

Child Information Sharing Scheme Council Case Study



Child Information Sharing Scheme

Overview

The Child Information Sharing Scheme (CISS) allows authorised organisations to share information to support child wellbeing or safety.

Many organisations already work together to do this. The Scheme has expanded legal permissions for professionals to share and request information from other professionals.

This ensures that professionals working with children, young people and families can gain a complete view of the children and young people they work with, making it easier to identify wellbeing or safety needs earlier, and to act on them sooner. This will allow children to receive the best support possible across services.

Acronym Glossary

CALD: Culturally and Linguistically Diverse

CISS: Child Information Sharing Scheme

ISE: Information Sharing Entity

MCHN : Maternal and Child Health Nurse

SW: Social Worker



Disclaimer

The information provided in this document has been intentionally deidentified to protect the privacy and confidentiality of individuals involved. Any resemblance to real persons or entities, living or dead, is purely coincidental

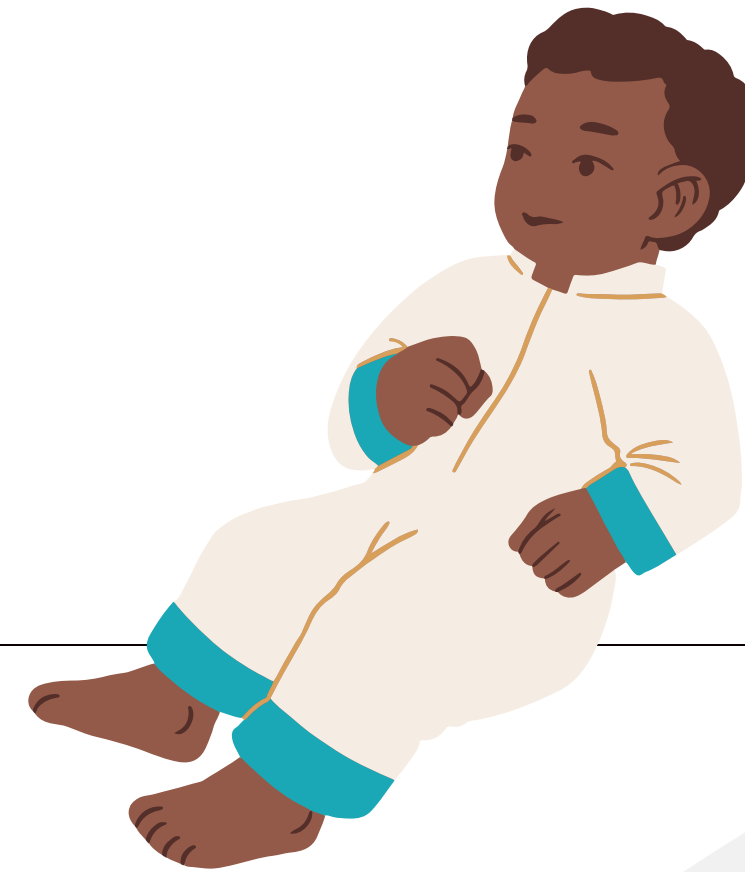
Background



- Marie has just arrived home after delivering her second child Ari. She has an older child Olly who attends the local Three-Year-Old kindergarten.
- Marie is a single mother who has recently arrived in Australia on a refugee visa. She lives in public housing.
- Marie suffers from a chronic illness that requires surgery once she is fully recovered after the birth of Ari.
- Under her current visa Marie is eligible for Centrelink payments & services (including Childcare Subsidy, Family and Parenting payment).
- Marie has no family or social networks to provide her support.

Birth Notice and Discharge Summary received from hospital

Local Government receives the birth notice from a hospital advising of the birth and some detail of Marie's illness.



