National child safety and wellbeing information sharing

A submission to the: National Office for Child Safety

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Authorised by: Tracy Adams, CEO, **yourtown**



Email: research@yourtown.com.au Tel: 07 3867 1324

yourtown services

yourtown is a national organisation and registered charity that aims to tackle the issues affecting the lives of children and young people. Established in 1961, **yourtown's** mission is to enable young people, especially those who are marginalised and without voice, to improve their life outcomes.

yourtown provides a range of face-to-face and virtual services to children, young people and families seeking support. These services include:

- Kids Helpline, a national 24/7 telephone and on-line counselling and support service for 5 to 25 year olds with special capacity for young people with mental health issues
- Employment and educational programs and social enterprises, which support young people to re-engage with education and/or employment, including programs for youthful offenders and Aboriginal and Torres Strait Islander specific services
- Accommodation responses to young parents with children who are at risk and to women and children seeking refuge from domestic and family violence
- Young Parent Programs offering case work, individual and group work support and child development programs for young parents and their children
- Parentline, a telephone and online counselling and support service for parents and carers'
- Mental health service/s for children aged 0-11 years old, and their families, with moderate mental health needs
- Expressive Therapy interventions for young children and infants who have experienced trauma and abuse or been exposed to violence.

Kids Helpline

Kids Helpline (KHL) is Australia's only national 24/7, confidential support and counselling service specifically for children and young people aged 5 to 25 years. It offers counselling support via telephone, email and via real time webchat. In addition, the Kids Helpline website provides a range of tailored self-help resources. Kids Helpline is staffed by a paid professional workforce, with all counsellors holding a tertiary qualification.

Since March 1991, children and young people have been contacting Kids Helpline about a diverse group of issues ranging from everyday topics such as family, friends and school to more serious issues of child abuse, bullying, mental health issues, drug and alcohol use, self-injury and suicide.

In 2019, Kids Helpline counsellors responded to nearly 150,000 contacts from children and young people across the nation, with an additional 1,414591 unique visitors accessing online support resources from the website. During 2018, Kids Helpline made its 8 millionth contact response.

Introduction

yourtown welcomes the work being undertaken by the Office for Child Safety in relation to national child safety and wellbeing information sharing. Too often children have been let down by the services designed to keep them safe as information identifying they were at high risk could not be, or was not, shared between government organisations and non-government organisations. Too often, information-sharing legislation and organisational practices prevent services from seeing the many pieces of a child's life that evidence the severity of risk and hence fail to protect them. As the Royal Commission into Institutional Responses to Child Sexual Abuse (The Royal Commission) identified, reform of the system is necessary.

As a provider of a range of national and state-based services for children, young people and families, **yourtown** manages varying sets of data relating to children. This includes basic contact details through to information about highly sensitive and personal matters concerning a child or young person's physical and mental health, behaviour, education attainment, family circumstances and relationships with parents, as well as any interactions with support services that they share with us, or that we are informed about. Regularly, our staff work with children who are at high risk – through Kids Helpline, our accommodation services to young parents with children at risk and to women and families surviving family violence, as well as through our specialist education engagement and employment services.

Client risks include child abuse, family violence, suicidal ideation and self-harm. Hence, our staff share information with statutory agencies such as child protection agencies, ambulance or police services. However, our experience is that often information flows only one way; for example, we do not hear back on the outcomes of mandatory reports we make or whether a case was followed up. This makes the work of our staff more challenging when dealing with ongoing clients about whom they have made a mandatory report, and critically, causes significant anxiety for clients who anticipate a response from the authorities.

The legislative provisions outlined by the scheme proposed by the Royal Commission to enable national information sharing, if implemented, would improve information sharing amongst all organisations supporting children. However, we do urge some caution, and further consideration of the suggested approach in relation to a number of issues including the sharing of deeply sensitive and/or deeply stigmatising information with another organisation. The range of different services that can interact with a child and their family are wide-ranging and each has their own purpose, objectives, responsibilities, accountability, and crucially therefore, perspective, including often in relation to a child's best interest. We therefore ask that a national scheme articulates a clearly defined purpose and strict parameters around the sharing of such information. To this end, the importance of conversations when sharing complex information cannot be underestimated.

