



Government of Western Australia
Department for Child Protection
and Family Support

Working together for a better future for at risk children and families

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A guide on information sharing for
government and non-government agencies

An electronic copy of this publication can be downloaded from the Department for Child Protection and Family Support's website at: www.cpfs.wa.gov.au

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Minister's Foreword

The State Government is committed to protecting and caring for Western Australia's most vulnerable children and young people, and to supporting individuals and families at risk or in crisis.



Providing such protection and support requires a collaborative approach by all agencies working with vulnerable groups in the community, regardless of whether those agencies are from the government or non-government sectors.

A key component of this collaborative approach is the ability for the Department for Child Protection and Family Support, other government agencies and non-government organisations to share relevant information to better inform and support this work.

This guide has been developed to assist agencies to understand how they can share relevant information within the provisions of the *Children and Community Services Act 2004* with the Department for Child Protection and Family Support, and with other agencies where they are authorised to do so.

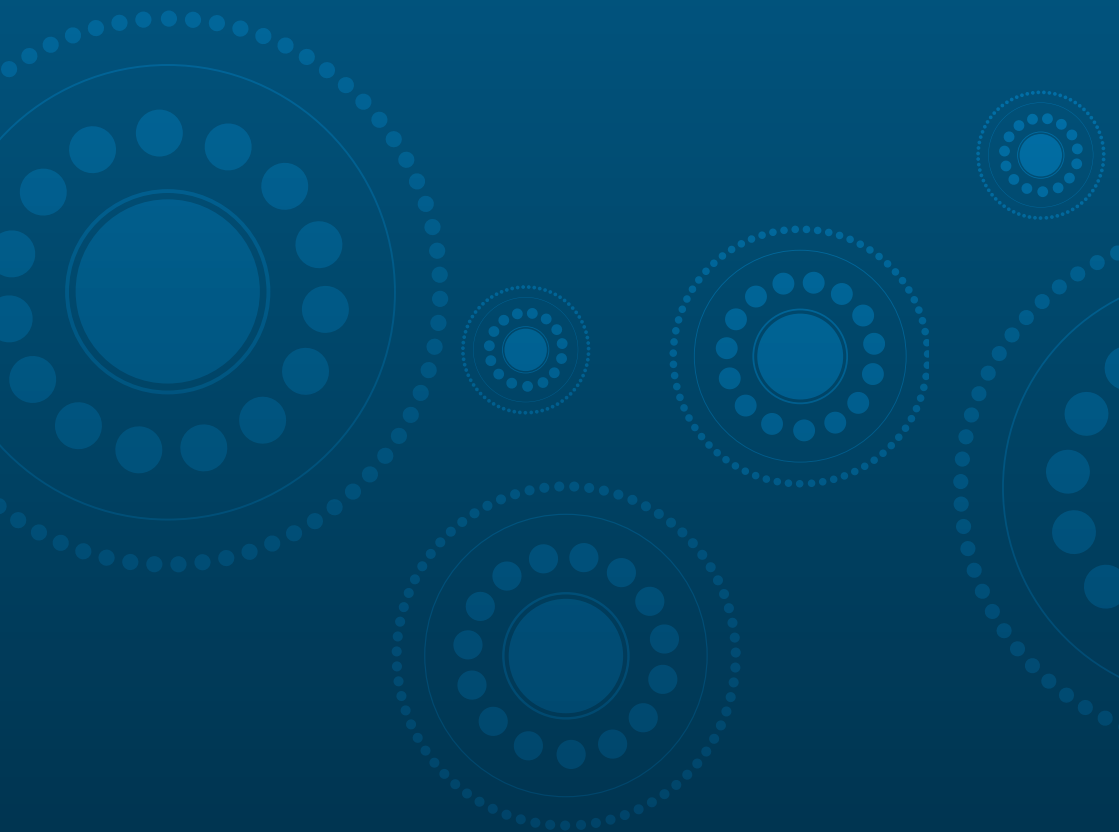
Keeping children and vulnerable people safe from harm is the responsibility of the whole community. Professionals working with children, individuals and families are invested with specific roles and responsibilities and by working together can achieve the best possible outcomes for those most at risk in our community.

I hope you find this guide a useful resource, and that it will assist agencies in our vital work of providing every child the opportunity to thrive, learn and grow, and for all to live safely in the community.

Hon Helen Morton MLC
MINISTER FOR CHILD PROTECTION

January 2016

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Who will find this guide useful?