Preparation for Natalie's , MCHN, first home visit

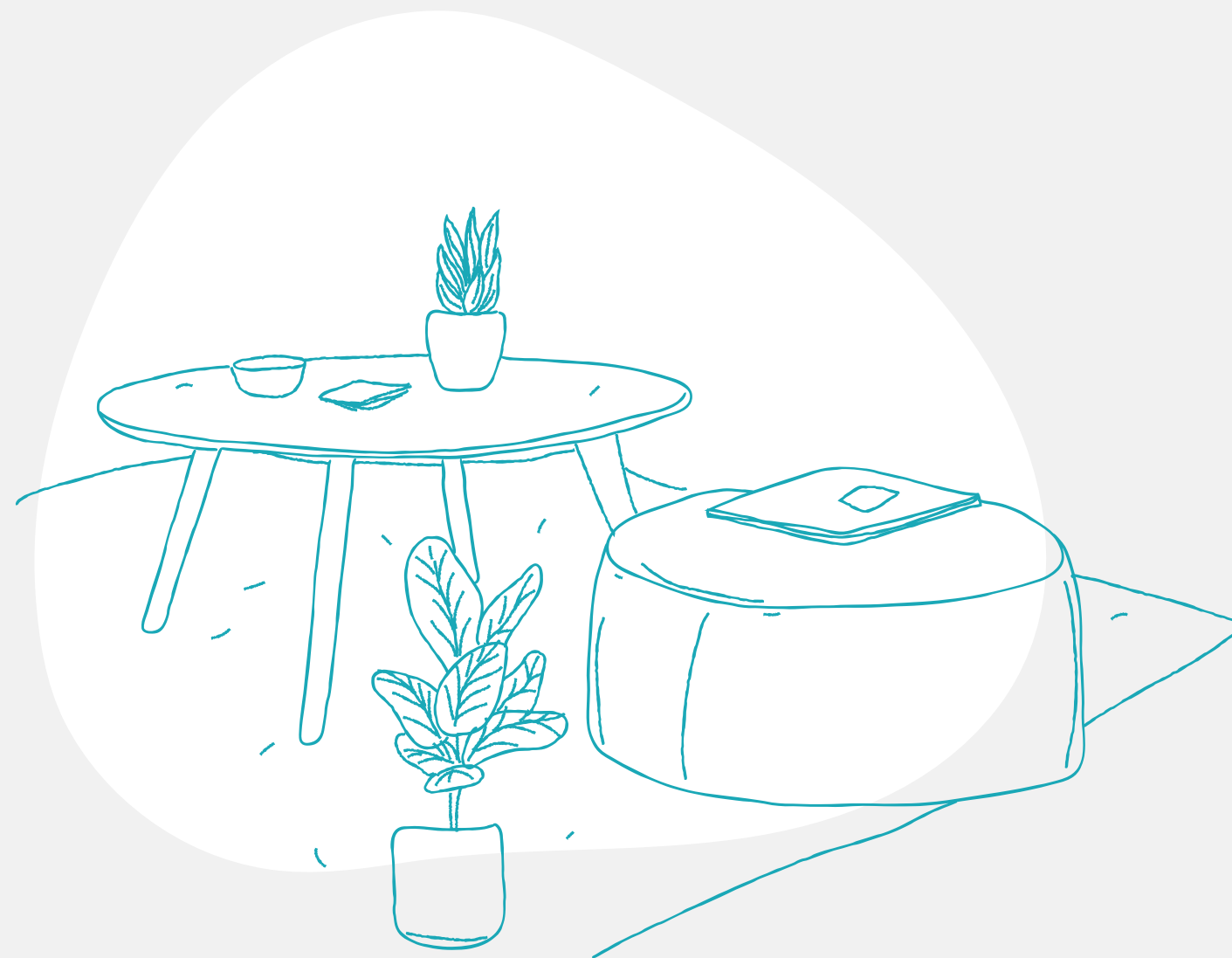


- Natalie , MCHN , contacts the hospital to gather information from the Social Worker, Sally, to gain further detail before her initial home visit.

