

Snapshot of Good Practice: Putting the Information Sharing Schemes into Action

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We respectfully acknowledge that we work on the traditional land of the Kulin Nation and we acknowledge the Wurundjeri people who are the traditional custodians of this land. We pay respects to community members and elders past and present.



We appreciate and celebrate diversity in all its forms. We believe diversity of all kinds makes our teams, services and organisation stronger and more effective.



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About This Resource

This resource seeks to assist the Child and Family Services sector, and other prescribed sectors who work with children and their families, enhance their understanding of how the MARAM and the Information Sharing Schemes can be applied to improve outcomes for children and their families.

This resource also assists allied sectors to better understand the role of Child and Family Services within the family violence service system response and highlights the benefits for children and young people.

In using this resource, it is important to understand that no single institution collects all the necessary information to prevent harm or has all the appropriate tools to adequately protect infants, children, young people, and their families. This is why it is essential for support services to engage in collaborative practice and share relevant information.

Appropriate and timely sharing of information amongst prescribed services and agencies is essential to promote the wellbeing and safety of children and young people and to identify, prevent and respond to child abuse and family violence.

Background

The Family Violence Information Sharing Scheme (FVISS) and the Child Information Sharing Scheme (CISS) are being implemented together with the Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM). FVISS allows for information sharing to assess and manage family violence risk for both children and adults, while CISS allows for information to be shared to promote the wellbeing and/or safety of children more broadly.

The Information Sharing Schemes were introduced in response to the Royal Commission into Family Violence, coronial inquests and independent inquiries over the past decade which found a lack of system integration (including a lack of information sharing among service providers) was a barrier to effective and timely support for families, and especially children.

The Schemes supplement existing legislation to expand legal permissions to share information, which supports professionals who work with children, families, victim survivors and perpetrators of family violence and helps to create a more collaborative, integrated system to improve safety and wellbeing outcomes.

Child Information Sharing Scheme (CISS):

The Child Information Sharing Scheme (CISS), established under Part 6A of the *Child Wellbeing and Safety Act 2005*, enables prescribed information sharing entities (ISEs) to share information with each other to promote the broader wellbeing and/or safety of a child or a group of children.

Sharing information using the CISS can help provide wrap around support services through integrated service provision to children facing disadvantage, promote early identification of needs and risks, support making prompt and effective interventions, and improve outcomes to children and families.

The CISS gives precedence to the wellbeing and safety of children over the right to privacy. Consent from a child or any other person is not required to share information under CISS, if the sharing of information would promote the wellbeing and/or safety of a child and the scheme's legal requirements for sharing have been met. However, ISEs should seek and take into account the views of children and family members about information sharing where it is safe, appropriate, and reasonable to do so.

For the more limited purpose of managing risk to a child's safety, the CISS permits sharing with a child, an adult with parental/caring responsibility (who is not the perpetrator) or a person with whom the child¹ is living.

1. Please note: Information can be disclosed directly to the child using professional judgement.

Family Violence Information Sharing Scheme (FVISS):

Established under Part 5A of the *Family Violence Protection Act 2008*, the Family Violence Information Sharing Scheme (FVISS) enables prescribed organisations and services to share information to assess and manage family violence risk to children and adults. The FVISS assists the service system to manage victim survivor safety and hold perpetrators in view and accountable for their actions and behaviours. MARAM guides information sharing in a family violence context.

Information sharing requests made under FVISS must relate to one of the following purposes:

- A family violence assessment purpose
- A family violence protection purpose (to manage risk, including ongoing risk assessment).

Consent is not required from anyone to share information when a child is at risk. However, the child and/or any adult victim survivors should be consulted about the sharing of the information where it is appropriate, safe and reasonable to do so. Where no children are at risk, consent from the adult victim survivor is required to share their information, unless it is necessary to share that information to lessen or prevent a serious threat.

Under the FVISS, prescribed organisations/workforces can share perpetrator information without consent. Where your organisation cannot come to a view on the identity of family violence or the presence or risk, then information may still be shared about an alleged perpetrator with RAEs for a family violence risk assessment purpose to determine if they are a perpetrator. This includes information about adolescents who use family violence.

Information Sharing Entities and Risk Assessment Entities

Information Sharing Entities (ISEs)

An Information Sharing Entity (ISE) is a service or organisation that is prescribed under FVISS and/or CISS. Only services and organisations that are prescribed as ISEs can share information under FVISS and CISS.

If you are sharing information with another ISE, you must make sure you verify the person you are sharing with is from that ISE. Under the FVISS, an ISE can also share perpetrator information with a victim survivor to assist them manage their risk.

All organisations and services prescribed as ISEs can access the [online ISE list](#). This online list is a searchable database that can be used to identify other organisations and services prescribed under the Schemes.

Risk Assessment Entities (RAEs)

Risk Assessment Entities (RAEs) are a sub-set of ISEs. ISEs can share information for a family violence risk assessment purpose with RAEs. This enables RAEs to establish the presence of the family violence risk and the identity of the perpetrator where this is uncertain.

RAEs generally include specialist family violence services, Child Protection, Child FIRST, The Orange Door and Victoria Police are also RAEs.

Sharing Permissions (under FVISS)

Prescribed Org/Service	Information Sharing Entity (ISE)	Risk Assessment Entity (RAE)
Sharing/ Requesting Purpose	Family Violence Protection Purpose only	Family Violence Assessment Purpose and Protection Purpose
Risk Information	<ul style="list-style-type: none"> • Relevant Child & Adult Victim Survivor information • Third Party information • Perpetrator only 	<ul style="list-style-type: none"> • Relevant Child & Adult Victim Survivor information • Third Party information • Alleged Perpetrator, and Perpetrator

Thresholds for Information Sharing

Requirements for sharing information must be met before using either of the Schemes. The requirements for sharing are different depending on the purpose for sharing.