This booklet provides guidance on information sharing with or without client consent. It should assist agencies and individuals who work with at risk children, adults and families to:

- make the right decisions when sharing information with the Department for Child Protection and Family Support (the Department), or when sharing information with other agencies; and
- understand the information sharing provisions of the *Children and Community Services Act 2004* (CCS Act), including who information can be shared with.

The guide should be read in conjunction with the CCS Act, existing agency policies and Memoranda of Understanding between the Department and other agencies.

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Information Sharing

The Western Australian Government recognises that for agencies and services working with children and families there will be times when it is necessary to share information to protect their safety and wellbeing.

The benefits of sharing information are supported by Inquiries and investigations which have consistently identified the need for timely information sharing across agencies and sectors to prevent harm to children and in cases of family and domestic violence (FDV).

The State government has endorsed the Policy Framework and Standards for Information Sharing between Government Agencies to assist information sharing.¹ This framework aims to build on the information sharing that already occurs between agencies by recognising that the wider community expects seamless services from agencies.

Keeping children safe from harm

and supporting vulnerable families is a shared responsibility best achieved by a collaborative approach between government and non-government sectors. Sharing information allows a more complete picture to be built about the circumstances of the person or family being provided services. It also enables more effective planning and delivery of integrated and targeted support to families with multiple or complex needs.

The Children and Community Services Act 2004 (CCS Act) is the legislative basis for child protection responses in Western Australia. It enables information sharing between agencies to protect the wellbeing of children. The CCS Act also outlines the mandatory reporting requirements of professionals such as doctors, nurses, midwives, police, teachers and boarding supervisors.²

1 The Public Sector Commissioner's Circular 2014-02: Policy Framework and Standards for Information Sharing Between Government Agencies can be found at www.publicsector.wa.gov.au

2 The term 'boarding supervisor' means boarding house managers and supervisors (of various position titles) whose duties include supervising children living at the facility, including supervisors of residential boarding facilities (agricultural colleges) and non-government school boarding facilities.

The CCS Act also enables information sharing to protect the safety of an adult victim of FDV.

When sharing this information in good faith, you are protected by the legislation to do so. This protection extends to whether you share the information with or without the person's consent.

The CCS Act is specific about which agencies and services can share information directly with each other. You should check the information sharing policies and procedures of your agency, organisation or service, or consult with a supervisor, to be clear about how you can share information.

Information sharing principles

The following principles outline the best way to share information:

- The best interests of the child is the paramount consideration when sharing information relevant to a child's wellbeing.
- The safety of a victim is the first priority when sharing information relevant to FDV.
- Obtaining informed consent prior to sharing information is preferred, unless there is a good reason not to do so.
- Agencies will be open and honest with the person about the information they are sharing with other agencies, unless this would place the person at risk.
- When information about an individual is shared it is done respectfully.
- Sharing information supports working collaboratively to achieve the best possible outcomes for vulnerable children and families.
- Shared information must be recorded and stored securely.
- Information should be shared within the context of the agency's own policies and procedures.

Sharing Information with consent

Information sharing is best done with the informed consent of the individual/s whose information will be shared. This means that the person understands the purpose of the request for information, the type of information that will be provided and the possible outcomes of sharing the information. It is important to explain why information sharing is needed and the intended purpose. Consent can be given verbally or in writing, and this should be documented in the client file.

Where there are concerns about a person's ability to provide informed consent due to issues such as language barriers or hearing impairment, an interpreter or translator should be used.³ If a person has an intellectual disability that may compromise their ability to give informed consent, it is recommended that advice be obtained from a specialist agency such as the Disability Services Commission.

Maintaining confidentiality is an important aspect in any relationship between a service and a client. However, this must not compromise the wellbeing of a child or the safety of a victim of FDV.

When should I seek the consent of a child or adult to share information?

While it is not a requirement, it is good practice to seek consent from a child or the child's parents, or an adult you are working with, provided that it does not place the child or another person at risk.

There is no definitive age at which consent must be sought. Gaining consent from children partly depends on the maturity of the child and their understanding of the issues. Children over the age of 12 years are generally considered able to give consent and many younger children can at least express a view. Try to determine the views and wishes of the child, where possible.

³ The Western Australian Language Services Policy and Guidelines 2014 provides advice on when and how to work with an interpreter service: http://www.oml.wa.gov.au/resources/publications/Languages/Language_Services_Policy_2014.pdf

Sharing Information without consent

There may be circumstances when you must act in the best interests of a child, or vulnerable adult, and it is not appropriate or necessary for you to gain consent. In this situation you are protected by the CCS Act if you share the information.

