

The Allen Consulting Group

Operational Review of the Information Sharing Protocol between the Commonwealth and Child Protection Agencies

Final report

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Report to the Department of Families, Housing, Community Services and Indigenous Affairs

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Abbreviations and Acronyms

AIHW	Australian Institute of Health and Welfare
ALRC	Australian Law Reform Commission
CDSMC	Community and Disability Services Ministers' Conference
COAG	Council of Australian Governments
CSA	Child Support Agency
DIAC	Department of Immigration And Citizenship
ILO	Interstate Liaison Officer
Information Sharing Protocol	Information Sharing Protocol between the Commonwealth and Child Protection Agencies
Interstate Liaison Protocol	Protocol for the Transfer of Child Protection Orders and Proceedings and Interstate Assistance
National Framework	National Framework for Protecting Australia's Children 2009–2020
NGO	Non-government organisation
PBS	Pharmaceutical Benefits Scheme
Queensland DMS	Queensland Data Management Service

Executive summary

Operational review of the Information Sharing Protocol

The Information Sharing Protocol between the Commonwealth and Child Protection Agencies (the Protocol), an initiative under the *National Framework for Protecting Australia’s Children 2009–2020*, was approved by the Community and Disability Services Ministers’ Conference (CDSMC) and implemented in 2009. Three Commonwealth agencies — Centrelink, Medicare and the Child Support Agency — as well as all state and territory child protection agencies are currently parties to the Protocol. The aim of the Protocol is to facilitate investigations and assessments of vulnerable and at-risk children in Australia in order to promote their ‘care, safety, welfare, wellbeing and health’ (Information Sharing Protocol 2009, p.1).

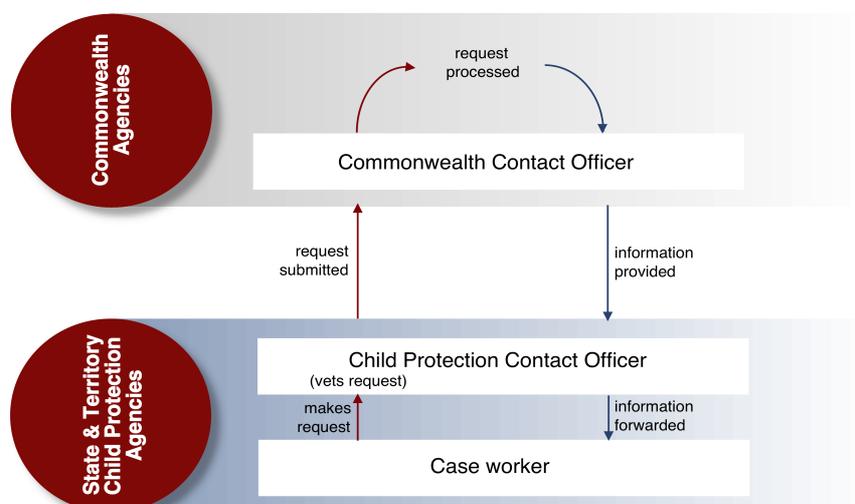
The Department of Families, Housing, Community Services and Indigenous Affairs commissioned the Allen Consulting Group to undertake an operational review of the Protocol. In order to test and analyse the ongoing effectiveness of the operation of the Protocol, the review examined operational aspects such as processes for information sharing, parties’ compliance with legislative and procedural requirements of the Protocol, differences in usage and approach between states and territories, communication, training measures and other issues. While the review does not include an assessment of the Protocol’s impact on child protection outcomes, it nevertheless reports on stakeholder views and anecdotal indications of the Protocol’s contribution to achieving broader child protection outcomes.

Information sharing under the Protocol

The process of information sharing, as stipulated by the Protocol, is outlined in Figure ES 1.1.

Figure ES 1.1

THE PROCESS OF INFORMATION SHARING UNDER THE PROTOCOL



Source: Allen Consulting Group.

With a few exceptions, the operational review finds that these processes are generally adhered to by parties to the Protocol. Within state and territory child protection agencies, requests for information are usually generated by case workers and forwarded to child protection contact officers, who liaise with Commonwealth contact officers. Requests are usually generated using standardised request forms. Commonwealth contact officers register incoming requests, triage them according to the required response timeframes and forward them for processing by relevant staff within the agency. Responses to requests are then submitted to child protection contact officers in the same form as requests are received (e.g. faxed requests received faxed responses). State and territory child protection contact officers then forward these responses to the case worker who made the request, usually by forwarding the actual document containing the information.

