

# Improving Child Safety and Wellbeing and Family Violence Outcomes Project

## Child Information Sharing

### Case study 3: General Practice and School settings

Dillon (Child), Faye (mother), Adam (father), Tayla (general practice nurse (GPN)), Prue (school nurse)

#### Proactive information sharing request by general practice - bullying

9 year old Dillon attends the local general practice with pains in his stomach. It is noted by the general practice nurse (GPN) and shared with the health care team that Dillon has attended the clinic several times over the last 6 months with similar symptoms. Earlier assessment and investigation results are satisfactory. Due to work commitments either mum (Faye) or dad (Adam) have brought Dillon to the clinic depending on who is free at the time of the appointment.

Mum attends the appointment today.

Dillon is booked in with the general practice nurse and is then scheduled to see the GP. The nurse undertakes agreed biomedical and general assessment, while "chatting" with mum and Dillon.

Tayla observes that Dillon is comfortable and relaxed around mum and with being assessed. All observations are within normal limits. Tayla observes change in body language, and mood leading to upset and irritability occurring when she enquires about school as part of the conversation and assessment. The GPN lets Dillon know he doesn't have to talk about school if he doesn't want to, or if it upsets him. Dillon moved to be cuddled by his mum and says that he hates school. Tayla asks if Dillon would like to tell her more about hating school, he reveals that he is being picked on by some other kids on the school bus. The kids are taking footy cards and excluding him from online games.

The information and observations are recorded in the clinical notes and shared with the GP prior to Dillon and mum's consultation. Faye is surprised to learn that Dillon's upset about the kids at school could be causing Dillon's physical symptoms. When Tayla checks in with Dillon after seeing the GP, Dillon says that he thought if he just put up with it (the bullying) that it would stop.

Faye remains quite upset about discovering the possibility that bullying may have occurred, even after talking with dad – Adam on the phone. Faye says to Tayla that she is too upset to talk with the school right now. Dad is about to leave as he is going away with work for a month as a fly in fly out (FIFO) worker. As agreed by all at the appointment, and in collaboration with the health care team, Tayla initiates a proactive child information sharing enquiry with the school nurse Prue.

The information sharing discussion with mum 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 and safety, as long as the threshold for sharing is met.
- What information will be shared, related to Dillon's wellbeing and safety due to potential bullying.
- That the information will be shared with the school, which is an ISE under CISS.
- The reasons information sharing would be beneficial in this instance, including the nature and extent of bullying that has occurred, engaging support services to provide wrap around support and early intervention and reducing the need for retelling the story for both mum and Dillon, although their input is welcome at all times.
- Offering mum, dad and Dillon an opportunity to ask questions or clarify any information not understood. NB: Consent is not required to share information under CISS if the threshold for sharing is met. However, the views of the child/family should be sought and taken into account when sharing information, if safe, reasonable and appropriate.

- Putting in place culturally appropriate support services as required.
- Documenting details of the information sharing, including the views of Faye, Adam and Dillon.

Tayla proactively shares relevant information about her observations of Dillon with the school, who in turn shares relevant observations about Dillon's behaviour at school with Tayla. Both ISEs record the information sharing.

In accordance with each ISE's organisational policies, Tayla and Prue plan strategies in partnership with mum, to minimise the impact of bullying and arrange support to be put in place such as a follow up appointment with the nurse and GP to check on mental health and wellbeing for Dillon and mum, and that Dillon is connected into Kids Helpline resources.

A problem solving skills support program is being planned for Dillon at school including identifying masking as a coping mechanism. The ISEs continue to collaborate to support Dillon and ensure wrap around services optimise his wellbeing.

Given the circumstances in this scenario, the GPN has ensured the threshold for information sharing has been met and proactively shares information to promote Dillon's wellbeing and safety and assist the school manage the risk of potential bullying to Dillon. None of the information shared with the school is "excluded information" under CISS.

