

It is important to know that when you make a report, Child Protection can tell you what action it will take. However, if an investigation is completed, Child Protection cannot tell you the outcome of the investigation without the family's consent, unless you have an ongoing role to play in ensuring the child's protection.

Case study

Anthony is a government employee with the Office of Housing in Victoria. Recently, Anthony has been making visits to a number of homes in a public housing estate as part of a community-building program.

After visiting one family on two occasions, Anthony has become concerned about the three children in the home, who are aged seven, five, and two. On both occasions, Anthony has noticed bruising on the children's arms and legs, and on one of the children, severe cuts across the forehead. The children also appear very fearful of Anthony when he visits and will not talk to him or approach him like other children do.

Anthony is not a mandatory reporter, and is therefore not required by law to report suspected physical injury or sexual abuse to Child Protection. However, he believes that in situations such as this, he has a professional duty to do so. After discussing his concerns with his manager, Anthony makes a report to Child Protection on the basis of his belief that the children are being physically abused.

Anthony knows that as an Information Holder, his identity is protected, and he is legally and professionally protected when he makes a report to Child Protection.

Case study

Jill is the manager of a women's refuge in Melbourne. In May, she receives a call from Child Protection about the children of one of the women staying at the refuge.

Child Protection tells Jill that they are currently investigating a report about the children, two girls who are aged 9 and 13. The report alleges that the former partner of the girls' mother has been sexually abusing them. Child Protection asks Jill to tell them any information that she has about the girls that is relevant to the report.

Jill knows that she is allowed to share information about the children without their consent or the consent of their parents, and without suffering any legal or professional

consequences. However, she believes that the children's mother has come to the refuge to seek protection for herself and the children, and tells the Child Protection worker she would prefer to handle the matter openly.

The Child Protection worker tells Jill that the girls and their mother have already been interviewed. Since both the refuge and Child Protection have an interest in planning future safe accommodation for the girls and their mother, Jill suggests that the Child Protection worker come to the refuge to discuss the matter with her and the mother together.



Making a mandatory report to Child Protection

Who is a mandatory reporter?

Under the *Children, Youth and Families Act*, a mandatory reporter is required by law to make a report to Child Protection if they believe a child is at risk of sexual abuse or physical injury.

You are a mandatory reporter if you are a:

- member of Victoria Police
- registered medical practitioner
- registered nurse
- registered school teacher or principal.



Section 4

Sharing information with Child FIRST and Child Protection

Information sharing authorised by the *Children, Youth and Families Act 2005*

The *Children, Youth and Families Act* contains a number of provisions about professionals sharing information with Child FIRST and Child Protection. As an Information Holder or professional worker at a Service Agency in Victoria, it is important that you know when and how you can share information, and when you may need the consent of a child or their parents to do so.

Below is a short guide to possible information sharing scenarios. (These do not include reporting, which is covered in section 3.) You may also wish to consult the summary of information sharing guidelines (see pages 30-31).

All of the following scenarios allow for information sharing without the person's knowledge or consent. However, it is preferable – where possible, and where seeking consent does not place the child or another person at risk – to share information with the knowledge and consent of the child and their family.

Case study

Mark is a psychologist in private practice in Melbourne. One day, Mark receives a call from Child Protection about the child of one of his clients. Child Protection tells Mark that the child has been the subject of a Children's Court Protection Order for the past two months and that they are calling to find out any relevant information he may have about the child and his mother.

Mark knows that he is allowed to share information with Child Protection when a child is subject to a Children's Court Protection Order without the consent of the child or his parents. However, he is concerned about disclosing information that will

violate the mother's confidentiality. Since the situation appears to be serious, and the risks to the child very real, Mark decides to share information he has with Child Protection willingly.

If Mark was not willing to share information, and if the information he held was sufficiently important, he could be legally compelled to disclose this information by an officer authorised by the Secretary of the Department of Human Services, despite patient confidentiality. This is because Information Holders (except the police and Children's Court Clinic practitioners) can be compelled to provide information about a child who is subject to a Children's Court Protection Order.

Being consulted by Child FIRST or Child Protection

When Child FIRST or Child Protection receives a referral or report about a child, they may decide to collect more information about the child from other professionals (see list of Information Holders and Service Agencies on page 28) to develop a comprehensive assessment of the situation before deciding what

action to take, if any. They may also consult with a Service Agency (see list of Service Agencies on page 28) to discuss a possible referral to that agency for follow-up.