We ask that a national scheme streamlines all legislation relating to information sharing, mandatory-reporting and freedom of information requests, given not only the confusion and complexity this causes at a practical level for organisations and staff but also as the information relating to these legislative areas is often the same. We also ask that a national scheme does consider carefully how the terms 'safety' and 'wellbeing' are defined given organisations differing

interpretations of these terms and uses of information. Most importantly, all participants in any information sharing scheme will need to receive consistent training in their rights and responsibilities under the scheme to ensure consistency in information sharing practice by staff across participating sectors.

The development of a national information sharing scheme is a challenging task, and will require considerable investment, time and resilience. **yourtown** is committed to working with all stakeholders to make a national scheme a reality.

yourtown submission

In our submission, we respond to specific questions set out in the Scoping Paper on which we have feedback.¹

QI. What kind of information does your organisation handle with regards to children? How does this information relate to the safety and wellbeing of children in the context of a national scheme?

As a provider of different national and state-based services for children, young people and families, **yourtown** manages a range of data relating to children. This includes basic contact details to information about highly sensitive and personal matters concerning a child or young person's physical and mental health, behaviour, education attainment, family circumstances and relationships with parents, as well as any interactions with support services that we know about. Our data also includes behaviours towards a child or young person that may constitute a criminal offence or meet the threshold for reporting to child protection agencies, ambulance or police services. Below, we provide details of the types of information that some of our services hold and manage. This list is not exhaustive in terms of our services or types of information.

• Kids Helpline provides a continuum of support 'any time, any reason' to children and young people aged 5-25 years old. In 2019, our qualified counsellors answered 148,349 contacts from clients, 72, 587 of whom were seeking counsellors support whilst 72,418 were seeking information, referral or other support.

The top 10 reasons clients sought counselling support in 2019 were related to mental health, emotional wellbeing, family relationships, suicide-related issues, friend and peer relationships, dating and partner relationships, child abuse, self-injury, bullying, study and education, self-concept and loss and grief. Of these counselling sessions, 1,876 resulted in duty of care interventions (where a matter is referred to child protection, ambulance and/or police), 43% related to a suicide attempt and 32% to child abuse.

Clients who contact Kids Helpline for information, referral or other support contact, for example, about e-safety issues and laws, information relating to family law, NDIS or welfare processes and relevant support services, and information on local support services.

Kids Helpline counsellors record known information about all clients' contact details, demographics and nature of the concern/s in our client information system so that we can monitor and best support returning and ongoing clients, ensure our counsellors and service can appropriately respond to their needs and so that we can advocate on issues affecting children and young people. In relation to counselling concerns, counsellors make notes about the presenting client issues and concerns. This information is documented through contact notes or, in the case of returning clients, case files are created. Information also includes assessments that counsellors have undertaken, risk

¹https://www.communications.gov.au/have-your-say/consultation-new-online-safety-act

information, crisis management and safety plans and access agreements. Clients' strengths and resources are also identified and documented along with clients' counselling goals, progress and any discussion points or outcomes of case reviews. Notes may also include information that has been volunteered by clients about their other support services clients or that counsellors have obtained through case management processes. These services include, for example, Child Safety, the Police, the E-Safety Commissioner, health services (including mental health) and community organisations such as Lifeline and headspace.

We frequently (often on a daily basis) share information with statutory agencies where required (e.g. Duty of Care, mandatory reporting and contractual requirements) with child protection agencies across the nation, such as state-based sexual offences and child abuse investigation teams. Sometimes, but not consistently, this is a two-way information sharing process and we record details on client contact notes of any information we receive from these agencies to assist Kids Helpline counsellors in their next session with the client. We also seek the agreement of clients when sharing information with other organisations as part of a collaborative wraparound care process. As a national service, Kids Helpline helps support the health, safety and wellbeing of children across the nation.

• Wraparound accommodation services for young parents with children at risk (San Miguel in New South Wales, NSW) and women and their children who have experienced family violence (our refuge in Queensland).