Sharing Under CISS:

There is a three-part threshold test that must be met before any information sharing under CISS can occur:

1. The purpose of sharing is to promote the wellbeing or safety of a child or group of children.
 - The terms wellbeing and safety are not defined in the legislation in order to leave room for professional judgement.
 - A range of existing frameworks provide guidance about how to understand child wellbeing and safety, including:
 - Best Interest Framework for Vulnerable Children and Youth
 - Child Safe Standards
2. The ISE disclosing the information reasonably believes that sharing may assist the recipient ISE to carry out one or more of the following activities:
 - Making a decision, an assessment or a plan relating to a child/children.
 - Initiating or conducting an investigation relating to a child/children.
 - Providing a service relating to a child/children.
 - Managing any risk to a child/children.
3. The information is not excluded information.
 - Excluded information is information that could:
 - Endanger a person's life or result in physical injury.
 - Prejudice a police investigation or interfere with the enforcement or administration of the law; prejudice a coronial inquest; prejudice a fair trial of a person.
 - Be legally privileged.
 - Reveal a confidential police source.
 - Contravene a court order.
 - Be contrary to the public interest.
 - Information sharing would contravene another law.



Sharing Under FVISS:

Relevant information can be shared when the FVISS requirement are met:

4. The purpose of sharing is to assess or manage family violence risk.
 - There are two purposes for which information can be shared between ISEs:
 - Family Violence Assessment Purpose – the purpose of establishing or assessing the risk of a person committing family violence or being the subject of family violence. This would include:
 - * Establishing family violence risk
 - * Assessing the risk to the victim survivor
 - * Correctly identifying the perpetrator
 - Family Violence Protection Purpose – once you hold a reasonable belief that family violence is present, then information can be shared to manage the risk to the victim survivor and/or posed by the perpetrator. This includes information sharing to support ongoing risk management.
5. The applicable consent requirements are met.
 - Consent is not required from any person to share information relevant to assessing or managing family violence risk to a child. However, you should seek the views of the child and non-violent family members whose information is being shared where it is safe, reasonable and appropriate to do so.
 - Where a person is 18 years of age or older, their consent may be required to share their information where they are a victim survivor or third party.
 - In situations where an adolescent is using family violence against an adult family member, you may need the consent of the adult victim survivor to share their information.

6. The information is not excluded information.

- Excluded information is information that could:
 - Endanger a person's life or result in physical injury.
 - Prejudice a police investigation or interfere with the enforcement or administration of the law; prejudice a coronial inquest; prejudice a fair trial of a person.
 - Be legally privileged.
 - Reveal a confidential police source.
 - Contravene a court order.
 - Be contrary to the public interest.
 - Information sharing would contravene another law.

Seeking the Views and Wishes of Children and Relevant Family Members

Even when consent is not required, you should seek and take into account the views of a child and/or relevant family members who do not pose a risk before sharing information for their wellbeing or safety, or to assess or manage the risk of family violence, wherever it is safe, reasonable and appropriate to do so. This is a key principle of the Schemes.

When seeking the views and wishes of the child, young person and their family, the discussion should include explaining:

- The requirements that need to be met before information can be shared
- Who information can be shared with
- Consent is not required to share information if you believe sharing would promote the wellbeing or safety of a child
- The benefits of information sharing and how information may be used to promote child wellbeing or safety

Why would you not seek the views and wishes of a child and family?

- **If it is inappropriate:** for example, if a young person is living independently and family members no longer have access to their personal information.
- **If it is unsafe:** for example, if it is likely to jeopardise a child's wellbeing or safety or place another person at risk of harm; if timeliness is an issue – when there is an immediate risk; if you are assessing or managing risk to another person.
- **If it is unreasonable:** for example, if the child or their relevant family member does not have a service relationship with the ISE; if you are unable to make contact with them.

Wellbeing

Effective implementation of the CISS and FVISS assists in promoting child wellbeing. The promotion of wellbeing enhances the rights and quality of life of children and young people and supports their safety and development

Wellbeing differs from person to person and is broad in nature. Additionally, children are not homogenous; all children grow, learn, and develop differently. Because wellbeing is broad, the CISS allows sharing information to support collaborative service provision to children and respond to identified needs and risks, guided by the children's best interests and developmental frameworks.

Many wellbeing frameworks are informed by the [United Nations Convention on the Rights of Children \(1989\)](#) and use variants of these rights to measure wellbeing. Common factors that can inform wellbeing are:

- Physical, psychological, and emotional health
- Access and engagement with services
- Safe and stable environments
- Accommodation
- Nourishment
- Protection from the elements
- Access to resources to learn and develop
- Engagement in supportive relationships
- Involvement in activities that enable development

Sharing Information for Wellbeing and Safety

When an ISE believes that family violence may be present and there are issues relating to a child's wellbeing or safety, ISEs should use professional judgement to prioritise their response to these issues, maximising the immediate and ongoing safety of children and all other family members at risk of family violence.

When sharing information to support wellbeing, professionals should do their best to identify what might be impeding a child's development or progress. Most professionals working in prescribed ISEs will have a good sense of whether a child is thriving and fulfilling their potential.

Professionals are encouraged to use their professional judgement and build and strengthen their current practices, informed by relevant best interests and developmental frameworks.

Record Keeping

All information requested and shared, whether proactively or in response to a request, must be documented, including any complaints about information sharing. You are also legally required to keep accurate records of all information shared and the information that you refuse to share and the reasons why it was refused. Organisations and services can determine their own policies and procedures for record keeping as long as the minimum requirements are met, as set out by the legislation.