Sharing information about a child without consent

The circumstances when this may apply include:

- a child may be placed at further risk or harm
- the child poses a risk to themselves or is a risk to others
- reasonable efforts to obtain consent have failed
- you are unable to contact the parent/s
- there may or would be a risk to your safety if consent was sought
- it is clear from previous contact that consent would not be given.

Sharing information about a victim of FDV without consent

The circumstances when this may apply include:

- an adult or child victim is at immediate risk of harm
- seeking consent from the adult victim will likely place the adult and/or child victim at risk of further harm
- seeking consent from a perpetrator will likely place the adult and/or child victim at risk of further harm
- a crime has been committed or is likely to be committed
- a person is in need of urgent medical or psychiatric care
- reasonable efforts to obtain consent have failed
- it is clear from previous contact that consent would not be given.

How am I protected when I make a report or share information?

Sharing information relevant to the safety and wellbeing of a child, or to help keep an adult victim of FDV safe does not create criminal or civil liability or constitute unprofessional conduct or breach of ethics. This means you cannot be disciplined by your professional body and should not incur any formal professional negative consequences at your workplace.

What if I or the agency I work for, do not agree to share information?

Information sharing powers in the CCS Act are different to mandatory reporting requirements. They enable agencies to exchange relevant information, but do not compel them to do so. In the absence of a subpoena or similar requirement, the decision on whether to share information rests with the individual and/or agency. This decision should be based on sound professional judgment about wellbeing and safety, and legal, ethical and professional obligations.

You and your agency must be satisfied that a decision not to share

information will not compromise anyone's safety or wellbeing. In relation to information sharing about a child, the CCS Act requires the best interests of the child to be regarded as the paramount consideration.

Does other legislation override the sharing information powers of the CCS Act?

The CCS Act allows relevant information to be shared despite any other Western Australian law that prohibits or restricts its disclosure, provided the information is shared in good faith and in line with the legislation.

How can agencies improve information sharing?

Agencies working together can develop a Memorandum of Understanding (MOU), which documents the purpose, principles, procedures and circumstances for sharing information. Regular review of a MOU allows for processes and their effectiveness to be discussed and changes made as required.

Reporting child protection concerns to the Department

If you believe that a child is suffering any form of abuse or neglect, you should contact your local Department district office. Contact details for district offices can be found by following the links on the Department's website:

www.cpf.s.wa.gov.au

Circumstances when a report should be made include:

- concerns about physical abuse of a child, non-accidental or unexplained injury to a child
- a disclosure of sexual abuse by a child or witness, or a combination of factors that suggest the likelihood of sexual abuse
- concerns about emotional abuse and ill treatment impacting on a child's wellbeing or lack of appropriate supervision
- where a child is exposed to FDV and there are concerns about the child's wellbeing
- where you have concerns about

the capacity of a parent/s to provide safe care for a child, for example where there are substance misuse and/or mental health concerns

- where a child's actions or behaviours may place them at risk of significant harm and the parent/s are unwilling or unable to support or protect the child
- where a child appears to have been abandoned, or where the child's parent/s are deceased or incapacitated, and the child has no appropriate caregiver.

Mandatory reporting of child sexual abuse

The law requires certain professionals who form a belief, based on reasonable grounds, that a child has been subject to child sexual abuse or to ongoing sexual abuse, to make a report to the Department's Mandatory Reporting Service.



Mandatory reporters are:

- doctors
- nurses and midwives
- teachers
- police officers
- boarding supervisors.

Reports can be made to the Mandatory Reporting Service on 1800 708 704 or online at www.mandatoryreporting.dcp.wa.gov.au

Initially, a verbal report can be made, but this must be followed by a written report as soon as possible, preferably within 24 hours. The reporter's agency may have internal reporting procedures and it is important reporters check this with their agency.

Protection of identity

Whether or not you are a mandatory reporter, with some exceptions, your identity must not be disclosed without your consent.

For further information on reporting issues and procedures, or if you have concerns for your safety in making a report, follow the links on the Department's website: www.cpfs.wa.gov.au

Information sharing with the Department to protect children and families

Section 23 of the CCS Act enables the Department to disclose or request information relevant to a child's safety and wellbeing with other government agencies, including interstate or overseas child protection agencies, non-government service providers, or a person with a direct interest in the child.

When would I share information with the Department?