Both San Miguel and our refuge from family violence provide a stable home, social interaction with other families, skills for independent living, child development and trauma support, expressive therapy, play groups, counselling and advice. They not only provide temporary accommodation for parents and children, but the support to help families successfully transition into the community.

These services interact significantly with state departments and services such as child protection and safety, family and domestic violence, justice, housing, health, police and Centrelink. We also work with health, legal, employment, education and other local support services. The information that we manage is highly sensitive and personal, and with San Miguel residents largely affected by family violence also, can be critical to the safety of children and their families. Not only are the contact details of clients highly confidential therefore, but so too the holistic information we gather on their past lives, health, psycho-social assessments, behaviours, involvement with the justice system and parenting capacity, as well as our own information and record-keeping.

The information is held on our client information system, and is shared with other statutory agencies where required or where the written agreement from clients has been obtained. As services provided in specific states, the information we manage and share with specific agencies is important nationally given families move from state to state and that some issues are nationally governed (e.g. family law court).

• Education engagement services work with children in various locations across Australia who have disengaged, or are at risk of disengaging, from school. Working with clients' schools and parents, we undertake diagnostic testing to identify client barriers to learning, case planning to assist in development of positive behaviours to aid re-engagement with schooling and build literacy and numeracy, life skills, and confidence. We also case plan with clients pathways beyond return to school including alternative education, training or employment, as appropriate.

In providing support and as part of case management, we obtain information from clients, their schools, their parents and other support services about client education attainment and attendance, client behaviours, plus any non-vocational issues relating to their family life, relationships, health and involvement with the justice system or police. This is highly sensitive and personal information which is also held on our client information system. We share information with statutory agencies where required, or with other services with the written agreement of clients. Again, as families move from state to state, the information we manage and share with specific agencies can be important nationally too.

• Employment services, including jobactive, Transition to Work and specialist employment services and social enterprises, work with under 18s also. Often these clients will have a range of challenges which act as barriers to employment, and many are long-term unemployed with deep and persistent disadvantage to overcome.

We record and manage a range of data in relation to employment service clients contact details, background and presenting issues, as well as information obtained via other community and government services such as health services and Centrelink, and with local, state and national organisations. Given client transience and our working with a range of bodies at different levels, the information is important nationally.

Q2. What information do you share with or request from other agencies? This may include within your agency and across jurisdictional borders.

We share information with statutory agencies as required, or with other support services with the permission of our clients.

In relation to statutory agencies, our work with the NSW Department of Communities and Justice (DCJ) at San Miguel (our accommodation service for young parents with children at risk) provides an example of how we share and request information with other agencies. We have developed a close working relationship which is essential given the nature of the service. This means we regularly share information about clients and our service with the Department as requested, and to ensure the safety and wellbeing of all residents.

We also share information with the NSW's Child Story as a Partner and as a Reporter. In both cases we can only input data, not access data relating to residents. Our Kids Helpline NSW-based hub

and NSW-based employment and accommodation services also act as a mandatory reporter. During the COVID period (March to September 2020) our Kids Helpline staff referred 385 matters to child protection, police and ambulance services in NSW. In most cases, we simply receive an email back from the relevant Department acknowledging our report and outcomes on the issue are not fed back to us, including whether the issue was followed up or not.

A barrier that hinders our ability to access information relating to our residents and clients in NSW is the provisions of I6A, NSW legislative amendments that were designed to 'free up' the exchange of information between government and non-government organisations. Whilst we are now able to obtain information from other states about our clients in NSW thanks to I6A, we have to request the information from the DCJ and await their response with it. This prevents the use of timely interventions and approaches with our clients.

yourtown responds to requests for information, including freedom of information requests. These requests come from clients, the courts (subpoenas), parents of clients and from statutory departments following up Duty of Care cases. The requests are governed by different legislation and we share information with clients when our practice supervisor team have deemed that no serious harm will eventuate from disclosing this information to the client (as per the *Privacy Act 1988*). In relation to subpoenas, we are obligated to send the information requested and often do not know for what the information is to be used. In the past, subpoena information requests tended to specify a certain date range in relation to the information we hold on a client but, more recently, requests ask simply for all information. We do not release information about our clients to their parents.