For more information on record keeping please find example record keeping forms [here](#).

Record Keeping Considerations

It is important that case notes are simple, concise and in dot point form. Recording in this way minimises irrelevant information that is not pertinent to the Schemes being recorded. Any language used in the record should be non-judgemental and free of assumptions. Observations should be identified, and children's/families' words should be clearly recorded in the notes.

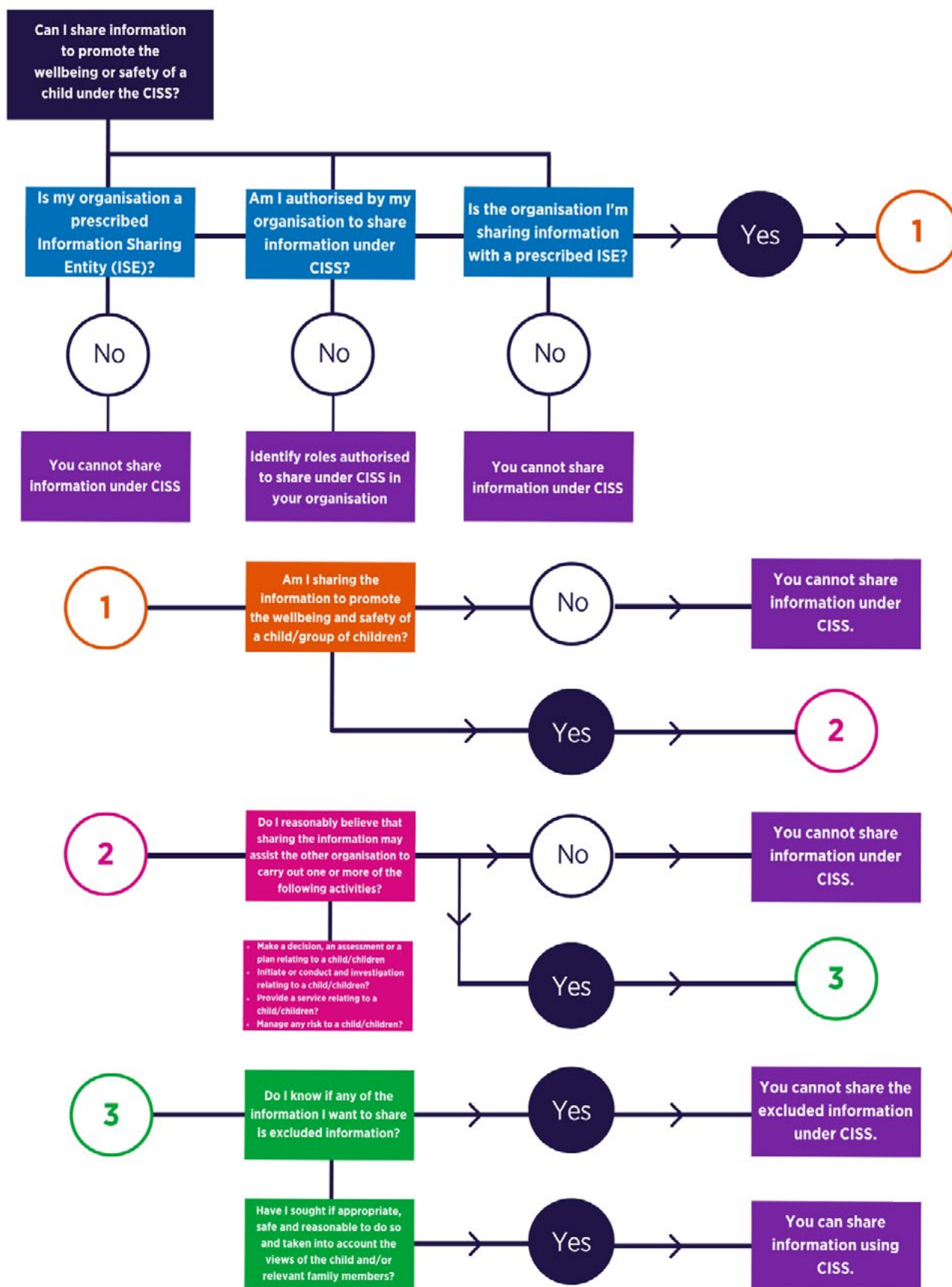
For more information on record keeping please find tips for information sharing record keeping [here](#).