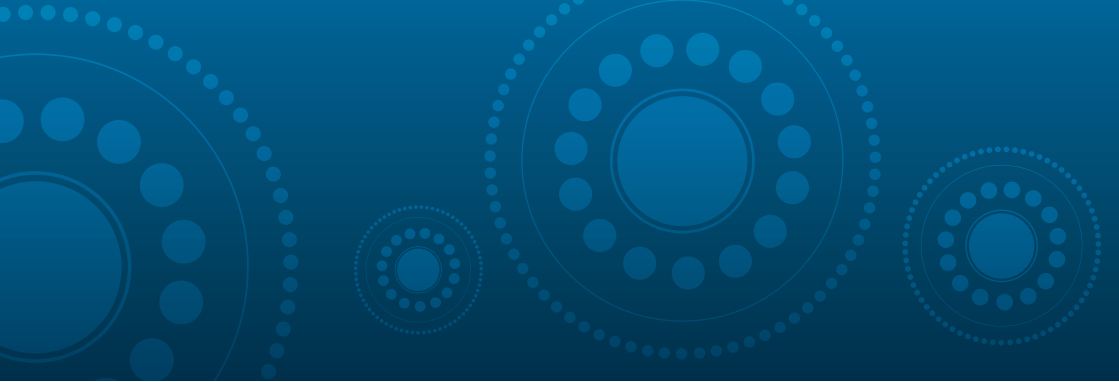
There are five levels of information exchange with the Department:

- reporting a concern for the wellbeing of a child or family
- sharing information to inform assessments
- supporting care planning for children in care
- enabling assessments and planning to occur to keep children safe and provide families with the services they need
- sharing information for the wellbeing of a young person who was previously in care.

What sort of information can I share?

As a guide, you may wish to share information that relates to:

- any known events or history of the child suffering harm
- the impact of a parent's mental illness, substance misuse, disability or history of family and domestic violence on his/her ability to care for their child
- protecting a child and/or adult exposed to FDV
- a person in the household who may pose a risk to the child
- any periods in which the child has been cared for by other people
- any significant issues relating to the child's siblings

- 
- the child's physical health, including any treatment needs
 - any psychological and emotional difficulties the child may have
 - the child's education, including any special educational needs
 - any positive feedback about a child or family you are working with
 - any disabilities the child may have, including any care requirements
 - any known allergies and dietary requirements of the child
 - any information that assists an assessment of the safety of a person subjected to FDV, which may include information about a perpetrator and their participation in counselling and treatment programs.

Case Study 1

The Department requests sharing information for the wellbeing of a child

The Department is assessing a child protection concern regarding Kylie, an 18 year old Aboriginal woman, who is five months pregnant. The Department is concerned Kylie's drug use is affecting her unborn child and will impact on her ability to care for her baby. Kylie's mother tells the Department that an Aboriginal medical service has been treating Kylie. The Department contacts the service to obtain more information on Kylie's drug use.

The Department decides not to seek Kylie's consent to share information because of her previous resistance to working with the Department and her prior refusal for information to be sought. The legislation allows for information to be shared without her consent in this circumstance.

The medical service provides information on Kylie's treatment history for alcohol and methamphetamine use. They advise she also has mental health issues and has been engaged with a service for the past six months and has made some progress. They consider Kylie will need significant support to care for her new baby.

By sharing information the Department can make a comprehensive assessment of risk to the unborn baby, identify services Kylie has been involved with, and work with her through pre-birth planning with agencies and services to provide enough support for Kylie to safely care for her baby.

Case Study 2

A request for sharing information is made to the Department to protect the safety of a victim of FDV

The Department of Corrective Services (DCS) are preparing a pre-sentencing report to a Magistrate relating to the sentencing of Arthur who has been found guilty of assaulting his partner Melanie. Melanie and Arthur have a three year old son, Jackson.

DCS request information from the Department about the nature, frequency and severity of Arthur's violence towards Melanie and Jackson. The Department does not seek Arthur's consent to share this information as it may place Melanie and Jackson at further risk.

Having previously conducted an assessment of Jackson's wellbeing due to concerns about the danger posed by Arthur, the Department provides DCS with information about

Arthur's history of violence towards Melanie, the emotional harm to Jackson and an assessment of the likely future danger to Melanie and Jackson should Arthur not be appropriately sentenced.

Sharing information allows the Department to convey their concerns about the dangers posed by Arthur and contribute to sentencing recommendations that complement and reinforce the safety plans in place.

What is the Department's process when information is requested?

The Department works cooperatively regarding requests for information, and will provide guidance to help you to determine the type of information to share. For example, if you are contacted for information by a Department officer conducting an assessment, the officer should first explain the specific concerns about the child and/or the context of the concerns so that you can determine what information is relevant to share.