Q3. Please outline any components of an information sharing scheme, existing or otherwise, that you would like to see in the national scheme.

The legislation covering information-sharing is complex and difficult to manage in practice (particularly for national organisations). There is national and state/territory legislation about information sharing specifically and about related matters (e.g. privacy, freedom of information, mandatory reporting) and legislation on specific policy issues with provisions on information sharing (e.g. domestic violence and child safety). Managing these different legislative requirements and ensuring our staff are aware of them and appropriately managing data and sharing information (e.g. following processes on how long data should be kept or whether a certificate to share the information is needed or not) is an industry in itself. An important step needed in developing a national information sharing scheme is the consolidation and streamlining of legislation to make it streamlined and simple to follow and implement.

We place particular emphasis on the need to streamline and consolidate legislation covering information sharing and mandatory reporting given they are symbiotic: greater effectiveness in information sharing would reduce the need for mandatory reporting. To this end, we support the development of an integrated legislative framework, which would provide greater clarity on processes. In addition, consideration of the federal Privacy Act 1988 and its provision that information can be shared for purposes 'lessening or preventing a serious harm to life, health and safety' is required (including whether it is appropriately enacted today) alongside how this

legislation fits in with the development of a new national scheme. State and territory developed legislative responses to the Privacy Act that enable information sharing, thereby creating this myriad of legislation, as they saw it constraining the sharing of information between organisations.

In principle, **yourtown** supports the legislative provisions set out by the Royal Commission's proposed scheme. However, we have some caveats and advise some caution in the drafting of legislation in relation to the following provisions:

 'Enable direct exchange of information between a range of prescribed bodies including government and non-government agencies, non-government service providers, oversight and regulatory bodies and individual practitioners (for example, health professionals), with all prescribed bodies having the same powers and obligations under the scheme.'

The attraction of this provision is the simplicity and clarity that it would bring to the scheme, so that all parties know what their roles and responsibilities are, and with whom they should share information. Some of the barriers to sharing information our staff currently flag is that they do not know who owns the data, whether they can share it and with whom, and who to contact or the processes involved to share it. In addition, our staff find that Child Protection/Safety Departments are commonly one-way information avenues with little reciprocation of information sharing once a matter has been referred to these agencies. As previously mentioned, we typically do not hear back from departments about an outcome of a mandatory report we make. Given that we will have informed our clients we have made the report, this can be a cause of significant trauma and anxiety for them, especially where parents/carers are involved as they anticipate their reactions to the news on a daily basis. This provision would help alleviate this lack of feedback and enable us to continue to provide mental health and emotional support, regardless of whether agencies intervene based on information provided.

However, as we set out previously the range of different services that can interact with a child and their family are wide-ranging and each has their own purpose, objectives, responsibilities, accountability, and crucially therefore, perspective. For example, there are differing and sometimes competing objectives for the use of information by the police, the courts and services like ours even where the intention is to place the 'best interests' of a child at the centre. Differing perspectives and accountabilities mean a child's best interest can be interpreted differently, as has long been seen in the family law court.

Organisations like **yourtown** work with children who are commonly confronted by a range of complex and multi-faceted issues. Our staff need to be experienced, skilled and qualified to be able to understand and support clients with these challenges, which may have stemmed from intergenerational disadvantage, trauma or mental health issues. Understanding the underlying causes for behaviour is important in working with clients to support positive change, given these behaviours are often coping strategies. This may include clients engaging in criminal activities, for example, or the use of drugs and alcohol.

For this reason, we believe that a clearly defined purpose and strict parameters around sharing of information needs to be articulated for sharing deeply sensitive and/or deeply stigmatising information with another organisation. Ultimately, information sharing should be to protect the rights, interests and wellbeing of a child, or young person. A key caution is to ensure information sharing for this purpose cannot be used to the detriment of a child after they have reached adulthood (for example, children involved in harmful sexualised behaviours should not be stigmatised into adulthood). How such information is recognised and used by staff of all organisations therefore needs careful consideration.