Record Keeping Checklist: Responding to a Request

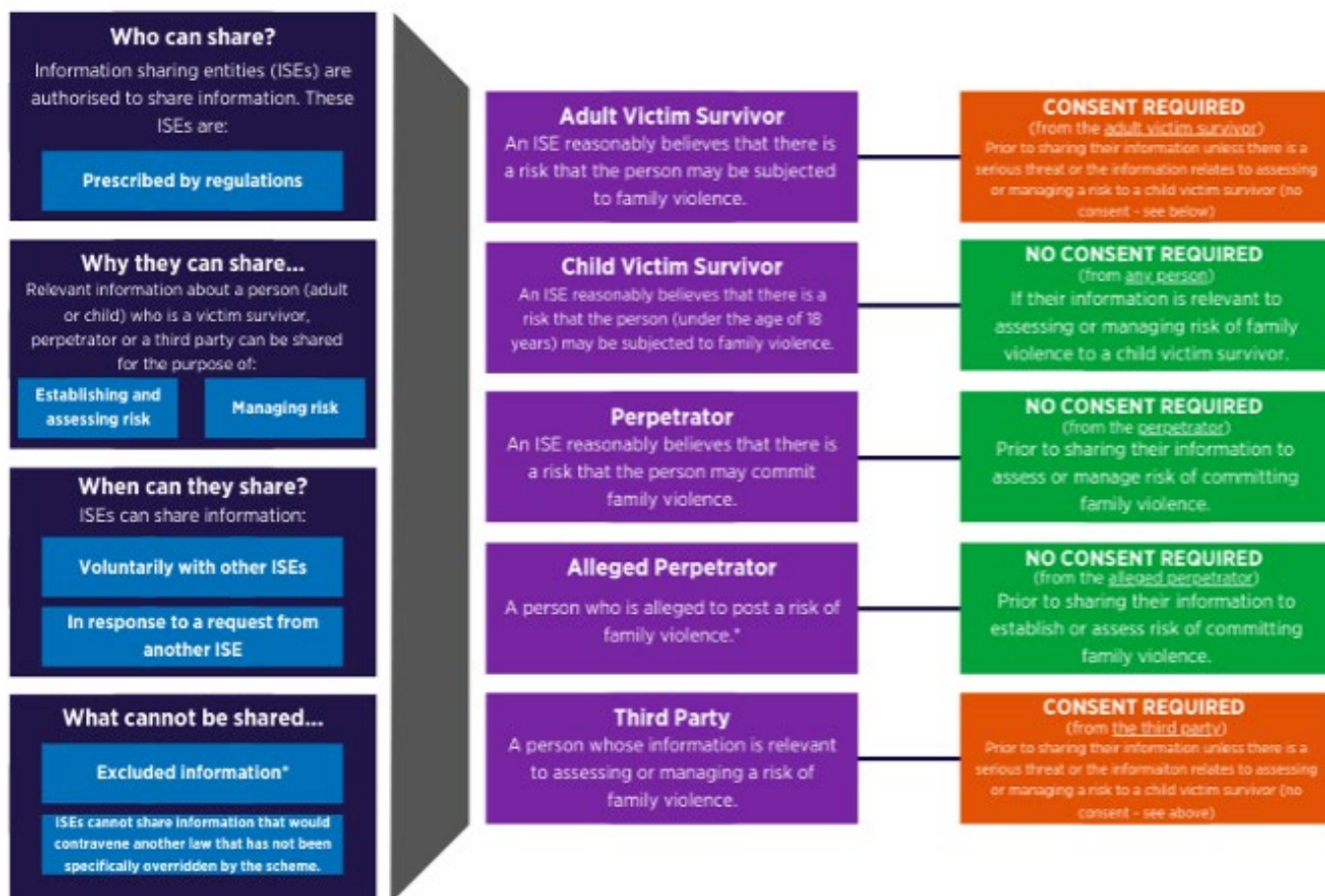
- ☐ Information shared
- ☐ Date information was shared
- ☐ ISE who requested information
- ☐ ISE receiving information (if applicable)
- ☐ Whether the views of the child, parent, or carer were sought and obtained before the information was shared
- ☐ If the views were not sought, why?
- ☐ Whether the child, parent or carer was notified that the information was shared
- ☐ Copies of supporting documents



CISS Information Sharing Guide



ISE Information Sharing Guide



Please note:

- *Excluded information (including but not limited to) if sharing the information might endanger a person's life or a police investigation, contravene a court order, or is subject to legal professional privilege.
- *Information about an alleged perpetrator can only be shared in the risk assessment phase.
- All ISEs must respond to information requests unless an exemption applies.
- A good faith defence protects individuals who share information in good faith and with reasonable care.

FAQ

What should you do if you cannot share information under CISS?

Organisations and services should share information and collaborate as permitted by law. Other child safety reporting and information sharing obligations still apply - including mandatory reporting obligations, reporting to Child Protection if there is a significant risk of harm, and information sharing with Child Protection.

Can my organisation share information about a child whether or not there is family violence present?

Information sharing entities (ISEs) can share information to promote the wellbeing or safety of a child whether or not family violence is present. Information can be shared:

- under FVISS to assess or manage family violence risk
- under CISS to promote the wellbeing or safety of a child.

However, FSV advises: ISEs should be mindful that sharing information in the context of family violence may pose particular and complex risks for children and other family members, and when considering sharing to promote child wellbeing or safety they should be alert to whether family violence risk may be present. When sharing information in a family violence context, ISEs should therefore take all reasonable steps to plan for and maximise the immediate and ongoing safety of children and all family members at risk of family violence. Information sharing should occur in accordance with a relevant safety plan.

Risks related to information sharing are not always easily identified, so it is important to access relevant expertise. As set out in the MARAM Framework and relevant MARAM Practice Guides, ISEs should engage with services that are authorised and skilled to determine appropriate actions and promote collaborative practice around families and children

Is my organisation or workforce prescribed under the Schemes?

Prescription of ISEs has occurred in different phases. An initial group of services was prescribed for FVISS in February 2018. Phase One commenced in September 2018 with MARAM and CISS and the prescription of further services and organisations for all three reforms. Phase Two commenced on 19 April 2021 with universal services including education and healthcare.

Organisations prescribed in both Phase 1 and 2 can be found [here](#).

Who can you share information with?

Organisations/workforces that are prescribed under one or more of the Schemes are referred to as Information Sharing Entities (ISEs).

You may only share information using the Schemes with services and organisations that are also ISEs. However, there are circumstances in which information may be shared with individuals concerned to manage risk. To manage risk to a child's safety, information may be shared under CISS with the child or their parent/guardian. Additionally, perpetrator information may also be shared with the victim survivor to manage risk to their safety and/or that of the children.

You are also able to share information with other organisations/workforces (whether prescribed or not) outside the Schemes, using your existing permissions to share.