Deviations from these standard processes tended to arise due to varying implementation of the Protocol among child protection agencies. The review found significant variance across the jurisdictions in terms of how they implement the Protocol. The majority of child protection agencies have assigned the role of the child protection contact officer to Interstate Liaison Officers. However, some jurisdictions had a number of people taking on this role. For example, in Victoria there are eight child protection contact officers, one for each Victorian child protection region. Among jurisdictions that split the role of child protection contact officer, only Queensland completely complied with the Protocol's requirements of having a central coordinating officer.

Compliance with legislative and procedural requirements under the Protocol

To date, the majority of information requests and disclosures have fallen within the legislative boundaries of information disclosure under the Protocol. Requests for information are generally vetted by child protection contact officers, however, the degree to which they are vetted varies across states and territories. All states and territories vet procedural factors and review the type of information being requested to ensure it can be disclosed under the Protocol. However, vetting the *substantive content* of requests occurred to a greater extent in jurisdictions promoting guidance through two-way communication between case workers and child protection contact officers. The information requested was generally relevant to the corresponding allegation, although some more training for case workers on what information is obtainable under the protocol may be beneficial. The most frequently cited reason for refusing to disclose information was the Commonwealth contact officer not being satisfied that there was a threat to the child based on the information provided in the request.

Some procedural requirements of the Protocol were well observed, whilst it was difficult to ascertain the level of compliance with other key procedures. State/territory stakeholders reported that the Commonwealth agencies processed requests quickly and well within the Protocol's timeframes, and all agencies except Medicare received few duplicate requests for the same information. However, Centrelink in particular raised concerns that case workers were not (as required under Centrelink's guidelines) first seeking to obtain information from sources other than Centrelink, and also that workers may be bypassing the Protocol and lodging requests directly. However, it is very difficult to ascertain the steps taken by case workers prior to lodging requests thus these concerns could not be verified.

Variation in usage of the Protocol

Usage of the Protocol by state and territory child protection agencies varies significantly, with the number of requests for information made in 2010 varying between zero in the case of one jurisdiction and more than 2,500 in another. Of the three Commonwealth agencies that are party to the Protocol, Centrelink received the highest number of requests for information, totalling more than 2,600 compared to 14 received by the Child Support Agency in 2010 (numbers reported by Commonwealth agencies).

It has been noted that there is a discrepancy in the number of information requests reported by Commonwealth agencies and state and territory agencies, with the former frequently reporting higher numbers. This may point to a need for better alignment of data collection and reporting processes across the agencies that are parties to the Protocol.

It also is likely that the variation in approach to and usage of the Protocol is affected by contextual differences between the states and territories, such as different legislative, policy, practice and accountability frameworks for child protection and protecting children as well as demographic and geographic characteristics. Furthermore, varying levels of awareness and training in the use of the Protocol are also likely to contribute, especially considering that some states and territories have implemented a more centralised system in which designated officers provide case workers with extensive guidance on making requests, while case workers in other jurisdictions may rely to a greater extent on information available in child protection practice manuals and other agency-wide information sources.

Overall, many states and territories reported that the use of the Protocol for obtaining information was relatively small compared to the use of other protocols and local networks. This relatively low usage may affect issues such as investments in training and other organisational processes to optimise the use of the Protocol.

Stakeholders' views regarding broader child protection outcomes of the Protocol

Consultations with state and territory child protection agencies indicated an overwhelmingly positive view of the Protocol as a useful tool in obtaining relevant information that well complemented other information sources. A significant number of stakeholders indicated that the information obtained under the Protocol either did, or was expected to, help move child protection processes forward, thus promoting positive outcomes for children.

The way forward

From consultations it is evident that participating agencies view the Protocol as a useful resource. At the same time there is also near unanimous support from stakeholders that improvements could be made that would further facilitate decision-making before problems escalate into threats to children.

Such measures could include expanding the types of information available under the Protocol, including expansion of access to contact details of parents and relatives in a range of situations that do not necessarily involve a threat or risk to a child. This particular issue, however, may be addressed by the new Public Interest Certificate Guidelines and the issuing of a new appendix for Centrelink. Inclusion of the Department of Immigration and Citizenship as a party to the Protocol and improving information sharing between jurisdictions and non-government organisations were mentioned as further measures.