When requesting information, the Department will:

- contact you either by telephone, email or letter to discuss the case and the information required
- explain the reasons for seeking the information, negotiate a timeframe that is suitable to enable you to seek consent from the client to disclose the information if this is required, and obtain the information relevant to the case.

You can provide information to the Department either verbally or in writing. Sometimes you will be asked to provide the information in writing.

If the Department officer is not known to you, it is recommended that you check their identity. You can do this by contacting the relevant Department district office to verify the officer's name and role.

Will I receive feedback from the Department?

Wherever possible and appropriate, referrers will be provided with feedback on the Department's planned actions.

The level of detail provided is guided by the nature of the relationship of the referrer with the child and family, and the referrer's ongoing involvement with the case. You may be asked to participate in case planning or *Signs of Safety*⁴ meetings that address the ongoing needs of the child. You will be provided with a copy of the plan if you have a direct and significant interest in the wellbeing of the child.

If you do not receive feedback, you can contact the Department officer who originally requested the information to find out what is happening.

⁴ *Signs of Safety* is the child protection practice framework used by the Department.

How do I obtain information from the Department?

If you require information from the Department, or would like to discuss a specific child or family, you can contact the district office in the area where the child lives. If the case is open, you will be referred to the Department officer. If the case is closed, you will be referred to the duty officer. You can seek information either verbally or in writing.

How does the Department assess concerns for a child's wellbeing?

The Department uses the *Signs of Safety* child protection practice framework to determine:

- what supports are needed for families to care for their children
- whether there is sufficient safety for the child to stay within the family
- whether the situation is so dangerous that the child must be removed
- if the child is in care, whether there is enough safety for the child to return home.

Central to this approach is the use of specific practice tools and processes, where professionals

engage with family members to address child abuse and neglect.

Signs of Safety uses a comprehensive approach that:

- explores harm and danger while simultaneously determining strengths and safety
- clearly articulates professional knowledge while drawing on family knowledge and wisdom
- is designed to undertake the risk assessment process with the full involvement of all stakeholders including children, families and professionals.

At its simplest, *Signs of Safety* contains four domains of inquiry:

- What are we worried about? (past harm, future danger and complicating factors)
- What is working well? (existing strengths and safety)
- What needs to happen? (future safety)
- Where are we on a scale of 0 to 10, where 10 means there is enough safety for child protection authorities to close the case and 0 means it is certain that the child will be abused or re-abused?

More information about *Signs of Safety* is available at:
www.cpfswa.gov.au

Do I need to give my contact details when sharing information?

The Department prefers that you provide your contact details when sharing information. This will help a Department officer to contact you at a later date to clarify any information provided or to give you feedback.

Mandatory reporters of child sexual abuse must provide a written report which contains specific information, including the name and contact details of the mandatory reporter.

Can I be subpoenaed to give evidence in the Children's Court regarding a protection order application?

The majority of reports made to the Department are resolved through effective engagement with families and the provision of services, without the need to apply for a protection order.

However, it is possible that an application for a protection order will be made and will proceed to a hearing. Where this happens you could be subpoenaed to give

evidence. If you are called as a witness, you may be asked questions in the witness box under oath by the Department's lawyer, the parents' lawyer (if they have one), the children's lawyer and the Magistrate. If you receive a subpoena from the Department, you will be able to discuss the process, clarify the reason you were called to give evidence and arrange (to the extent possible) a suitable time and date for giving evidence with the relevant Department lawyer.

Can volunteers working in the government or non-government sector share information with the Department?

Through working directly with children and families, volunteers can contribute valuable information to assist with assessments. Clear guidelines are essential to assist volunteers to understand how and when they may contribute to sharing information about a child or family they are working with. It is recommended that a volunteer be directly supervised by a senior staff member when they are sharing information.

What if I am not satisfied with the actions taken by the Department?

The Department has a three-tiered complaints process.

Tier 1

You can discuss any concerns you may have with the Department case worker in the first instance. If after discussing your concerns you are still not satisfied, you can contact the case worker's Team Leader or the District Director. It is hoped that as many complaints as possible can be resolved at this level, as it often results in the most positive outcome.

Tier 2

If the issue hasn't been resolved at the first level, the Department's Complaints Management Unit (CMU) can be contacted by telephone on 1800 013 311.

Tier 3

You may seek external resolution through independent bodies such as the Ombudsman's Office by telephone on 1800 117 800 or (08) 9220 7555.