Training

All training for the information sharing reforms, including an introduction to MARAM, in the form of online webinars and eLearning courses are accessed through the Information Sharing and MARAM Online Learning system. To enrol in this training, you will need to sign up and log in to the Learning Management System [here](#).

Department of Families, Fairness and Housing workforces

[Information sharing training](#) has been developed for child and family services professionals to understand how to share and request information under the schemes to promote the wellbeing and safety of children and assess and manage family violence risk.

Child and family services workers should access the [DFFH Information Sharing eLearn modules here](#).

The three modules each take approximately 20 minutes to complete and cover Essentials for Professionals, Purposes and Requirements, and Consent and Privacy.

All other workforces

Training has also been developed for all other workforces, agencies and organisations that do not fall under the previous category. The training can be accessed [here](#).

This module outlines when and how to use the FVISS and CISS and provides an introduction to the MARAM Framework.



CASE STUDIES

CASE STUDY #1

History:

Rita (she/her) has a three-year-old son (Frankie, he/him) with partner Chris (he/him). Rita and Chris met in high school and have been in a relationship since. Rita and Chris are Sudanese-Australian. Rita arrived in Australia at the age of five with her family on a refugee visa. Rita has a large family and enjoys spending time with them and is part of several community groups.

Shortly after Frankie turned one, Rita and Chris separated for a short time due to frequent arguing about money, Chris's unemployment status and Rita's concerns about Frankie's health. Rita was also concerned by Chris' seeming lack of interest in playing an equal parenting role. The recently reconciled and moved away from their families to a private rental property in Regional Victoria.

Since birth, Frankie has experienced some significant health conditions, and as a result requires extra support with his daily routines Frankie frequently has appointments scheduled with paediatricians and other healthcare specialists to monitor his health.

Rita is often stressed about paying for specialists and other items that Frankie needs. Chris doesn't always attend these appointments and Rita is left with most of the caring responsibilities.

Hospital staff have noticed that Frankie seems to be calm and reasonably happy when attending appointments with Rita, however when Chris does attend his emotional state changes when his father is present and starts to become overly clingy to Rita and has significant reactions to loud voices or noises.

Current Situation:

Frankie has an appointment at the hospital clinic for one of his regular specialist teams to monitor his asthma. Rita and Chris attend the appointment together with Frankie.

During the appointment, the hospital staff notice that Chris is talking down to Rita. When staff ask Rita questions about Frankie's health, Chris interrupts and dominates the conversation, answering questions on behalf of Rita. Chris seems agitated and angry that the health professionals are asking so many questions and seems as though he is trying to rush the appointment along.

As Chris continues to become frustrated, Frankie's demeanour changes from bright and calm to upset and distracted. Frankie continues to look over at his mother while he is being assessed by the specialist team and is becoming more distressed as the appointment goes on.

At the end of the appointment Frankie is visibly upset. Whilst settling the invoice, Chris is angered by the cost of the appointment and verbally abuses Rita about the ‘unnecessary’ costs of medication piling up for Frankie’s health and that Frankie is fine. Rita brushes this off and quickly makes payment for the service and then gathers Frankie to leave the hospital.

Action:

IDENTIFY: Have children or young people been impacted as victim survivors and/or using family violence?

APPROACH: Consider if a risk assessment should be performed directly with the children or young people, or if it should be done with the protective caregiver as the source of the relevant information.

OBTAIN: Obtain informed consent where possible. Obtain consent from an adult victim-survivor (or caregiver not using violence) to collect, record, and share information and to make referrals.

RECORD: Comply with organisational documentation and reporting requirements, including mandatory reporting and information sharing. Maintain and store documentation in accordance with organisational policies and procedures.

CONTACT: Contact services and work with relevant services to identify the predominant aggressor throughout engagement.

BE PROACTIVE: Seek and share risk-relevant information in accordance with the MARAM Framework, the Information Sharing Schemes, and information sharing laws and regulations.

The clinic staff have **identified** concerns for the wellbeing and safety of Frankie and Rita and decide to **consult** with the social work unit at the hospital. In consultation with the social work team, the clinic staff decide to contact Rita and arrange Frankie’s next appointment for a time when Chris will be at work and unable to attend.

At the appointment with Rita and Frankie, Rita is connected with a social worker who completes a **MARAM risk assessment** with Rita as the source of the relevant information given Frankie’s age. The social worker describes the clinic’s staffs concerns to Rita, particularly Chris’ anger towards the cost of appointments. Rita explains that Chris is just being a good head of the household and looking out for the family’s money.

The social worker explains that they would like to gather some information from some of Frankie’s other supports to inform the assessment. The social worker uses the Child Information Sharing Scheme (**CISS**) and uses the Family Violence Information Sharing Scheme (**FVISS**) to determine whether information sharing promotes child wellbeing or safety and what risk factors are present.

The worker seeks the views and wishes, and **obtains** informed consent from Rita to collect, **record**, and share information. The social worker also explains the limitations of confidentiality and when information can be shared without consent. They know that Rita is linked in with the Maternal Child Health (MCH) team locally and has built a good relationship with them over the years since Frankie’s birth.

As both the hospital and the MCH are both Information Sharing Entities (ISEs), the hospital **contacts** and **proactively** share risk-relevant relevant information with the MCH team about the wellbeing concerns they have noted in accordance with CISS and FVISS.

- Using CISS, the social worker contacts and requests information from the MCH team about:
 - Frankie’s development and attachment with his parents.
- Using FVISS, the social worker contacts and requests information from the MCH team about:
 - Chris’ behaviour to help determine whether family violence may be present.