- Marie, suffers from a chronic illness which requires surgery as soon as she is fully recovered after the birth.
- Sally shares in the call that Marie hasn't yet developed a local friendship network and has no other family in Australia so is quite isolated.

- This conversation is fully documented and stored securely.
- Natalie schedules the initial home visit.

During the visit the MCHN identified:



Marie confirmed she has few friends and no other family support.

She is worrying about her upcoming surgery and how her children will manage throughout this period.

3-year-old Olly, has become increasingly clingy at “drop off” at the local kindergarten and this is worrying Marie.

Natalie , MCHN ,observed that Marie was using an open oven door to heat the house.
Natalie discussed this safety issue with Marie who appeared to understand the risk, closing the oven door.

Plan developed with consent from Marie during the first home visit.

- Natalie, MCHN, to contact early years educator to share information to support Olly at kindergarten.
- Referral to parenting support program for Marie.
- Referral to supported playgroup for Marie and her children.
- Book a follow up home visit.



CISS Impact

Natalie, MCHN, asked the mother's permission to be able to make further enquiries and referrals that they had discussed. CISS **does not** require this permission to be sought but in **this case** it was safe to do so.



Natalie's MCHN subsequent conversation with the early year's educator, Sam, at the kindergarten

- MCHN, Natalie, proactively shares information about the family situation and her concern about Marie's upcoming surgery as well as Olly's reported clinginess at drop off.
- They discuss Olly's recent change in behavior and how this may be affecting his social development and learning.
- Sam suggested a "support plan" for the older child, as they too had noticed the child becoming withdrawn and not interacting with other children as before.
- Both ISE's document this information sharing as per policy and procedure.



CISS Impact

CISS supports Natalie to reach out to Sam at the kindergarten to share her insights into the family as well as Marie's concerns around the upcoming surgery. Sam now understood the situation more entirely and could tailor individual support for Olly .



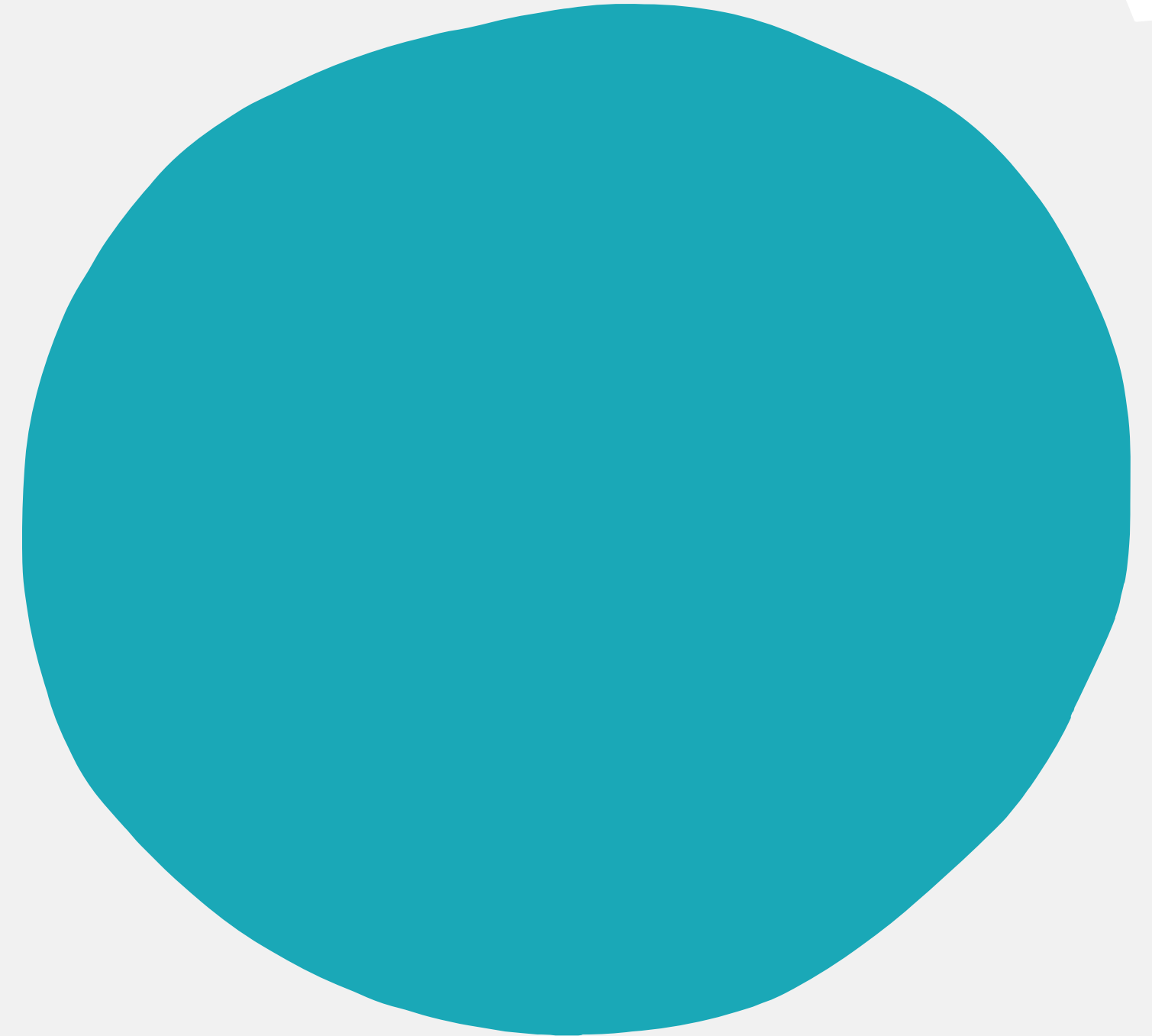
From now on:

Kindergarten staff would seek to build a stronger relationship with Marie and offer more support at drop off time.

Sam also suggested he investigate a referral to a CALD Outreach Worker to explore options to support the child and family within their local community

Marie advised Sam that Marie was open to these referrals being made but Sam also agreed to seek her permission again as part of building a relationship together.

The conversation was documented and stored securely



Support offered for Heating Issue

Marie was agreeable for Natalie , MCHN , to urgently report the heating issue to the Housing Victoria of Families, Fairness and Housing.

Natalie had explained the dangers of using the oven for warmth and Natalie closed the oven door immediately.



CISS Impact

CISS supported Natalie , MCHN, to reach out to Housing Victoria on the family's behalf to ensure the potential health risks to the children were addressed.



Natalie, MCHN, contacts Housing Victoria

- Natalie MCHN, reports details of the heating issues at the house and that it is not a safe environment for the family.
- Housing Victoria schedule this work.
- Natalie , MCHN , documents this information sharing and stores this securely.



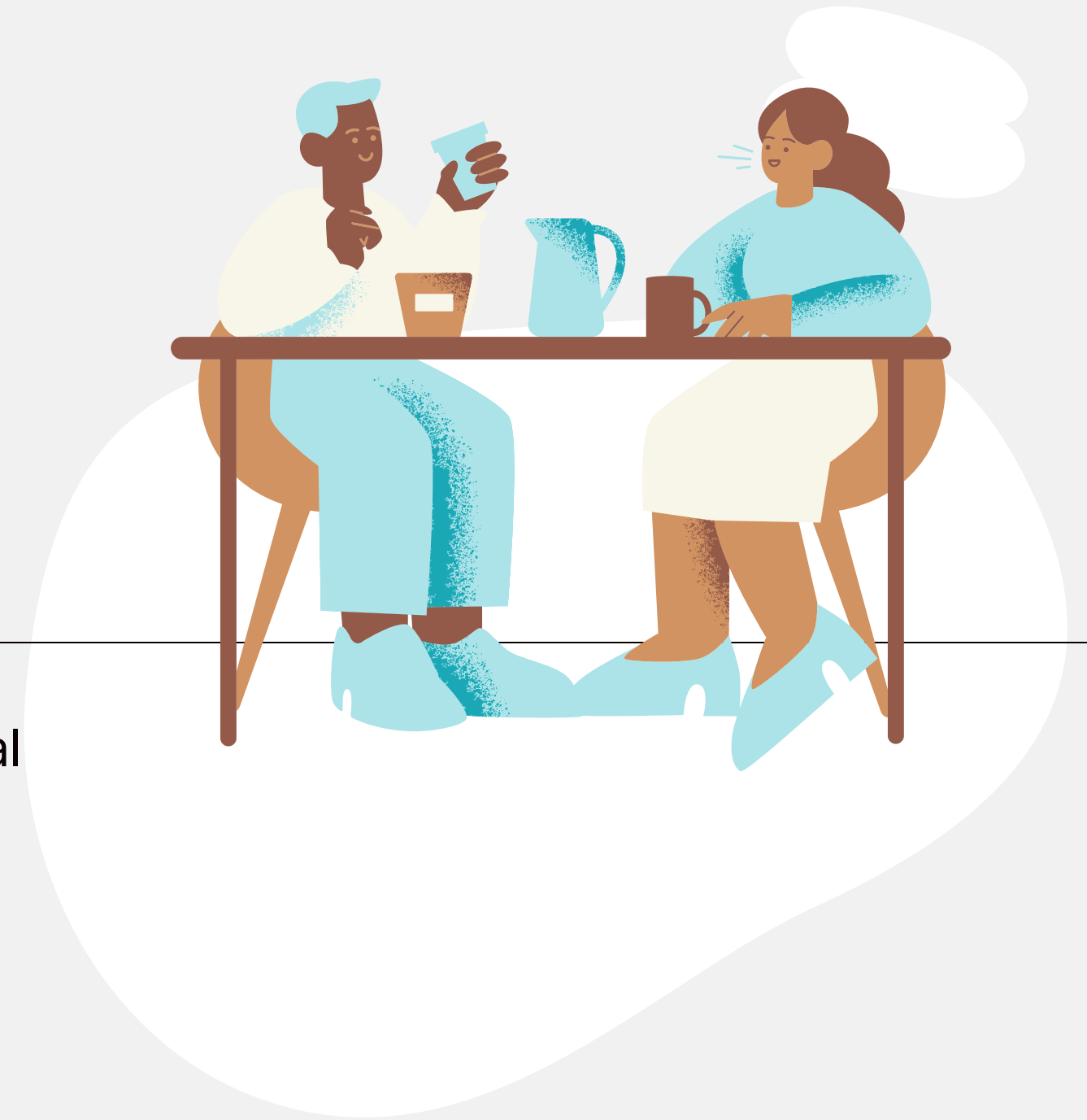
Family Conversation between Early Years Educator, Sam and Marie

- Sam chats with Marie and helps settle Olly into the day's session.
- This creates an opportunity to chat further privately with Marie about Olly and to explain that he too had noticed some social withdrawal recently.
- Marie also divulges she is concerned how she will manage while recovering from surgery as she doesn't have anyone to assist her care for her children.
- Marie is grateful to Sam for the assistance at drop off and agrees to the extra support that they would give to Olly mixing with other children.



Linking family to community support

- Sam , early years educator, tells Marie about Cahim, the local CALD Outreach Worker and the various support options within her own community. Marie agrees to Sam making the initial contact with Cahim on her behalf.
- Sam contacts the CALD Outreach Officer, Cahim, explaining the current challenges the family are facing and requests extra support for Olly, but also Marie, in developing local connections
- Sam adds the details of this conversation to his securely stored file.



