

Improving Child Safety and Wellbeing and Family Violence Outcomes Project

Child Information Sharing

Case Study 1: School and General Practice Settings

Jenny (12 year old student), Janine (mother of Jenny), Sue (school nurse), Leanne (general practice nurse)

12 year old Jenny is relatively new to a secondary school in Victoria. Jenny was diagnosed with Type 1 Diabetes when she was 7. Mum (Janine) and Jenny move house frequently due to financial pressures. Janine experiences chronic depression, and acute episodes of anxiety from time to time. Jenny is often required to be self-sufficient. The school nurse (Sue) has picked up on concerns by staff about changes in Jenny's behaviour such as fatigue, leaving the classroom frequently and poor concentration at school. In agreement with the school team, the school nurse checks in with Jenny. Jenny was vague and seemed distracted. Jenny wasn't able to provide sufficient information about the behavioural changes observed for the school nurse to be reassured. Jenny mentioned that she felt "off", was tired and experiencing difficulty concentrating, to Sue.

Jenny's mother, Janine, has noticed Jenny is more tired and eating more than usual and has been out of sorts but has put this down to adolescence and late nights.

It is agreed by all including Jenny, for an appointment to be made for a check up at the general practice. With Janine's agreement for information sharing, the school nurse contacted the general practice and spoke with the general practice nurse, Leanne, about concerns.

Leanne the general practice nurse organises an appointment for Jenny and Janine with the health care team.

The information sharing conversation with Sue, mum and Jenny includes:

- providing an explanation about the Child Information Sharing Scheme (CISS) to explain that it enables authorised organisations to share information to promote a child's wellbeing, as long as the threshold for sharing is met.
- consent is not required to share information if the general practice (which is an information sharing entity (ISE)) considers sharing would promote Jenny's wellbeing. However, the views of the child/family will be sought and taken into account when sharing information.

- what information will be shared, related to Jenny's health and wellbeing and concerns about fatigue, poor concentration at school, and missing time in class. If Jenny is experiencing hypoglycaemia or hyperglycaemia regularly, there are implications for Jenny's safety and her long term health may be impacted. There is an opportunity for early intervention to optimise Jenny's health and wellbeing.
- the information will be shared with the general practice, which is an authorised service under CISS.
- the reasons child information sharing would be beneficial in this instance, including minimising pressure for mum during a stressful time, supporting timely access to assessment and support services for Jenny due to concerns from the school and mum, reducing the need for retelling the story for both mum and Jenny, although their input is welcome at all times.
- offering mum and Jenny an opportunity to ask questions or clarify any information not understood.
- documenting details of the information sharing, including the views of Jenny and Janine.

At the appointment, Jenny advises the general practice nurse that she feels different from the other kids and doesn't like administering her insulin medication at school. Jenny says that she is not self-monitoring/management of blood glucose levels (SMBGL) prior to meals and has missed or been late having insulin medication a lot lately.

On assessment, it is determined that Jenny's Type 1 Diabetes is not well controlled currently, due to a number of factors including Jenny's adherence to medication, medication administration technique, changed sleep patterns, and nutrition and exercise plan being erratic.

Jenny and Janine are pleased that as part of her care planning, the general practice team look at options with the diabetes educator and endocrinologist. As a result, Jenny will be getting an insulin pump, transitioning from multi-daily injections. Janine is feeling overwhelmed by

events and changes, and is relieved for information sharing between the school and general practice. Both Jenny and Janine agree for the general practice nurse to let the school know about the changes and provide the school with an updated diabetes management plan.

In accordance with their organisational policies, the practice nurse and school nurse liaise to determine the best method for training to occur so that designated staff understand how the insulin pump works to support Jenny, Janine and the school team.

Janine and designated school staff will check in with Jenny to ensure confidence in using the insulin pump develops. Jenny has regular clinical review follow ups planned. As Jenny adjusts to the new treatment, a networking relationship has been established that enables additional communication between mum, designated school staff and the clinical care team to ensure Jenny is well supported.

Question: Can the school nurse make an information sharing request?

Answer: A Child Information Sharing Scheme (CISS) request can be made by the school to liaise about concerns by the school team with the general practice team.

Schools are responsible for identifying roles in their school to share under CISS. The school nurse should confirm with leaders in their school which roles have been authorised to use CISS in their organisation.