Improving awareness raising and training in the use of the Protocol for case workers and child protection contact officers, as well as enhancing communication and other structures within child protection agencies, were raised by stakeholders as important measures to improve the implementation of the Protocol.

At a broader level, stakeholders also mentioned a distance between the child protection culture amongst state and territory agencies and the privacy culture of Commonwealth officers processing requests. It was commented that these different backgrounds affected the interpretation of requests and threats to children, and that greater dialogue between parties to the Protocol may improve agencies' understanding of issues faced by other parties.

Chapter 1

Introduction: The Protocol and this report

1.1 Development of the Information Sharing Protocol

The Information Sharing Protocol between the Commonwealth and Child Protection Agencies (the Protocol) was approved by the Community and Disability Services Ministers' Conference (CDSMC) and implemented in January 2009.

The Protocol is an initiative under the *National Framework for Protecting Australia's Children 2009–2020* (the National Framework). The National Framework is a collective and collaborative effort from the Australian, state and territory governments to develop a long-term, national approach to protecting children.

The National Framework acknowledges the growing body of research and evidence demonstrating that it is not sufficient to address issues and drivers of child neglect and abuse through statutory authorities alone. Adopting a public health approach (see Box 1.1), the National Framework outlines a series of outcomes, strategies and indicators for change that all jurisdictions have agreed to work towards in order to better coordinate responses to vulnerable and at-risk children and families.

Box 1.1

THE PUBLIC HEALTH APPROACH TO CHILD PROTECTION

The public health approach to child protection classifies three different stages of intervention and referral:

- *Primary (or universal) interventions* are strategies that target whole communities or all families in order to build public resources and attend to the social factors that contribute to child maltreatment;
- *Secondary (or targeted) interventions* target vulnerable families or children and young people who are 'at risk' of child maltreatment — that is, those with special needs or who are in need of greater support; and
- *Tertiary (or statutory) interventions* target families in which child maltreatment has already occurred. Tertiary interventions seek to reduce the long-term implications of maltreatment and to prevent maltreatment recurring. They include statutory care and protection services (Holzer 2007, in Allen Consulting Group 2008, p.2).

However, child protection theory and evidence point to the importance of expanding practice beyond such purely tertiary/statutory responses and emphasising more preventative approaches through primary/universal and secondary/targeted services.

Source: Allen Consulting Group 2008, pp. 2–4.

These measures seek to draw on the strengths of the whole community, broadening the approach across jurisdictions beyond one of responding to risk alone, to one that promotes the safety and wellbeing of children more generally.

We need a unified approach that recognises that the protection of children is not simply a matter for the statutory child protection systems. Protecting children is everyone's responsibility. Families, communities, governments, business and services all have a role. And we need to work together.

(COAG 2009, p. 6)

The National Framework was formally endorsed by the Council of Australian Governments (COAG) in April 2009, with the Protocol listed as a specific action under *Supporting Outcome 2: Children and families access adequate support to promote safety and intervene early*.

The National Framework is explicit on what the Protocol and other recommended actions under this outcome are aiming to achieve:

Providing the right supports at the right time will also ultimately reduce demand on State and Territory child protection systems, allowing them to improve their capacity to perform specific statutory functions and better support children at risk.

(COAG 2009, p.17)

Seen in this context the Protocol serves as a link between agencies to bring the resources held by different organisations together, across jurisdictions, to better inform and assist investigations and assessments of vulnerable and at-risk children.

Centrelink was the first Commonwealth agency to operate under the Protocol in January 2009, with Medicare and the Child Support Agency (CSA) having since become party to the Protocol and issuing appendixes in September 2009 and February 2010, respectively. These three organisations have recently been incorporated into the Department of Human Services, and are now referred to as 'programs' rather than 'agencies'. All state and territory child protection agencies were party to the Protocol at its commencement in January 2009.

1.2 Aim of this review

The aim of this operational review is to test and analyse the ongoing effectiveness of the operation of the Protocol. The operational aspects of the Protocol covered by the review include:

- the general operation of the Protocol;
- processes for information sharing;
- usage and differences of approach between states and territories;
- communication; and
- stakeholder views and anecdotal indications of the Protocol's contribution to achieving broader child protection outcomes.

This review focuses on the Protocol's *operation*; it does not undertake an assessment of the Protocol's *impact on child protection outcomes*. In this context it is important to note that, due to the complex interrelationships between various strategies, policies and actions, it may be difficult to establish a clear, unambiguous and direct causal link between activities under the Protocol and the resulting outcomes. For example, there are a number of existing information sources through which child protection agencies can access data. For the majority of child protection agencies, requests under the Protocol have thus far comprised a small percentage of total requests for information. In addition, the quantitative data necessary to measure outcomes may not (yet) be readily available. In such instances, proxy indicators may need to be developed to provide approximate information regarding the Protocol's achievements.