Outcome:

The MCH team provides the hospital with information that Frankie was overly clingy to Rita during appointments, and often was extremely wary towards new people. The social work team at the hospital are concerned that Frankie’s behaviour may be a trauma-response and identify Chris as the predominant aggressor throughout engagement.

The MARAM risk assessment identifies the family’s financial difficulties, Chris’ controlling behaviour during appointments, emotional abuse, and Frankie’s behaviour as evidenced-based risk factors, and that Rita is at risk of family violence.

PROTECT: Seek immediate protection for victim survivors where risk assessment professionals or services have identified them as being at serious risk and requiring immediate protection.

SUPPORT: Support the victim-survivor to navigate the wider service system.

The social worker offers Rita a **referral** to a specialist family violence service which she declined, citing that it is just the way Chris is and that she doesn’t want her community to find out about it. The social worker lets Rita know that **support** is available, including making a report to Victoria Police, and that if her circumstances change Rita should seek assistance.

The hospital treatment team and social worker discuss placing an alert on Rita and Frankie’s patient file which will help inform any professionals working with the family of family violence impacts and risks. The MCH team also organises regular appointments with Rita and Frankie to observe them, to discuss any issues, provide any additional support, and monitor for any change in risk.

Reflective Questions:

How can services work with Frankie and his mother as a victim-survivor in his own right?

In this example, how would you keep the 'child in mind' when seeking information from caregivers and other services?

Practice Considerations:

Engaging with Culturally and Linguistically Diverse Children and Families – Many culturally and linguistically diverse children and young people may face experiences that others do not. For example, these children and young people may experience trauma, a sense of displacement, and stress from migration long before they come to Australia. When they do arrive, they then may face entirely new challenges such as understanding a new cultural context, learning a new language, changing family dynamics, racism, discrimination, and struggling with personal and cultural identity. To effectively support and engage with culturally and linguistically diverse children and families it is important to consider the historical trauma and unique challenges and barriers that they may have face. It is also crucial to understand a family's own cultural practices and beliefs and understand their developmental expectations. From an organisational level it is important to undertake localised training on how you can embed and strengthen cultural safety in your work, contact a specialist service providers to gain advice, and seek secondary consultation, and ensure different format for accessing information are available (e.g., translations, interpreters, audio-visual formats, etc.).

Supporting Children's Wellbeing – Effective implementation of the Child Information Sharing Scheme (CISS) helps promote child wellbeing and safety. The promotion of wellbeing enhances the rights and quality of life of children and young people and supports their safety and development. Different frameworks use different indicators to contextualize children's wellbeing, for example: the [CISS Ministerial Guidelines](#) highlight wellbeing indicators that encompass the different dimensions to help consider a child's wellbeing. Your service or organization might have a different way of measuring children's wellbeing. It is important to understand the way children's wellbeing indicators in different contexts in order to be able to provide appropriate supports for children. ■

CASE STUDIES

CASE STUDY #2

History:

Jamie (she/her) is an 8-year-old who developed a speech disorder at 4-years-old.

When attending kindergarten, Jamie's teacher noticed that Jamie repeated sounds, syllables, or words, as well as pro-longing sounds when speaking.

The teacher told Jamie's parents, Darren (he/him) and Chris (he/him) who took Jamie to a speech pathologist. Jamie was treated with developmental stuttering and worked with a speech pathologist for 6 months.

The family recently moved to Victoria from South Australia. Jamie attends the local primary school and is currently in year 3. After moving, Darren and Chris found a new speech pathologist for Jamie.

Current Situation:

Jamie initially seemed happy at her new school and seemed to settle in well. However, after a couple of months, Jamie often avoided attending school and cried when she did have to go to school. Over time, Jamie also stopped talking completely and often withdraws to her room and spends most of the day sleeping.

The school calls Darren and Chris in to discuss Jamie's absence. Jamie's teacher, Susan, is concerned by her increasing absences and asks if there is anything the school should be aware of so that they can effectively support Jamie.

Darren and Chris mention that Jamie has continued to see a speech pathologist for support with her communication. Susan flags Jamie's behaviour and absences with the school Wellbeing Officer, Stephanie.

When talking to Darren and Chris about Jamie's behaviour, Stephanie suggests that Jamie should be referred to Child FIRST/The Orange Door² (TOD), due to her behaviours of concern (avoiding going to school, withdrawing from her family, and oversleeping), and for further support with her speech disorder.

As a result, after gaining consent from the family, they were referred to an Integrated Family Services (IFS)³.

2. Depending on the region, families may be referred to The Orange Door who serve the same role as Child FIRST in terms of being able to link in with parenting support.
3. Integrated Family Services (IFS) provide child-focused and family-centred services to support vulnerable families (with children up to 18 years old) in need by linking families with relevant support services.

IDENTIFY: Have children or young people been impacted as victim survivors and/or using family violence?

APPROACH: Consider if a risk assessment should be performed directly with the children or young people, or if it should be done with the protective caregiver as the source of the relevant information.

OBTAIN: Obtain informed consent where possible. Obtain consent from an adult victim-survivor (or caregiver not using violence) to collect, record, and share information and to make referrals.

RECORD: Comply with organisational documentation and reporting requirements, including mandatory reporting and information sharing. Maintain and store documentation in accordance with organisational policies and procedures.

CONTACT: Contact services and work with relevant services to identify the predominant aggressor throughout engagement.

Action:

At the initial appointment with their IFS Case Worker, Joanna, conducts an assessment and asks Chris and Darren about the behaviours that Jamie is experiencing. As part of the assessment Joanna screens for family violence, however, no family violence risk is **identified**.