CISS Impact

Sam understands that CALD Outreach Workers are not an ISE under CISS but having Marie's approval, he contacted Cahim to seek assistance for the family within their own community.



Marie's Upcoming Surgery



- After consultation with Marie, Natalie , MCHN talks again to social worker, Sally , re mothers upcoming surgery.
- Natalie, MCHN , enquired around the proposed surgery, potential post op care required once home and what might be the impacts on the children .

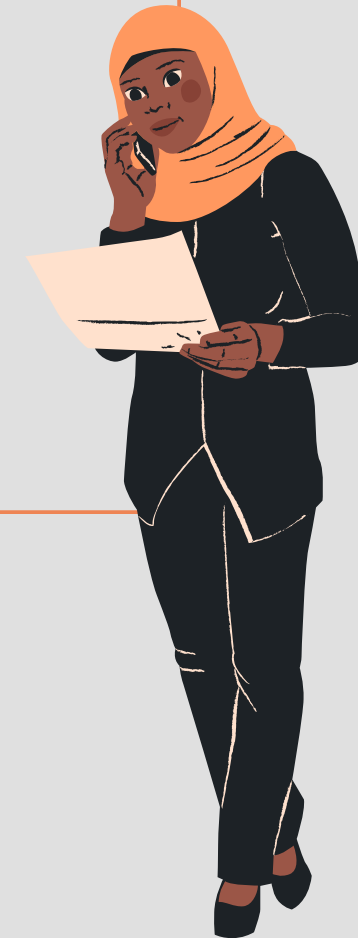
- Natalie , MCHN , proactively shared the current challenges the family face, what support has already been provided and Sally noted these in her report.
- Sally advised she will make a referral for refugee support services as well.
- Sally will ensure contact is made pre and post-surgery for other social work services.

- This conversation is documented and stored securely as per guidelines by both professionals.

CISS Impact

Both Sally (SW) and Natalie , MCHN
are ISE's .