1.3 Project methodology

A series of consultations was undertaken with the organisations that are party to the Protocol in order to test how the Protocol was being used; to identify commonalities and inconsistencies across jurisdictions; to examine examples of good practice; and to investigate opportunities for improvements to the effectiveness of the Protocol.

Consultations were held with representatives from:

- Centrelink;
- Medicare;
- the CSA; and
- child protection agencies in each state and territory.

A desktop review of the data and information provided by Commonwealth and state and territory child protection agencies has further informed the review and this draft report.

1.4 This report

The remaining chapters in this report cover the following:

- Chapter 2 describes how the Protocol works and what information can be requested and shared;
- Chapter 3 sets out how the Protocol is being used by agencies;
- Chapter 4 explores reasons for differences in approach and usage between the different jurisdictions;
- Chapter 5 summarises stakeholder views regarding broader child protection outcomes of the Protocol; and
- Chapter 6 puts forward options and recommendations to improve the effectiveness of the Protocol.

Chapter 2

The Information Sharing Protocol

Chapter 2 describes how the Protocol is designed to operate; details the legislative frameworks for information release; and outlines procedures through which information is requested.

2.1 How information is shared

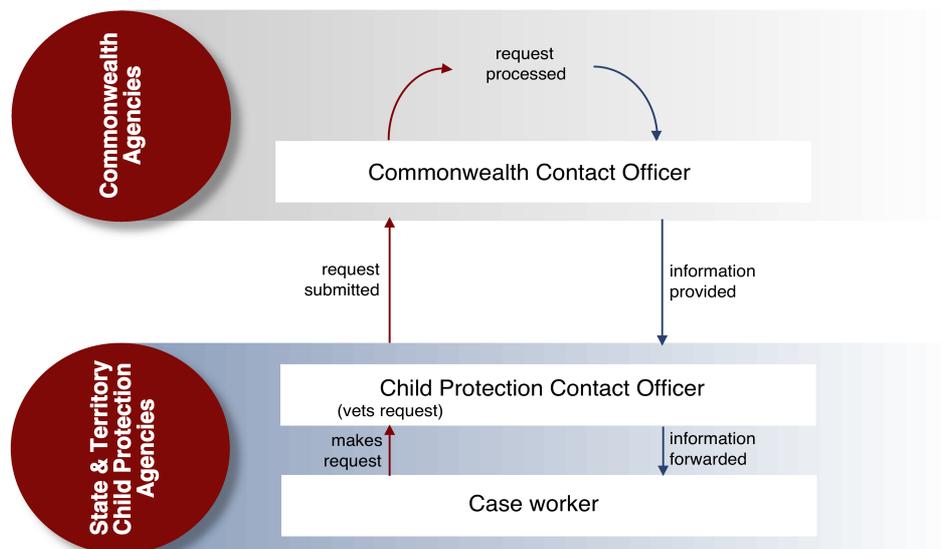
The Protocol is a streamlined process for communication between state and territory child protection agencies and the Commonwealth agencies (Centrelink, Medicare and the CSA), which hold information that may be necessary to promote the ‘care, safety, welfare, wellbeing and health’ of children in Australia (Information Sharing Protocol 2009, p. 1).

The Protocol requires child protection case workers within state and territory child protection agencies to forward their requests for information to a single contact person — a child protection contact officer — within their respective agencies. The child protection contact officer reviews the request and then submits it to a single contact person in the relevant Commonwealth agency — the Commonwealth contact officer. The Commonwealth agency processes the information request and provides the child protection contact officer with either the information requested, or a notification of and reasons for refusal. This information or notification is forwarded to the case worker who originated the request (Information Sharing Protocol 2009; Allen Consulting Group consultations with parties to the Information Sharing Protocol).

This process of information sharing is illustrated in Figure 2.1.

Figure 2.1

THE PROCESS OF INFORMATION SHARING UNDER THE PROTOCOL



Source: Allen Consulting Group.

2.2 Accessing the available information

Operation of the Protocol for each of the three Commonwealth agencies is governed by the three appendixes to the Protocol:

- Appendix 1 for Centrelink;
- Appendix 2 for Medicare; and
- Appendix 3 for the CSA.