In addition to competing/differing organisational priorities and perspectives, consideration of how long information remains relevant to a child may vary from client to client and for some organisations. It may be relevant to know a child's full history, whilst for others it could be unnecessary and stigmatising for the client. Again, full consideration of the types of information, and who needs to have access to it, is therefore needed.

We therefore would urge some consideration of, and agreement on, the principles underpinning information sharing, e.g. what is the purpose of sharing the information in terms of furthering the rights, interests and wellbeing of the child. We also consider that a system like NSW's Child Story, where different stakeholders have different levels of access to information or types of information depending on their need and purpose might be more appropriate. This type of model would ensure that a central body does have full oversight of all issues, but would limit unintended or stigmatising applications of information.

'Provide for proactive information sharing'.

As with the previous point, there needs to be clear principles and protocols underpinning the sharing of some types of information - those more sensitive and stigmatising - and that, if shared and inadvertently and inappropriately used, could detrimentally shape a child's life once they have reached, and throughout, their adulthood..

At the same time, the system must ensure that information does not simply flow one way into governmental entities and other government-funded services (such as schools and healthcare services, both public and private) as we often currently see with mandatory reporting and information more generally. Often children are not kept informed of actions and investigations into referred matters which can increase trauma and anxiety. Non-government support agencies play a key role in providing a protective factor, by providing parallel support that is fully focussed on the child's needs rather than whether evidentiary thresholds have been met for legal intervention. To this end, **yourtown** staff have identified the importance of developing working relationships to ensure that each organisation values and understands the work of the other and need for information to carry our respective functions. Conversations are also critical in the sharing of more sensitive information so that staff in different organisations can better understand and

use the information they are receiving, and consideration as to how information is shared could support better and more informed information-sharing.

• *Explicitly prioritise children's safety and wellbeing, and override laws that might otherwise prohibit or restrict disclosure'.*

Whilst understanding the reasons that the Royal Commission has deemed a legislative definition of the terms 'safety' and 'wellbeing' as unnecessary and even unhelpful, we consider that some broad definitions are useful given the reasons we have highlighted above about different organisations having differing interpretations of these terms and use of information. Our hope is that such an approach would support a strengths-based approach as well as the holistic consideration of the child's rights, needs and best interests. It is also important to recognise that our current institutions legally charged with protecting children's safety and wellbeing, such as child protection, are often unable to effect this function for all children in need due to significant growth in demand and shortfalls in staff resources. Often, for many children, non-government community services agencies are the only agency providing support. It is therefore reasonable that they be provided with all relevant information to meet the wellbeing and safety needs of a child, where a government agency chooses not to actively respond.

The other elements of a national scheme that the Royal Commission outlined in addition to the legislative provisions – e.g. uniform administrative guidelines to support decision-makers, education and training to improve culture and practice, and a technological or digital solution to facilitate information sharing – are critical to the scheme working effectively and appropriately.

We find that formal protocols and MOUs are a useful way of working with our peers when information sharing, and guidelines would undertake the same purpose and help translate the legislation into practice. These guidelines can help facilitate conversations about information and to develop and embed working relationships within the system.

Education and training of system staff will be crucial to ensuring that information can be shared nationally and appropriately. This will require training for all system staff into the developmental stages of a child and into the effects of trauma so that they are able to understand the information they are dealing with. They will also need training support regarding a child's rights and, where age or developmentally appropriate, about how to ensure that a child is made aware of how the information being shared about them is being used. On this point, wherever possible, **yourtown** works to obtain the informed consent of the child with whom we are working before sharing the information they have disclosed with others, and this must be a guiding principle of the national information sharing scheme too.

A technological or digital solution or solutions will be needed to facilitate information sharing if organisations are to have faith that the information they are sharing is to be accessible to appropriate persons only. Such a solution will also help ensure that sharing information is not overly time-consuming or bureaucratic, and that the system is easy to use and the processes of sharing information are simplified. It would also help ensure that information is shared consistently and is two-way from the community to government departments.

Whilst these additional elements to a national system are critical, they are also costly. Appropriate levels of staff training and a technological digital solution at a national level will need to be supported by government investment if the national scheme is to be effective in protecting children's safety and wellbeing regardless of where they reside or move to across Australia.