If Child FIRST or Child Protection contacts you for either of these purposes, you are allowed to give relevant information without the

consent of the child's parents or the child. It is important that you give as much information as possible at this time. Before doing so, you may wish to take a phone number and call back, so as to confirm the identity of the person you are talking to.

By sharing information, you can help create a better outcome for a vulnerable child.

Sharing information with family services (or other Service Agencies) when they are providing services to a family

Sometimes, Child FIRST or Child Protection will refer a case to a family service (or another Service Agency such as a disability service or a drug or alcohol treatment service), who can arrange and provide appropriate support services for a child and their family.

Once a family service (or other Service Agency) makes contact with a family and begins providing services, you

may ordinarily only share information with the agency with the consent of the child's parents and, if old enough, the child. This is because service provision in these circumstances is by voluntary agreement between the family and the service provider.

Family services, however (but not other Service Agencies) are allowed to consult with Child Protection at any time, if necessary.

Sharing information with Child Protection during an investigation

When a report is made to Child Protection about a child, they may decide to conduct an investigation. As part of the investigation, Child Protection may share information with people who know the child or their family, and may authorise any person for that purpose. Like other people, professionals who work at a Service Agency may be authorised on a case-by-case basis if Child Protection believe that they hold relevant information.

If you are the person in charge of your service (that is, the most senior person present at the time the consultation takes place), you are an Information Holder (see list on page 28), and you are automatically authorised to share information with Child Protection during an investigation without the consent of the child or their parents, where this is relevant to the protection or development of the child.

Sharing information with Child Protection after an investigation has been completed and there is ongoing Child Protection involvement

After an investigation has been completed, the child's family may be provided with a range of services to address any parental or family issues that may cause harm to the child. The child may also be provided with services, which sometimes may include out of home care.

As an Information Holder, you are allowed to share information relevant to the protection or development of the child with Child Protection after an investigation has been completed and where there is ongoing Child Protection involvement. This is authorised without the consent of the child or their parents, where consent cannot be obtained.



Sharing information about a child subject to a Children's Court Protection Order

Sometimes following a Protection Application by Child Protection, a child who is in need of protection may have a Protection Order made about them by the Children's Court.

Where there is a Protection Order, Child Protection will be responsible for ensuring the child's safety, stability and development, and will contact you to check on the child's progress or for information about the child.

You are allowed, as an Information Holder, to share relevant information with Child Protection about a child who is subject to a Children's Court Protection Order without the consent of the child or their parents.

Case study

Eva is the manager of a drug and alcohol treatment service based at a Community Health Centre in a Melbourne suburb.

One day, Eva receives a call from Child Protection about the children of one of the clients attending the centre, a 30-year-old man named Derek. The Child Protection worker tells Eva that someone has made a report about the children. The worker then asks Eva to share any information with them about Derek that is relevant to the report, which contains an allegation that he has physically abused the children.

As the person in charge of a drug and alcohol treatment service, Eva knows that she is authorised to share information with Child Protection. She also knows that she is legally and professionally protected if she provides information to Child Protection without the consent of the family. Although Derek is still periodically relapsing into illicit drug use, for which he is seeking treatment at the service, Eva is assured that if she communicates this to Child Protection, the information will not be relayed to the police.

Before sharing information with Child Protection, Eva consults with other professionals at the centre, including nurses, a social worker and a psychologist, who have worked with Derek, to ensure that the information she provides about him is complete and accurate. She then calls Child Protection and shares relevant information about Derek and his family with the Child Protection worker. At the end of this call, the worker tells Eva that the case may be investigated and that they may call her again for further information.

A few weeks later, Eva receives another call from Child Protection telling her that the case is now being investigated. Child Protection asks Eva whether she has any further information about Derek. Eva knows that she can share relevant information with Child Protection during an investigation without Derek's consent and so provides this information.

The Child Protection worker tells Eva that they may not be able to tell her details of the outcome of the investigation without Derek's consent, unless Eva's agency has an ongoing role in contributing to the protection of his children.