Specifically, these appendixes state the information that can be requested; set out standard processes for requesting information and any supporting evidence that is required; and outline the timeframes for responding to information requests (Information Sharing Protocol 2009, p. 1).

Generally, the legislative frameworks allow agencies to disclose information:

- under specific legislative exceptions to the applicable privacy and secrecy provisions; or
- under Information Privacy Principle 11, contained in section 14 of the *Privacy Act 1988* (Cth).

Appendix 1 (Centrelink) has recently been updated following the issue of new Public Interest Certificate Guidelines for Centrelink's disclosure of information. These guidelines detail how Centrelink is to release information on public interest grounds. The earlier version of the guidelines only allowed Centrelink to release information where there was a threat to the life, health or welfare of a person. The new guidelines have been expanded to specifically allow information disclosure to child protection agencies for the purposes of contacting a parent or relative 'in relation to a child', as provided in section 17B of the *Social Security (Public Interest Certificate Guidelines) (FaHCSIA) Determination 2010* and section 16B of the *Family Assistance (Public Interest Certificate Guidelines) (FaHCSIA) Determination 2010*.

Box 2.1, Box 2.2 and Box 2.3, respectively, provide details about Centrelink's, Medicare's and the CSA's legislative structures and the making of requests under the Protocol at the time of this review. Note that the new version of Appendix 1 allows Centrelink to release information in a broader range of circumstances than those outlined in Box 2.1. However, such changes had not occurred at the time of the review, and for this reason their impacts are not considered in this review.

Box 2.1

REQUESTING INFORMATION FROM CENTRELINK

Centrelink holds a significant amount of private information about a large number of Australians, including address details and information about family relationships (e.g. listing a person's parents and siblings). Centrelink and its employees are bound by:

- the *Privacy Act 1988* (Cth), which includes the Information Privacy Principles; and
- confidentiality provisions in social security, family assistance and other legislation that Centrelink administers.

Centrelink employees face severe penalties if they breach these provisions.

Grounds for information disclosure

There are certain situations where the Minister or authorised Centrelink officer may release information protected by the abovementioned provisions. Grounds for the disclosure of this information arise when:

- provisions contained in the various protective legislations specifically allow the authorised disclosure of certain information; and
- where there is a public interest in disclosing the information in order to prevent or lessen a threat to the life, health or welfare of a person. This criteria is similar to exception (d) of Information Privacy Principle 11, section 14 of the *Privacy Act 1988* (Cth). Centrelink's guidelines, unlike the Privacy Principles, do not use the words 'serious' and 'imminent' as qualifiers.

Powers to disclose information in the public interest are contained in section 208 of the *Social Security (Administration) Act 1999* (Cth); and section 168 of the *A New Tax System (Family Assistance) (Administration) Act 1999* (Cth). These laws confer upon the Minister or an authorised officer the power to disclose information through a Public Interest Certificate according to ministerial guidelines.

The applicable guidelines are provided in sections 7 and 8 of the *Social Security (Public Interest Certificate Guidelines) (FaHCSIA) Determination 2008*; and sections 7 and 8 of the *Family Assistance (Public Interest Certificate Guidelines) (FaHCSIA) Determination 2008*. These allow the Secretary of Centrelink to disclose information that is not reasonably obtainable from another department, to persons who have sufficient interest in the information, in circumstances in which the Secretary is satisfied that the disclosure is necessary to prevent or lessen a threat to the life, health or welfare of a person.

Requests for information are handled by the Information Access Section (Centrelink team) within the Ombudsman, Privacy and FOI Branch within the Commonwealth Department of Human Services (DHS).

What information can be disclosed

Centrelink's guidelines allow the disclosure of:

- current or last recorded address;
- names and dates of birth as per Centrelink records;
- names and dates of birth of other children who are at risk in the care of the person being sought; and
- other information considered necessary to prevent or lessen a threat to life, health or welfare.

(Note: the Public Interest Certificate Guidelines and Appendix 1 of the Protocol have been recently updated, allowing Centrelink to disclose information to child protection agencies for the purpose of contacting a parent or relative 'in relation to a child'.)

How to request information

Appendix 1 of the Protocol outlines the process for making a request. A case worker must provide all information required in the pro-forma provided in the appendix, and lodge it with their agency's child protection contact officer. The child protection contact officer emails (using a secure encrypted mailbox) or faxes the request to Centrelink's contact officer.