Information sharing between prescribed authorities without the Department's involvement

A number of government bodies are classified in section 28B of the CCS Act as 'prescribed authorities'. Prescribed authorities can share information with each other if it is relevant to the wellbeing of a child or the safety of a victim of FDV, without the involvement of the Department. This part of the legislation is different to sharing information with the Department, which has broader sharing arrangements.

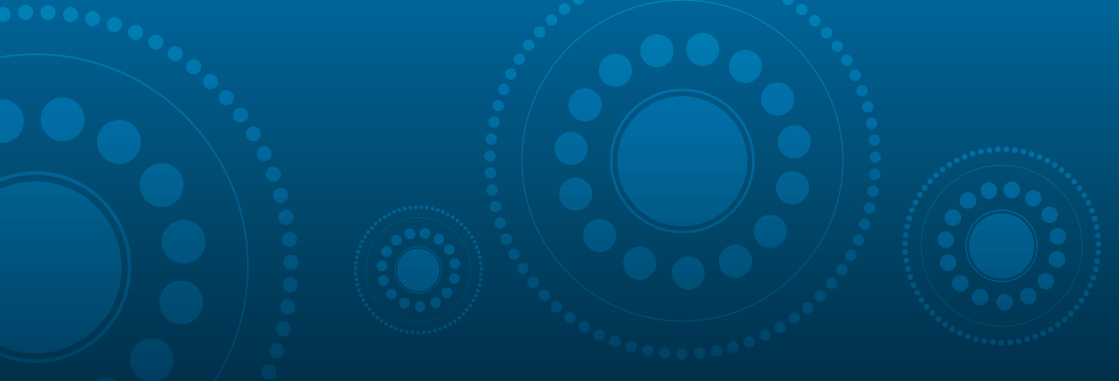
The ability of prescribed authorities to share information helps us to respond quickly in a crisis situation.

How do I know if my agency is a prescribed authority?

Currently, the following agencies are prescribed authorities⁵ and can share relevant information directly with each other.

- Department of Aboriginal Affairs
- Department of Housing
- Department of the Attorney General
- Department of Corrective Services
- Department of Local Government and Communities
- Department of Education
- Disability Services Commission
- Department of Education Services
- Family Court of Western Australia
- Mental Health Commission
- WA Health (Department of Health, Metropolitan Health Services, WA Country Health Services and Peel Health Service)
- State Training Providers
- Teachers Registration Board of WA
- Training Accreditation Council
- Western Australia Police

⁵ Particular government authorities are 'prescribed authorities' under regulation 20A of the *Children and Community Services Regulations 2006*. Check the Department's website for a list of current prescribed authorities: <http://www.dcp.wa.gov.au/Organisation/Pages/Amendments-to-the-Children-and-Community-Services-Act-2004.aspx>



Case Study 3

Sharing information between prescribed authorities in the best interests of a child's wellbeing

Rose is a Housing Services Officer with the Department of Housing. During a routine call to a tenant, Amber, six year old Olivia answers the telephone and says her mum is not home. Rose knows Amber has two daughters; Olivia, and Sarah, aged five. Rose asks Olivia who is looking after her and she says she is a big girl and able to look after herself and Sarah. She says her mum has gone to the shops and should be back soon.

Rose asks Olivia why she is not at school and she says they don't have school today. She says she will get her mum to call back when she gets home. Rose feels uncomfortable about the two young children at home alone and not being at school. She decides to contact the school

to see if they have any concerns for Olivia and Sarah's wellbeing.

Rose does not seek consent from Amber to request information from the school as she is unable to contact her and feels the possible risk to the children warrants it unnecessary to do so. The Principal advises that Olivia and Sarah have been absent for two days and they have been unable to contact Amber on her mobile phone. The Principal also shares information that Amber struggles with mental health issues and that she might have left the children alone for up to two days. The Principal and Rose decide to make a report to the Department.

Case Study 4

Sharing information between prescribed authorities to protect the safety of a FDV victim

Police Sergeant McKenna is concerned about the safety of Amanda who missed her appointment to install a FDV duress alarm on her telephone. Amanda has recently separated from her husband Beau after years of violence and abuse. Beau's use of violence has become worse since Amanda moved out of their house and Beau recently threatened to seriously harm or kill Amanda.

Sergeant McKenna attempts to contact Amanda on multiple occasions during the day but is unable to reach her. Aware that

Amanda is receiving support from the Women's Health Centre, he contacts them to see if they have had recent contact with her.