Power to compel disclosure of information about a child subject to a Children’s Court Protection Order

If you choose not to share information with Child Protection when they contact you about a child who is subject to a Protection Order, you should know that, as an Information Holder, you can be directed in writing by an officer of the Department of Human Services to provide relevant information about the child. The officer in this instance is personally authorised by the Secretary of the Department of Human Services.

If you fail to disclose information when such a direction is properly made and do not have a reasonable excuse, you may be prosecuted.

The information required must be relevant to the protection and development of the child and will be specified in the written direction. It may consist of a verbal or written opinion or information about the child, or relevant documents.

All Information Holders can be directed to disclose information about a child subject to a Protection Order, except for Victoria Police and practitioners at the Children’s Court Clinic.



Authorised professionals and agencies

Any person can make a referral to Child FIRST or a report to Child Protection.

Professionals (Information Holders)

Following is the list of professionals who are authorised to share information with Child Protection and Child FIRST to help them make an initial assessment, and with Child Protection to assist in investigation and intervention.

1. Police
2. Government department employees
3. Registered school teachers and principals
4. Registered medical practitioners
5. Registered nurses
6. Registered psychologists
7. Person in charge of a relevant health service
8. Person in charge of a relevant psychiatric service
9. Person in charge of a children's service
10. Person in charge of a disability service
11. Person in charge of a drug or alcohol treatment service
12. Person in charge of a family violence service
13. Person in charge of a sexual assault support service
14. Person in charge of a parenting assessment and skills development service
15. Person in charge of a local government child and family service that is not registered as a community service with the Department of Human Services
16. Person in charge of a placement support service for children in out of home care.

Community service workers (registered family services and out of home care services) are also authorised.

Service Agencies

Following is the list of agencies with which Child Protection and Child FIRST may discuss the possibility of the agency following up on a referral or report received by either Child Protection or Child FIRST.

1. A Victorian Government department
2. A relevant health service
3. A relevant psychiatric service
4. A disability service
5. A drug or alcohol treatment service
6. A family violence service
7. A sexual assault support service
8. A parenting assessment and skills development service
9. A local government child and family service that is not registered as a community service with the Department of Human Services
10. A placement support service for children in out of home care.

The precise meaning of these terms – e.g. in relation to other relevant legislation – is more clearly defined in section 3 of the *Children, Youth and Families Act 2005*.


Other sources of information:

www.dhs.vic.gov.au/everychildeverychance

This website provides information about legislation, policy and services for vulnerable children and their families.

Disclaimer

The information in this guide is specifically relevant to those professionals in Victoria listed on page 28, and intends to provide a broad understanding of the *Children, Youth and Families Act 2005* as it applies to them.

 To obtain guidelines for other professionals, please visit:

www.dhs.vic.gov.au/everychildeverychance



Summary of information sharing guidelines and how they apply to you

Action	Is this required by law? (where not required by law, it may be good practice to do so voluntarily)	Is this authorised by the <i>Children, Youth and Families Act 2005</i> ?
Making a referral to Child FIRST	NO	YES
Making a report to Child Protection	NO	YES
Sharing information when you are consulted by Child FIRST or Child Protection	NO	YES
Sharing information with family services when they are providing services to a family	NO	NO
Sharing information with Child Protection during an investigation#	NO	YES
For information holders only		
Sharing information with Child Protection to support ongoing case planning after an investigation	NO	YES
Sharing information with Child Protection on request when a child is subject to a Children’s Court Protection Order	NO	YES
Sharing information with Child Protection when a child is subject to a Children’s Court Protection Order and when you are directed by an officer authorised by the Secretary of the Department of Human Services	YES	YES

* You are encouraged to allow your identity to be disclosed, even where it is protected by law (i.e. when making a referral or report, or assisting an investigation). Your identity will be treated in confidence, if that is your wish, except where disclosure is required by law (for example, if directed by a court).

Service Agency professionals who are not authorised Information Holders must be specifically authorised by a Child Protection worker. Information Holders are automatically authorised.

Is my identity protected by the <i>Children, Youth and Families Act 2005</i> ?*	Am I protected from negative legal and professional consequences by the <i>Children, Youth and Families Act 2005</i> ?
YES	YES
YES	YES
NO, but it will be held in confidence upon request	YES
NO	NO
YES	YES
NO, but it will be held in confidence upon request	YES
NO, but it will be held in confidence upon request	YES
NO, but it will be held in confidence upon request	YES



