

Improving Child Safety and Wellbeing and Family Violence Outcomes Project

Child Information Sharing

Case study 2: General Practice and Maternal Child Health (MCH) Settings

Tran (Child), Lanh (mother), Hien (father), Heather (MCH nurse), Lisa (general practice nurse)

4 month old Tran was seen for a 4 month check by MCH. Tran's 8 week check was missed. The MCH nurse conducts the health check and is concerned as Tran appears small for age, with a weight of 5.2 kg (5th centile), length 61 cm (25th centile), there are no other physical signs or symptoms.

Heather is concerned about Mum Lanh who is quiet and withdrawn and says she is very tired all the time.

Heather is concerned about possible failure to thrive impacts for Tran.

Heather discussed her concerns with Lanh and with agreement contacts the general practice they attend. The phones are busy, so Lanh suggests that she will call the practice to make an appointment.

A week later, Heather emails the practice with a request for information sharing as she hasn't been able to contact the family to check in with how Tran and mum are going. The general practice nurse responds to the request in accordance with the organisation's policies and procedures for information sharing requests, which were developed in alignment with Ministerial guidelines.

Information that Lisa provides indicates that neither mother nor baby have been seen at the practice recently. Lisa proactively shares that when baby was last seen at 6 weeks of age for immunisations all seemed well with both mother and baby.

Heather advises Lisa of the recent health check concerns for mother and baby.

It is determined that Lisa will follow up with mum and dad.

Lisa contacts Lanh and an appointment is scheduled for both mum and baby to have health checks.

At the health check appointment, father - Hien has taken time off work as he is concerned about Lanh. Hien is concerned as Lanh doesn't seem like herself, and baby Tran

is crying frequently and difficult to settle. Hien is working 2 jobs, and often not at home. Hien is concerned about both Tran and Lanh. He is worried about Lanh being so tired but isn't sure whether this is normal after having a baby.

Lanh presents at the appointment with a low mood and interaction, fatigue, and headaches. After seeing the general practice nurse and GP as part of the health assessment, Lanh is diagnosed with postnatal depression. Careful attention to the postnatal depression and mother-baby attachment includes a stay in a mother-baby unit and regular follow up. This results in a significant improvement in Lanh's mood, interaction, feeling of wellbeing and sleep. Improvement is matched by gains in Tran's weight and length and general wellbeing.

With agreement from the family, Lisa shares the care plan for Lanh and Tran with Heather.

The information sharing discussion with mum and dad may include:

- 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 Tran'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 Tran's wellbeing and safety due to concerns about weight and growth and being unsettled.
- that the information will be shared with the maternal child health service nurse, who is an ISE under CISS.

- the reasons child information sharing would be beneficial, such as to support the wellbeing of Tran and mum, engaging support services to provide wrap around support and early intervention and, reducing the need for retelling the story by mum and dad, although their input is welcome at all times.
- offering mum and dad an opportunity to ask questions or clarify any information not understood.
- Putting in place culturally appropriate support services as required.
- documenting details of the information sharing, including the views of mum and dad.

Both ISEs continue to collaborate to coordinate care to optimise outcomes for Tran and Lanh.

The following services (all of which are prescribed as ISEs) may be relevant given what is known:

- Maternal Child Health (MCH) services:
- General practice
- Mother -baby unit as part of a health service
- Early parenting centres.

Question: Can the MCH nurse make and information sharing request?

Answer: An information sharing request under CISS can be made by the MCH nurse to request information from another ISE as MCH services were prescribed under Phase 1 of the information sharing reforms.

The general practice nurse is able to make or respond to an information sharing request for the purposes of promoting the wellbeing and/or safety of children more broadly as general practice was prescribed as an ISE in Phase 2 of the information sharing reforms.

The general practice nurse verified the information sharing enquiry met the require threshold, checked in with the health care team and referred to the organisation's information sharing policies and procedures, referring to the information sharing checklist.

Both the MCH nurse 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 case, the MCH nurse makes a request based on Tran's wellbeing and/or safety.

Question: Can Heather pro-actively share information?

Answer: Heather can proactively share information with any ISE where the information is relevant to promoting Tran's wellbeing or safety including with MCH. Heather could request information from the general practice about any health implications effecting Tran's wellbeing and safety and any parenting challenges the practice is aware of that may be contributing to Tran's wellbeing.

Lisa, as part of the prescribed general practice workforce (an ISE) could proactively share with Heather, any concerns about Lanh's parenting impacting Tran's wellbeing and any safety concerns about Tran.

Question: Who should Heather seek consent from?

Answer: MCH, general practitioners and general practice nurses are prescribed as 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 (where appropriate to do so – in this scenario, Tran is too young) and family members about information sharing where it is appropriate, safe and reasonable to do so.

Question: What record keeping responsibilities does Heather have?

Answer: Both Heather and Lisa as members of an ISE workforce have documentation responsibilities when 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

Heather and Lisa 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 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 Child Protection Crisis Line, 13 12 78, 24 hrs 7 days.
- If Tran had been living in out-of-home care (OoHC) such as foster care or kinship care, Tran 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)
- Consider independent interpreter services if appropriate [The National Relay Service](#) (NRS) Speak and Listen service is available to help callers with a hearing or speech impairment. Call 1300 555 727 then ask for 131 450.

Additional Information and Resources:

- 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 *** <https://www.apna.asn.au/profession/child-information-sharing-scheme>
- 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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