The Centre confirms they have an appointment with Amanda the following day and agree to let him know whether she attends or not. If she does attend they will encourage Amanda to contact Sergeant McKenna to arrange a time to install the duress alarm.

Information sharing between prescribed authorities and the non-government sector

As well as prescribed authorities being able to exchange relevant information with each other, section 28B of the CCS Act allows them to exchange relevant information with “non-government providers” and non-government schools.

Your service is a “non-government provider” if it provides social services under contract with a prescribed authority or the Department (but not if it receives grants funding only).

If you work for a non-government school or non-government provider and you are concerned about the wellbeing of a child, or the safety of an adult you are working with due to FDV, your CEO may request or disclose information with the CEO of any prescribed authority. While your non-government school or non-government provider may share information with prescribed authorities, it is not authorised under section 28B to share information with another non-government school or non-government provider. Other legislation or agreements such as MOUs may allow for different information sharing arrangements.

Who has permission to share information in my agency?

Only certain people are authorised to exchange relevant information with a prescribed authority. For prescribed authorities and non-government providers this is the CEO or principal officer, and for non-government schools it is the school's governing body. However, this power may be delegated in writing as an internal arrangement. You should check your agency or service's policies and procedures to find out who is authorised to share information, or consult your manager, supervisor or Principal.

Information sharing framework

The following diagram illustrates information sharing between prescribed authorities and non-government providers and schools.



Section 28B – Children and Community Services Act 2004

Information sharing framework for 'prescribed authorities' and non-government sector



Exchange of 'relevant information'

Information that is, or is likely to be,
relevant to:

- (a) the wellbeing of a child or a class or group of children
- (b) the safety of a person subjected or exposed to one or more acts of family and domestic violence

Prescribed authorities



Other prescribed authorities

Public authorities listed in r.20A of the
Children and Community Services Regulations 2006

- Department of Local Government and Communities
- Department of Corrective Services
- Department of the Attorney General
- Department of Aboriginal Affairs
- Department of Education Services
- Training Accreditation Council
- State Training Providers
- Teachers Registration Board of Western Australia
- Family Court of Western Australia

Non-Government Schools
Independent and Catholic.

Non-government providers of social services

Non government providers – social services funded under a contract with a prescribed authority or the Department for Child Protection and Family support (excluding services provided under grants funding).

'Social services' is defined in s.3 of the CCS Act as:

- protective services;
- placement services;
- child care services;
- information and advisory services;
- education and training services;
- counselling services;
- therapeutic services;
- advocacy services;
- mediation services;
- crisis services;
- family and domestic violence services;
- support services.

Case Study 5

A prescribed authority shares relevant information with a school in the best interests of a child

John, a year three student wrote a story about his dog being kicked by his mum's boyfriend. His teacher, Mrs Brown, asks him why he wrote the story but he doesn't want to talk about it and says he made it up.

Mrs Brown, aware John has become increasingly withdrawn, is concerned John's story could be a reflection of what is happening in his home. In her contact with his mother, Maria, and her boyfriend, Frank, they have told her they have drug and alcohol issues and are seeing a community drug service.

Mrs Brown discusses her concerns for John's wellbeing with the Principal, who agrees to contact the community drug service for information regarding Maria and Frank's treatment. The Principal decides not to seek Maria or Frank's consent because of the possible risk of physical abuse towards John if they blame him for drawing

unwanted attention to them. The drug service advises that both Maria and Frank have been drinking heavily and that Frank becomes aggressive when he drinks and is prone to lash out.

The Principal advises Mrs Brown of the result of information sharing with the drug service. Mrs Brown tells the Principal there was an incident in the playground that day where John punched another student, which is out of character for John. Based on the information they have they decide it is appropriate to make a referral to the Department regarding John's wellbeing.

Case Study 6

A non-government provider shares relevant information with a prescribed authority to protect the safety of a victim of FDV

Beth, a senior social worker, is responsible for coordinating and facilitating a men's domestic violence behaviour change program run by a non-government provider. Robert, who has self-referred to the program, has been served with a Violence Restraining Order (VRO) applied for by his ex-partner Melissa.

During the assessment, Robert makes a number of comments and remarks that alert Beth to safety concerns for Melissa. Beth asks Robert for Melissa's contact details, but he refuses. He is informed he cannot participate in the program if he does not provide a contact for Melissa. He still refuses, becomes angry and makes further threats to Melissa.