Darren explains that she is sleeping more than usual and eating less, but he thinks that it is likely to be the more that is the reason behind her behaviour.

As an Integrated Family Services worker, Joanna is prescribed as an Information Sharing Entity (ISE). Joanna can make an information sharing request under CISS for the purpose of promoting the wellbeing and/or safety of a child. Joanna explains that they would like to gather some information from Jamie's school to further inform the **assessment**.

Joanna seeks the views and wishes, and **obtains** informed consent from Rita to collect, **record**, and share information. The social worker also explains the limitations of confidentiality and when information can be shared without consent.

Under the Child Information Sharing Scheme (CISS), Joanna **contacts** and requests information from Jamie's school about the type of behaviour that Jamie has been exhibiting at school. Joanna believes that the information this information will promote Jamie's wellbeing as Joanna will be able to use the information to effectively put the appropriate supports in place for Jamie.

Outcome:

The school reveals that Jamie had withdrawn from engaging with other students after a few bullying incidents which seemed to be focused on her stutter.

After receiving this information, Joanna talks to Chris and Darren about arranging a care team meeting with himself, Jamie's speech pathologist, as well as her teacher and the Wellbeing Officer at the school in order

SUPPORT: Support the victim-survivor to navigate the wider service system.

to provide Jamie with appropriate and effective **supports** for her wellbeing.

A care team meeting is arranged to help support Jamie's wellbeing. This includes discussing the bullying that Jamie is experiencing, how the school can work to prevent this, continuing speech pathology appointments, connecting Jamie with a counsellor, and maintaining supports with Joanna.

Joanna shares this support plan with Jamie using a child friendly case plan template and gives her an opportunity to respond to how she feels about the plan. As Jamie does not speak, she uses her body language and other communication aids to share with Joanna how she feels about the plan.

BE PROACTIVE: Seek and share risk-relevant information in accordance with the MARAM Framework, the Information Sharing Schemes, and information sharing laws and regulations.

The services have agreed to maintain contact and, where services are prescribed **proactively share information**⁴, as well as regularly scheduling care team meetings when needed to support Jamie's wellbeing and safety.

Reflective Questions:

What strategies might assist to develop coordinated and collaborative information sharing?

How are you working to ensure children are visible are heard?

In what ways do you seek the views and wishes of children when seeking to share information?

Practice Considerations:

Engaging with Children with a Disability – Children with a disability may need specific supports when engaging with services. Practitioners should be aware of how to safely engage with and support a child who has a disability. This could include inviting a conversation with children and asking questions to help support the needs of children with a disability or listening to how children with

4. Where services are not prescribed (i.e., private allied health professionals), these services can only share information with other services with the consent of the family.

disability describe themselves in relation to their disability. It is important to consider using visuals and/or sensory tools to support a conversation with children with a disability, as well as being mindful of how questions are asked (depending on the child can the questions be open ended or do they need to be more structured allowing only a yes or no response). If you're unsure how to effectively support a child with a disability, please seek a secondary consultation with a specialist service.

Approaches to Cross-Sector Collaboration and Coordination - It is important to understand that information sharing is a key enabler of collaborative practice, and that working collaboratively with other services leads to better practice and more informed decision making. No single institution collects all necessary information or has all the appropriate tools to adequately protect children, young people and their families from harm as well as actively promoting their safety and wellbeing. Good collaborative practice looks like having trust between organisations. Working collaboratively with other services requires clear and purposeful communication and a regard for building and maintaining trust in relationships with not only these other services but clients too. Professionals should become familiar with the work of other organisation and their practitioners to build trust. This could be undertaken through participation in collaborative forums, staff presentations, secondments, and protocol development. Additionally, undertaking secondary consultations with other organisations can help build partnerships with organisations and strengthen collaborative engagement with children, young people, and families, and works to keep them safe from harm.

Keeping Children in View When Accessing Services – Children impacted by adverse experiences are often the most vulnerable and unheard. Children have a right to be heard but we cannot assume the adults in their life are able or willing to give them these opportunities. By keeping children in view and heard this can help support greater long-term health and wellbeing outcomes. There are many ways to keep children in view when accessing services, this could look like: Undertaking an individualised child needs assessment, seeking the child's views and wishes, and engaging directly with children rather than through the caregiver. It is crucial that professionals keep the 'child in mind' throughout their practice. ■

CASE STUDIES

CASE STUDY #3

History:

Simone (she/her) has one child, Patrick (he/him), with her ex-partner Thomas (he/him). Simone is Aboriginal, has a disability, and can at times present as being highly anxious. The family had been known to services due to family violence and had previously been removed from the family home and placed in a safe house for a period of time.

Current Situation:

Recently, Patrick has not been attending school with no explanation. Per school attendance procedures, Patrick's teacher, Carol, attempts to call Simone to inquire about the Patrick's unexplained absences.

Simone explains to Carol that Patrick was ill with the flu while staying with his father but is now back home with Simone and will attend school the next week. After the call, Carol flags Patrick's absences with the school's Wellbeing Officer, Jane.

Jane calls Simone to discuss the school's concerns about Patrick's absences with her, but Simone does not answer.

As the school is a prescribed Information Sharing Entity (ISE), Jane can request information from another prescribed ISE using the Child Information Sharing Scheme (CISS) if there are concerns about Patrick's wellbeing or safety.

Jane is aware that Patrick had an early start enrolment at kindergarten and contacts the kindergarten.

Using CISS, Jane requests information from the kindergarten regarding Patrick's attendance at school.

The kindergarten shared that the family was known to have low attendance rates and struggled with punctuality, and also proactively shares that the family had been previously involved with Child Protection (CP).

Action:

IDENTIFY: Have children or young people been impacted as victim survivors and/or using family violence?

