Case Study: Highlighting the application of the Child Information Sharing Scheme (CISS)

History

- Carol is a 24-year old stay-at-home Mum for her 16-month old daughter (Daisy), who lives with her partner Stephen (Daisy's father). Stephen works full-time in a warehouse.
- Carol was using heroin when she fell pregnant with Daisy. Carol was supported by the WADS[1] team at Royal Women's Hospital and started opioid replacement therapy before she gave birth to Daisy.
- Carol and Stephen's local Maternal and Child Health (MCH) Service's Enhanced MCH program[2] was also engaged to support them antenatally and were part of the discharge planning from the hospital into the community, linking Carol with social supports which Carol had limited engagement with after Daisy was born.
- Child Protection (CP)[3] became involved antenatally with Carol and Stephen, conducting an initial investigation. Carol and Stephen were highly anxious that Daisy might be taken away from them when she was born. However, Carol was complying with her AOD treatment, and she and Stephen maintained their goal of securing a safe and secure home with appropriate routine for Daisy, resulting in CP closing the case.
- As Daisy gets older Carol has begun to feel overwhelmed with the constant attention Daisy requires. Carol has no social network she can connect with for support. She barely goes outside and has started smoking cannabis in order to manage the stress. Initially, she managed to keep this a secret from Stephen, but as her cannabis use increased, he started to notice that Carol was noticeably substance affected, falling asleep very early on the couch at night. He encouraged her to speak to an Alcohol and Drug (AOD) counsellor.

Current situation

- Carol attends an AOD service and meets with Sarah, an AOD intake worker, to complete an initial Comprehensive AOD assessment.[4] Carol brings her 16-month old daughter, Daisy, along to the appointment.
- As part of the assessment Sarah screens for family violence. No family violence risk has been identified.
- Sarah observes that Daisy appears well looked after, she is clean and appropriately dressed and Carol attended the session with an organised and well stocked bag with supplies of nappies, snacks and toys for Daisy. Based on her observation of Daisy, Carol notices that Daisy is a quiet and sedate baby who is slow to respond to Sarah when she seeks to interact with her during the appointment with Carol. In the course of

[1] WADS: The Women's Alcohol and Drug Service (WADS) provides specialist clinical services and professional support to pregnant women with complex substance use and alcohol dependence. It uses a multidisciplinary team approach to advance their health and well-being and the medical needs of their infants. In addition to clinical care, WADS provides assessments, training, clinical practice guidelines, secondary consultation and support to other maternity hospitals caring for pregnant women with drug and alcohol use, mentoring and secondary consultations to health professionals around Victoria. https://thewomens.r.worldssl.net/images/uploads/downloadable-records/clinical-guidelines/referral-to-the-womens-alcohol-and-drug-service-WADS_110219.pdf

[2] The Enhanced Maternal Child Health (EMCH) program is part of Victoria's Maternal and Child Health (MCH) Service and is offered to selected families as an extension of the Universal Maternal and Child Health (UMCH) program. The EMCH program offers flexible actions and interventions to families who would benefit from targeted support. https://www2.health.vic.gov.au/about/publications/policiesandguidelines/enhanced-maternal-child-health-program-guidelines

[3] The Victorian Child Protection Service is specifically targeted to those children and young people at risk of harm or where families are unable or unwilling to protect them. https://services.dhhs.vic.gov.au/child-protection

[4] The comprehensive assessment tool supports treatment providers to determine the level and type of treatment and support required by a presenting client. https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/pathways-into-aod-treatment/intake-assessment-for-aod-treatment

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their appointments Carol shares with Sarah that Daisy is a very quiet baby and sleeps a lot, which is adding to her anxiety as a parent.
- Carol expresses concerns about engaging with other services as she is concerned about CP being involved again, and her and Stephen losing Daisy.

Action

Sarah considers it useful to connect with Carol and Daisy's MCH Nurse as she is keen to provide early intervention to prevent escalation of Carol's situation, and the requirement of a crisis response and, in the long term, prevent CP involvement. Sarah is not aware of any pending court cases or other scenarios that would classify information about Carol as 'excluded information'.

The AOD and MCH services are Information Sharing Entities (ISEs) and do not require consent from any person to share relevant information with other information sharing entities. However, information sharing entities should seek and take into account the views of children and family members about information sharing if appropriate, safe and reasonable to do so.[5]

- Using CISS, Sarah requests information from the MCH nurse about:
  - Daisy's development and attachment
  - Carol and Stephen's parenting skills.
- Using CISS, Sarah pro-actively shares information with the MCH nurse:
  - Carol's recent uptake of cannabis use as a coping mechanism to Daisy's changed needs and her isolation
  - Observation of Carol's positive and responsive parenting skills.

Outcome

- The MCH Nurse provides Sarah with information about child development and her assessments on Daisy's development and any attachment or family function issues she is aware of between Carol, Stephen and Daisy[6]
- The MCH Nurse also makes a referral to a local supported playgroup to encourage Carol to meet other mothers and for Daisy to also socialise with other children.
- As Sarah has developed a trusted relationship with Carol, the MCH nurse advises Sarah to work with Carol to undertake a joint referral to Child FIRST, where Carol and Stephen can get an early intervention referral to Integrated Family Services[7] and child and family support such as a child and family Counsellor, parenting support and/or play based therapy from a local Integrated Family Service.
- The MCH Nurse organises regular appointments with Carol and Daisy to observe them, and ideally Stephen, and to discuss any issues or provide any additional support for the family
- The services working together have agreed to maintain contact, scheduling a care team meeting, in the interests of making sure Carol and Daisy's wellbeing needs are met and to avoid a crisis and CP involvement in this family.

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[5] Child Information Sharing Scheme Ministerial Guidelines https://www.vic.gov.au/sites/default/files/2019-01/Child%20Information%20Sharing%20Scheme%20Ministerial%20Guidlines%20-%20Guidance%20for%20information%20sharing%20entities.pdf

[6] Maternal Child Health Nurses use a Child Development Information System (CDIS) as their centralized database to record information such as assessment, service and history and treatment and review records.

[7] Integrated Family Services (IFS) provide child-focused and family-centred services to support vulnerable families (with children up to 18 years old) in need.

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