### **Additional Considerations:**

- School Wellbeing Coordinator or Chaplain may provide support
- If Dillon had been living in out-of-home care (OoHC) such as foster care or kinship care, Dillon 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. OoHC is prescribed as an ISE. [https://www1.health.gov.au/internet/main/publishing.nsf/Content/D7D5B03B7221AD3CA257BF0001C11E2/\\$File/Clinical%20Assessment%20Framework%20-%20March%202011.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/D7D5B03B7221AD3CA257BF0001C11E2/$File/Clinical%20Assessment%20Framework%20-%20March%202011.pdf)
- For children living in OoHC, other resources/support could include LOOKOUT Centres which are ISEs. LOOKOUT centres have Koorie Cultural Advisors who work with students, community, case workers and schools to ensure Aboriginal students' needs are reflected in cultural plans which are embedded in their Individual Education Plans.
- If Dillon identified as Aboriginal or Torres Strait Islander, culturally safe care would need to be considered such as community linkage with appropriate Aboriginal or Torres Strait Islander support services, which may also be prescribed as ISE. Culturally appropriate support may include referral to engage the local Aboriginal Liaison Officer, or Koorie Engagement Support Officers (KESOs).
- If mum or dad identified as Aboriginal or Torres Strait Islander there may be cultural considerations they wish to be consulted on, to support Dillon such as extended family support. Mum or dad may have reluctance or questions about information sharing and what this means based on previous experience of education and health service provision. It would be important to respectfully

provide information about the benefits for Dillon if he receives culturally appropriate wrap around services to support him and to involve Dillon, mum and /or dad in decision making.

- In relation to potential issues at school, contacting a Koorie Education Coordinator (KEC), who will be able to arrange for a KESO to be assigned to any school where contact with Koorie families is requested, could be considered. It may be decided that the school nurse will contact KEC and a KESO is assigned.
- KESOs are area-based professionals who are Aboriginal and have an understanding of Aboriginal culture and the history of their community. KESOs provide advice to schools about culturally inclusive learning environments, coordination of services to support engagement and improved outcomes for Koorie children and young people.
- KECs and KESOs are both prescribed as ISEs under the information sharing schemes (CISS and FVISS).
- If there had been concern about family violence, additional consideration would include mandatory reporting and FVISS and CISS information sharing under MARAM. Additional services to be considered may include Child Protection Child Protection Crisis Line, 13 12 78, 24 hrs 7 days.

The relevant general practice: general practice is enabled to make an information sharing request or proactively share information. General practice organisations became ISEs under phase two of information sharing reform implementation.

Other ISE services that may be relevant but not described:

- Mental Health hubs as part of child health and wellbeing services
- Outside School Hours Care

**Question: Can the general practice nurse make an information sharing request?**

**Answer:** A Child Information Sharing Scheme (CISS) request could be made by the general practice nurse to share information with the school.

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 primary school authorised to share information.

The GPN as an ISE, and having verified the child information sharing met criteria, checked in with the health care team and referred to the organisation's information sharing policies and procedures.

Both the school and general practice nurse can request relevant information about anyone from any ISE prescribed under CISS, if the threshold for requesting and sharing is met.

Given the circumstances in this case, the general practice nurse makes a request based on Dillon's wellbeing and safety.

**Question: Can Tayla pro-actively share information?**

**Answer:** Tayla can proactively share information with any ISE where the information is relevant to promoting Dillon's wellbeing or safety and the threshold for sharing has been met. This includes with the school setting.

**Question: Who should Tayla seek consent from?**

**Answer:** Both schools and general practice 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 and family members about information sharing where it is appropriate, safe, and reasonable to do so.

**Question: What record keeping responsibilities do Tayla and Prue have?**

**Answer:** Both Tayla and Prue 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

Tayla and Prue 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 Information and Resources:

- Definition: bullying is physical, psychological, social cyber, or verbal intimidation or attack that is meant to cause distress or harm to an intended victim (Mizell-Christie, 2003). Survivors of School Bullying: A Collective Case Study July 2012 Children & Schools 35(2):93-99, DOI:10.1093/cs/cdt001 [https://www.researchgate.net/publication/269987160\\_Survivors\\_of\\_School\\_Bullying\\_A\\_Collective\\_Case\\_Study](https://www.researchgate.net/publication/269987160_Survivors_of_School_Bullying_A_Collective_Case_Study)
- Kids Helpline <https://kidshelpline.com.au/teens/issues/bullying> free, private, and confidential 24/7 phone and online counselling service for young people aged 5 to 25. Counselling is currently offered by phone 1800 55 1800, Webchat.
- 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)
- <https://www.yourtown.com.au/apps/webcounselling/live/chat/chatLogin.php?id=256117098&KHL=1> , and email <https://kidshelpline.com.au/get-help/email-counselling/>
- Australian Government, Australian Institute of Health and Welfare (AIHW), Feb 2022, Australia’s children <https://www.aihw.gov.au/reports/children-youth/australias-children/contents/justice-and-safety/bullying>
- Contact a Koorie education coordinator <https://www.vic.gov.au/koorie-education-coordinator-contact-details>
- LOOKOUT Education Support Centres <https://www.vic.gov.au/lookout-education-support-centres>



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