Based on the information received from the kindergarten, Jane organises a visit to the family home with the school's Wellbeing Team the next day, where Jane explains to Simone that they are concerned about Patrick's **wellbeing and safety**.

Simone explains to the Wellbeing Team that Thomas had visited the family home and asked to take Patrick out to lunch, which Simon had agreed to.

Thomas then called Simone while out to tell her that he had not taken Patrick to lunch, but to the Victorian border, and he intended on keeping and not returning him to her.

APPROACH: Consider if a risk assessment should be performed directly with the children or young people, or if it should be done with the protective caregiver as the source of the relevant information.

Based on this information from Simone, Jane conducts a MARAM risk **assessment** for victim survivors.

Jane can request relevant information about anyone from any ISE prescribed under the Information Sharing Schemes that may hold information relevant to risk or wellbeing. Given the school is a prescribed ISE, Jane can request information from other prescribed ISE's using the CISS or the Family Violence Information Scheme (FVISS) to promote the wellbeing and safety of a child or group of children and/or assess or manage family violence risk respectively.

OBTAIN: Obtain informed consent where possible. Obtain consent from an adult victim-survivor (or caregiver not using violence) to collect, record, and share information and to make referrals.

To further inform the assessment, Jane seeks the views and wishes, and **obtains** informed consent from Simone to collect, **record**, and share information. Jane also explains the limitations of confidentiality and when information can be shared without consent.

Using the FVISS and CISS, Jane **contacts and requests** information from CP about:

CONTACT: Contact services and work with relevant services to identify the predominant aggressor throughout engagement.

- Child Protection's involvement with Patrick and his parents.
- Any information known about the father, Thomas, relevant to risk or abuse or Simone's wellbeing, including if Thomas was legally allowed to take his children to another state.
- Details of any past family violence behaviours or risk factors, including Thomas' involvement with other children or other partners.

- Any MARAM aligned risk assessments of needs assessments.
- Any Safety Plans or case plans.

Using the FVISS and CISS, Jane **contacts and requests** information from the Police⁵ about:

- Thomas' past engagement with Victoria Police, any criminal record, any history of Intervention Orders
- Any other behaviours known to Police that may be impacting on Patrick's safety or wellbeing.
- Any upcoming court dates.
- Details of Intervention Orders including conditions.

Outcome:

Relevant information was received from CP and Victoria Police that informed family violence risk assessment and management etc and allowed for Jane to put practices in place to support Patrick's wellbeing and safety.

The Police also shared that there were no court orders in place regarding the father and access to the children.

Reflective Questions:

How do you ensure your practice remains child-focused when engaging with families?
What culturally appropriate supports could be provided to Simone?

5. Victoria police can share information obtained from other State's records. They have to make a separate request for this though. If you know a family has lived in another state it is important to ask for this information from Victoria Police.

Practice Considerations:

Sharing Information Relating to Wellbeing and Safety for Children – Children should have their wellbeing and safety needs individually assessed. This includes taking the opportunity to sight and engage with the child, identifying their wellbeing and safety needs, determining their immediate needs, and using the Child Information Sharing Scheme to gather information about other supports involved and to share information with other services. Where it is appropriate, safe, and reasonable, professionals should seek the views of the child or young person, and a caregiver who is person using violence, on how their information is shared.

Safe and Effective Engagement with Aboriginal and Torres Strait Islander Communities – To support Aboriginal and Torres Strait Islander children, professionals need to understand their culture, history, family, and community. Historically, Aboriginal communities have experienced systemic oppression, structural inequality, discrimination, and have continued to be denied the right to self-determination. These experiences can influence how Aboriginal children and families access services and support. Supporting Aboriginal and Torres Strait Islander Communities can include; building partnerships with Aboriginal Community Controlled Organisations (ACCOs), acknowledging the impact of the past and historical traumas, and supporting children's connection to culture.

Building Rapport and Trust – Building rapport with children is crucial as they are able to identify you as a safe person and be able to share their experiences with you which can lead to safe and effective support and outcomes for the child. Ongoing communication can help build trust and rapport with children. To engage and build rapport with children, professionals are encouraged to tailor their communication and body language to different development stages, this may look like getting on the same physical level as the child. This signals to the child that you are focused on them, willing to listen, and open to play. It reduces the power imbalance and reduces the intimidation that they may feel having an adult stand over them. ■

Resources

Multi-Agency Risk Assessment Management Framework (MARAM):

- [Family Violence Multi-Agency Risk Assessment and Management Framework](#)
- [MARAM Framework on A Page](#)
- [MARAM Responsibilities Decision Guide](#)
- [Foundation Knowledge Guide](#)
- [Victim Survivor-Focused Practice Guides](#)
- [Perpetrator-Focused Practice Guides](#)

Information Sharing Schemes:

- [Child Information Sharing Scheme and Family Violence Information Sharing Scheme Fact Sheet](#)
- [Information Sharing Entities \(ISE\) Online List](#)
- [Tips for Information Sharing Record Keeping](#)
- [Information Sheet: Working collaboratively with other professionals to improve the wellbeing and safety of common clients, especially children, young people and their families \(CFECFW\)](#)

Child Information Sharing Scheme (CISS):

- [Child Information Sharing Scheme Ministerial Guidelines](#)
- [Child Information Sharing Scheme Summary](#)
- [CISS Example Record Keeping Form](#) (direct .docx download)

Family Violence Information Sharing Schemes (FVISS):

- [Family Violence Information Sharing Guidelines](#)
- [Family Violence Information Sharing Scheme Overview Diagram](#)
- [FVISS Example Record Keeping Form](#) (direct .docx download)

