



Joint guidelines on the mutual exchange of relevant information between WA Health (incorporating the Department of Health, Metropolitan Health, WA Country Health Services and Peel Health Service) and the Department for Child Protection for the purpose of promoting the wellbeing¹ of children

Rationale

- The protection of children under 18 years of age is the paramount consideration for all professionals who work with parents and/or their children.
- Reviews have consistently identified the importance of improved information sharing between government agencies to prevent negative outcomes including child death.
- The provision of integrated and seamless support to children and families with complex needs is enhanced through effective information sharing practices.
- Legislation supports the mutual exchange of information about the wellbeing of a child between the Department for Child Protection and WA Health.

Legislation

- Section 23 of the *Children and Community Services Act 2004 (CSSA)* enables the exchange of relevant information² relating to the wellbeing of a child or group of children between the Department for Child Protection and WA Health.
- The 'best interests of the child' is the paramount principle for information sharing practices.
- Operating under the *Health Act 1911* is not an impediment to sharing information with the Department for Child Protection.
- The CSSA allows for information to be shared with agencies operating under other State laws, provided that the information is relevant, provided in good faith and to promote the wellbeing of children or in compliance with a request made by the Department for Child Protection.
- The CSSA allows for the protection of children to be the paramount consideration and overrides client confidentiality.
- Section 33 of the CSSA allows for an authorised officer, without informing the child's parents, to have access to a child at a hospital for the purpose of an investigation.
- New provisions came into effect on 31 January 2011, that enable the Department for Child Protection to make inquiries before a child is born to determine whether action should be taken to safeguard or promote the child's wellbeing after the child is born.

¹ Wellbeing of a child includes the care, development, health and safety of the child.

² Relevant information means information that, in the opinion of the CEO of the Department for Child Protection, is, or is likely to be, relevant to (a) the wellbeing of a child or a class or group of children; or (b) the performance of a function under the *Children and Community Services Act 2004* (section 23). This includes concerns for a child's safety or wellbeing.

Context

Mutual exchange of information is a two way process, of both giving and receiving relevant, client specific information. The information needs to be relevant to the care, health, safety, stability and development of a child.

Effective mutual exchange of information can support ongoing WA Health assessments and service provision alongside any assessment and investigation undertaken by the Department for Child Protection.

When agencies share relevant information, more holistic assessments and integrated provision of services can be provided to families with complex needs. Coordinated service delivery is particularly critical when families receive services from more than one agency. In most cases, providers will be in agreement about the value of exchanging information.

Client's consent prior to the release of information

While it is not a requirement, consent should be obtained prior to sharing the individual's information, unless there are good reasons not to do so. Both agencies will need to know whether the individual has given consent to the sharing of their information.

Gaining a client's consent may not be possible or appropriate in the following circumstances:

- the child may be placed at further risk or harm;
- reasonable efforts to obtain consent have failed;
- unable to contact the parents;
- clear from previous contact that consent would not be given;
- the child poses a risk to themselves or is a risk to others; or
- the referrer may or would be at serious risk or imminent threat to their health or safety.

Agencies need to document the reasons why consent has not been obtained or why the agency was unable to obtain consent. This information may be relevant to the referral agency.

Information exchange between WA Health and the Department for Child Protection

Information can be exchanged between WA Health and the Department for Child Protection when there is a legitimate purpose to do so, which could include:

- protecting a child from being abused or neglected;
- protecting groups of children from potential harm;
- diverting a child from harming himself/herself;
- helping a professional to provide more effective services;
- avoiding duplication or compromising of services;
- assisting with a child protection investigation;
- contributing to decisions about the placement of, or planning for, a child;

- ensuring appropriate services for a child in the care of the Chief Executive Officer (CEO), or providing case-specific information about a child in the CEO's care;
- providing positive feedback on a child or family; and
- discussing concerns for the wellbeing of a child.

What is relevant information can be reviewed through ongoing discussions between both agencies. The discussion should reflect on whether the changing circumstances of the child and their family have led to the need to share information that has not been exchanged previously.

When WA Health requests relevant information from the Department for Child Protection, the following information should be discussed to ascertain what can be shared:

- WA Health to confirm if the client has provided consent for the exchange of information.
- The Department for Child Protection's current or previous level of involvement with the family, as well as the health professional's role and current involvement.
- Prior to releasing information, the Department for Child Protection has to ensure the validity of the information provided.

When the Department for Child Protection requests relevant information from WA Health they should provide information to assist the agency in determining what is relevant information including:

- the Department for Child Protection to confirm if the client has provided consent for the exchange of information;
- the nature of the Department for Child Protection's involvement (for example assessing concern, level of harm or planning reunification);
- the Department for Child Protection's role with the child and family; and
- the type of information that the Department for Child Protection needs.

When WA Health workers or workers from the Department for Child Protection seek relevant information, both agencies need to:

- make contact verbally or in writing to discuss the case and the information required;
- explain how the request for information relates to the wellbeing and/or risk of harm for the child or young person;
- identify the subject of the information request and (if it is not the child or young person) identify the client's relationship to the child or young person;
- provide any particular identifying information so that agencies can be sure they are talking about the same person;
- negotiate a timeframe that is suitable to enable client consent to be sought to disclose the information if this is appropriate;
- provide information verbally or in writing, however, all verbal information should be followed up in writing; and

- specify the time period for which the information is sought (for example for the last three years), the type of information sought and when it is required.

Verifying the identity of the WA Health worker or departmental worker's name and role can be done, for example, by contacting the relevant office.

When WA Health requests feedback after making a mandated report or reporting a concern for a child:

- Wherever possible and appropriate, the Department for Child Protection will provide a reporter with feedback on its planned actions.
- The level and details provided will be guided by the nature of the relationship of the reporter with the child and family and the reporter's ongoing involvement with the case, including case planning.
- If the reporter does not receive feedback they should contact the worker from the Department for Child Protection who they reported the concern to or who originally requested the information.

Confidentiality and protection

WA Health employees are protected under the *Children and Community Services Act 2004*, for giving information or making a report or notification. Employees do not incur any civil or criminal liability providing the information is provided in good faith. The disclosure is not regarded as a breach of professional ethics, standards or any principles of conduct applicable to the person's employment or as unprofessional conduct.

The identity of the notifier or reporter should not be disclosed without consent, except in exceptional circumstances. It is possible that an application made by the Department for Child Protection will proceed to a hearing and the reporter or notifier may be subpoenaed to give evidence.