In this scenario, the school nurse was part of the education workforce in a secondary school authorised to make a CISS information sharing request for the purposes of information to be shared to promote the wellbeing and/or safety of children more broadly.

The general practice nurse verified the child information sharing enquiry met criteria, checked in with the health care team and referred to the organisation's information sharing policies and procedures. Along with schools, general practice is also prescribed as an Information Sharing Entity (ISE) under CISS.

Both the school and general practice nurse can request relevant information about anyone from any ISE prescribed under the information sharing schemes that may hold information relevant to wellbeing or safety. Given the circumstances in this scenario, the school nurse makes a request based on Jenny's health and wellbeing.

The following services may be relevant given what is known:

- Jenny's school: the school team can use CISS to share with other key services related to concerns about changes in Jenny's behaviour, to support Jenny
- Doctors in schools are prescribed as an ISE
- The relevant general practice: an information request can be made to the general practice to better understand Jenny's change in behaviour and support Jenny's wellbeing. General practice organisations became an ISE under phase two of information sharing reform implementation.

Other ISE services that may be relevant but not described:

- Community housing
- School-Focussed Youth Services

Question: Can Sue proactively share information?

Answer: The school and in this instance Sue can proactively share information with any ISE where the information is relevant to promoting Jenny's wellbeing or safety including with the relevant general practice. Sue could request information from the general practice about any health implications affecting Jenny's health and behaviour change and any parenting challenges the practice is aware of that may be contributing to Jenny's wellbeing. Information that Leanne could proactively share with Sue includes any concerns about Janine's parenting impacting Jenny's wellbeing and any safety concerns about Jenny.

Question: Who should Sue seek consent from?

Answer: Both schools and general practice are prescribed ISEs and do not require consent from any person to share relevant information with other ISEs under CISS, if the threshold for sharing has been met. However, to maintain effective relationships, and because children and families are often well-placed to understand their needs and risks, ISEs should seek and take into account the views of children and family members about information sharing where it is appropriate, safe and reasonable to do so.

Question: What record keeping responsibilities do Sue and Leanne have?

Answer: Both Sue and Leanne as members of the ISE workforce have documentation responsibilities if using CISS, including:

- Date information was shared or requested
- ISE who requested information
- ISE receiving information
- Information requested or shared
- Whether the views of the child/family were sought about the information sharing or if the views were not sought, why?
- Whether the child/family was notified that the information was shared

Sue and Leanne may also consider using the 'APNA Child Information Sharing Scheme Checklist and Documentation Considerations resource' to assist with the information sharing and record keeping processes.

Additional Considerations:

If Jenny had been living in out-of-home care (OoHC) such as foster care or kinship care, Jenny may have benefitted from National Clinical Assessment Framework for Children and Young People in Out-of-Home Care (OOHC) within 3 months of being placed in OoHC.

[https://www1.health.gov.au/internet/main/publishing.nsf/Content/D7D5B03B72211AD3CA257BF0001C11E2/\\$File/Clinical%20Assessment%20Framework%20-%20March%202011.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/D7D5B03B72211AD3CA257BF0001C11E2/$File/Clinical%20Assessment%20Framework%20-%20March%202011.pdf)

Additional Information and Resources:

If there had been concern about family violence, additional consideration would include mandatory reporting and resources available under MARAM. Additional services to be considered may include Child Protection Crisis Line, 13 12 78, 24 hrs 7 days.

Child Information Sharing Scheme <https://www.vic.gov.au/child-information-sharing-scheme>

Australian Primary Health Care Nurses Association (APNA) Improving Child Safety and Wellbeing and Family Violence Outcomes Project <https://www.apna.asn.au/profession/child-information-sharing-scheme>

APNA Child Information Sharing Scheme Checklist and Documentation Considerations resource ***
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National Action Plan for the Health of Children 2020–2030 and Young People

[https://www1.health.gov.au/internet/main/publishing.nsf/Content/4815673E283EC1B6CA2584000082EA7D/\\$File/FINAL%20National%20Action%20Plan%20for%20the%20Health%20of%20Children%20and%20Young%20People%202020-2030.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/4815673E283EC1B6CA2584000082EA7D/$File/FINAL%20National%20Action%20Plan%20for%20the%20Health%20of%20Children%20and%20Young%20People%202020-2030.pdf)



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