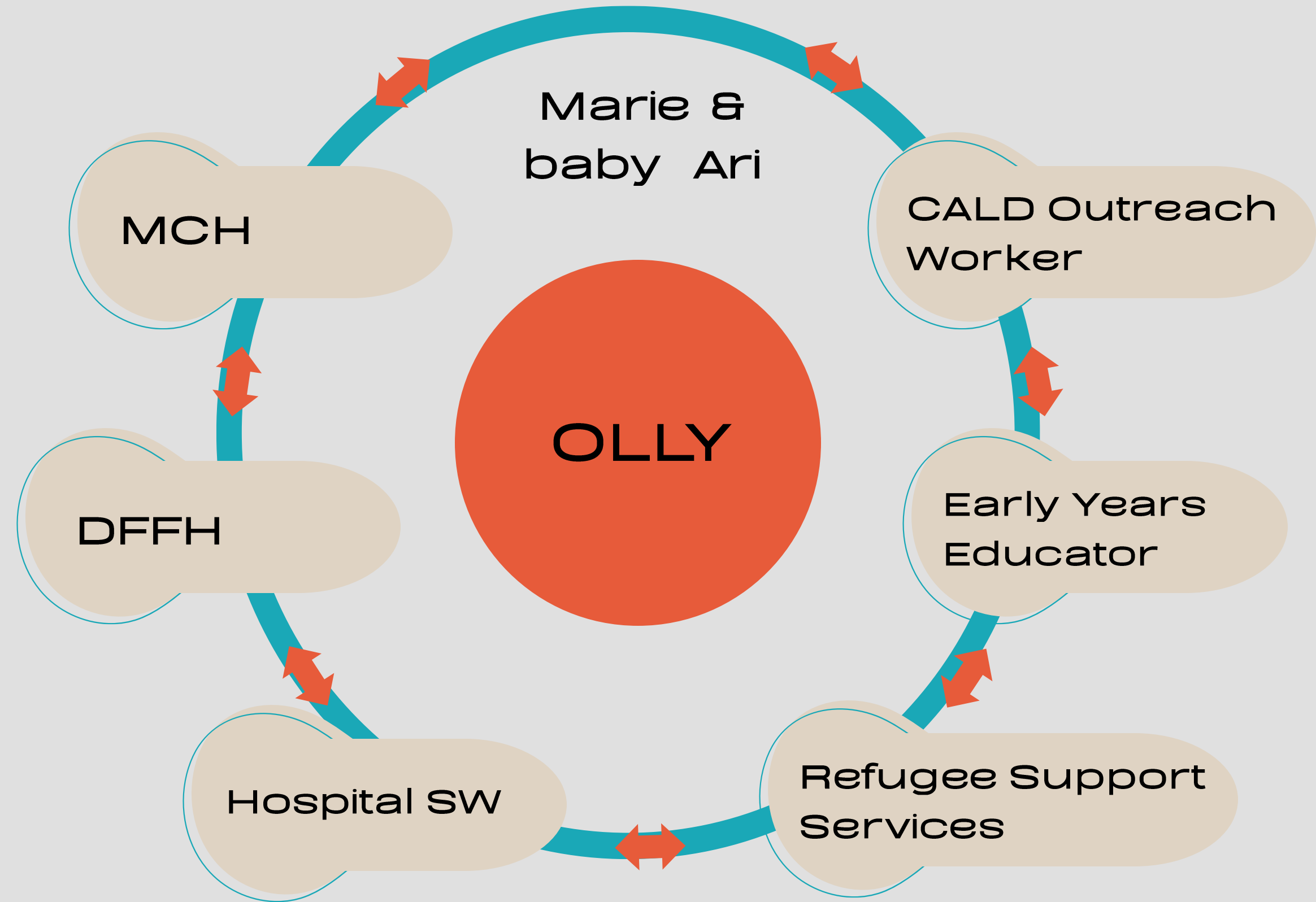
CISS enables both professionals to
maintain their communications as
necessary to support the children's
wellbeing and safety during Marie's
surgery and post op recovery.



Conclusion

- Cahim was able to refer Marie to Family Support Services that organized the extra care for both the children while she was in hospital and support while recuperating
- Marie underwent surgery feeling better connected and supported knowing that both her children were being well cared for..
- The hospital social worker, Sally contacted Marie and reported back to Natalie , MCHN , that things were going well for Marie and the family. A hospital refugee support worker was able to provide meals post operatively.
- Olly had a newly created support plan at Kindergarten , was beginning to appear more relaxed and making new friends. He has also just started attending a CALD supported playgroup with Marie who is now feeling more connected to her community .
- Housing Victoria were scheduled to attend the house while Marie was in hospital to manage the heating issue.
- CISS ensured overall benefits to the wellbeing and safety for the whole family.

Outline of the holistic support for Olly



Summary:
What are
the
benefits of
sharing in
this
situation?



Improved Communication and Collaboration:

Sharing of information between professionals and organisations involved in child welfare, leading to more holistic understanding of a child's circumstances and needs.

Early Intervention and Support:

By sharing information, professionals can identify concerns and signs of potential risks early. This enables timely intervention and the provision of appropriate support services to address challenges faced by the child and their family.

Safeguarding vulnerable children:

The CISS is designed to enhance child protection efforts by enabling professionals to share information about children who may be at risk of harm. This sharing of information can help identify patterns of behavior or circumstances that might not be apparent from a single source of information.

Comprehensive Assessment:

The scheme allows authorized professionals to access a broader range of information about a child. This helps in conducting comprehensive assessments, taking into account various aspects of the child's life, which can lead to more informed decision-making.

Better Service Provision:

Access to a wider pool of information can help service providers tailor their interventions and services to meet the specific needs of a child. This can result in more effective and personalised support.