After the appointment, Beth contacts the Department of the Attorney General, Family Violence Service (FVS), which provides support to victims of FDV, to see if they assisted Melissa and have her contact details. The FVS advise that they assisted Melissa with her VRO application and due to serious concerns about her safety, helped her to access a women's refuge.

They provide contact details for Melissa and the refuge so that Beth can relay her concerns, which are then taken into consideration in the assessment of risk and safety plans.

Following her discussions with the refuge, Beth decides to contact the police and report the threats Robert made towards Melissa.



Working together for better outcomes

Information sharing is important for working together to protect vulnerable children and families. The CCS Act gives guidance on how we might do this and provides protection when sharing information in particular situations.

Information sharing allows us to build a clearer picture of what is happening in a situation and to effectively plan and deliver services to improve a child or family's life.

Glossary

Authorised Entity

An authorised entity is the Chief Executive Officer (or principal officer, however described) of a 'non-government provider' or the governing body (or delegate) of a non-government school or school system.

Child in care

A child is referred to being "in care" if he or she is in provisional protection and care, on a protection order (time limited), protection order (until 18) or a negotiated placement agreement, or is provided with a placement service under section 32(1)(a) of the CCS Act 2004.

Child

The term 'child' means children and young people under the age of 18 years.

Children and Community Services Act 2004 (CCS Act)

The legislative basis for child protection responses in Western Australia.

Corresponding authority

A person (or body) in another State or Territory, or another country, who has functions corresponding to those of the CEO under the CCS Act.

Family and Domestic Violence (FDV)

When a person uses violence and/or abuse to control, create fear or intimidate an intimate partner or family member. FDV may occur within a broad range of family and domestic relationships. The *Restraining Orders Act 1997* section 6(1) defines an act of FDV as follows:

- assault or causing injury
- kidnapping or deprivation of liberty
- damaging property including harming a pet or animal that is the person's property
- behaving in a way that is intimidating, offensive or emotionally abusive
- pursuing a person, or causing them to be pursued, with the intention of scaring or intimidating them

- threatening to do any of the above.

Being exposed to an act of FDV includes to see and/or hear the act of FDV or to witness physical injuries resulting from the act of FDV. This may be considered a form of emotional abuse of a child.

Harm

In relation to a child, this includes harm to the child's physical, emotional or psychological development.

Interested Person

A person who has a direct interest in the wellbeing of a child, class or group of children, or a young person under 25 who has left care.

Non-Government Provider

Agencies or individuals providing 'social services' under a contract or other agreement with a prescribed authority or with the Department, excluding grants agreements.

Non-Government School

Independent private schools and Catholic schools.

Protection order

An order made by the Children's Court when it determines that a child is in need of protection. There are four types of protection orders:

- protection order (supervision)
- protection order (time limited)
- protection order (until 18)
- protection order (special guardianship).

Social Service

A broad range of services provided to assist children, other individuals, families and communities.

Subpoena

A written legal order summoning a witness or requiring evidence to be submitted to a court.

Wellbeing (child)

'Wellbeing' of a child includes: the care of the child; the physical, emotional, psychological and educational development of the child; the physical, emotional and psychological health of the child; and the safety of the child.

Other sources of information

www.cpfs.wa.gov.au

For information about child protection, including the Department's Casework Practice Manual or a list of Department district offices in metropolitan and country areas.

www.mandatoryreporting.dcp.wa.gov.au

For information on the mandatory reporting of child sexual abuse.

www.slp.wa.gov.au

To access a copy of the *Children and Community Services Act 2004* and the Children and Community Services Regulations 2006.

www.dotag.wa.gov.au and www.publicsector.wa.gov.au

To access the Public Sector Commissioner's Circular 2014-02: Policy Framework and Standards for Information Sharing between Government Agencies.

www.omi.wa.gov.au

For information on the Western Australian Language Services Policy and Guidelines 2014.

www.health.wa.gov.au

The Department of Health has developed a publication called *Working with Youth - a legal resource for community based health workers*. An electronic copy of this publication can be accessed at the above website.

Notes

This image shows a full page of primary-ruled notebook paper. It features multiple sets of horizontal lines designed to help children learn letter height and placement. Each set consists of a solid top blue line, a dashed middle blue line, and a solid bottom blue line. These sets are repeated down the entire page, providing ample space for practicing writing letters and words. The paper is otherwise blank, with no margins or additional markings.

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Government of Western Australia
Department for Child Protection
and Family Support

Department for Child Protection and
Family Support
Telephone: (08) 9222 2555
Country free call: 1800 622 258
Web: www.childprotection.wa.gov.au