The Centrelink contact officer vets the request, obtains the information, and sends it for approval by an Authorised Centrelink Officer. If the request is approved, the Centrelink contact officer emails/faxes the issued Public Interest Certificate to the child protection contact officer. If a request is refused, the child protection contact officer is emailed/faxed the reasons for refusal.

How quickly information can be received

Centrelink has the following timeframes in which it responds to requests:

- Critical — where there is an immediate threat, responses are provided within 2 hours and the child protection contact officer must also call the Centrelink contact officer by telephone;
- High — responses provided within 5 working hours;
- Priority — responses provided within 5 working days.

An after hours service is also available for urgent address details, whereby child protection contact officers can contact a Call Centre based in Geelong. Child protection contact officers must first email the call centre a pro-forma request, then either telephone or fax to follow up.

Source: Information Sharing Protocol, Appendix 1 (Centrelink), Jan. 2009 and June 2011; *Privacy Act 1988* (Cth).

Box 2.2

REQUESTING INFORMATION FROM MEDICARE

Medicare holds a variety of personal information about Australians, including address and other contact details, and information about access to health care and prescription medicines. This information is protected under the following legislation:

- the Information Privacy Principles in the *Privacy Act 1988* (Cth);
- section 130 of the *Health Insurance Act 1973* (Cth) additionally places secrecy provisions on information held by Medicare and information in the Australian Childhood Immunisation Register (ACIR); and
- secrecy provisions in section 135A of the *National Health Act 1953* (Cth) apply to information collected for the Pharmaceutical Benefits Scheme (PBS).

Grounds for information disclosure

The Information Release Section (Medicare Team) within the Ombudsman, Privacy and FOI Branch of DHS is responsible for processing requests for protected information. Information can only be disclosed on public interest grounds under exceptions provided in section 130(3) of the *Health Insurance Act 1973* (Cth) and section 135A(3) of the *National Health Act 1953*.

Disclosures can only occur when the relevant Minister or their delegate certifies that there is a public interest in disclosing the information. The guidelines explaining when the public interest ground is satisfied are contained in legislative instruments that cannot be made public (G Singh, pers. comm., 7 July 2011).

What information can be disclosed

Subject to the above constraints, Medicare can disclose:

- Medicare claims information — regarding doctors visits and Medicare benefits;
- Medicare enrolment information — contact details and date of birth;
- PBS information — about the purchase of prescription medicine;
- ACIR information — date of immunisation, type and dose of immunisation; and
- Medicare card numbers — for children who have been placed in the care of child protection agencies.

How to request information

Appendix 2 of the Information Sharing Protocol details the process of making requests to Medicare. Persons requesting information must provide all required supporting information in the pro-forma provided with the Appendix, and forward this request to their state/territory child protection contact officer. The child protection contact officer sends the request to the Medicare Contact Officer by either mail, email or fax. Medicare responds by either mail, email or fax, with email responses encrypted using a Public Key Infrastructure (PKI). All child protection contact officers have been provided with an electronic certificate to decrypt emailed data.

Requests for ACIR immunisation history can be made without the pro-forma via a direct fax to Medicare. Medicare card numbers are also available by calling telephone numbers outlined in the Appendix.

How quickly information can be received

There are four timeframes which can be selected for the information response:

- Critical — for immediate threats, child protection contact officers can call the Medicare Contact Officer by telephone for an immediate response;
- High — responses within 5 working hours;
- Priority — responses within 5 working days; and
- Standard — responses within 10 working days.

Information can also be requested out of hours via telephone contact with PBS staff, who can contact a Medicare delegate in an emergency such as an immediate threat to a child's life, health or welfare.

Source: Information Sharing Protocol, Appendix 2 (Medicare), September 2009; *Privacy Act 1988* (Cth).

Box 2.3

REQUESTING INFORMATION FROM THE CHILD SUPPORT AGENCY

The CSA collects information in order to facilitate the payment of child support. This includes contact details of children and their parents who have separated, and information about parents' financial circumstances. Information held by the CSA is protected by:

- the *Privacy Act 1988* (Cth), which includes the Information Privacy Principles; and
- the secrecy provisions in section 16 of the *Child Support (Registration and Collection) Act 1988* and section 150 of the *Child Support (Assessment) Act 1989*.

CSA employees are bound by confidentiality agreements and face severe penalties if they breach the legislative provisions.

Grounds for information disclosure

Unlike Centrelink and Medicare, the CSA does not have a public interest ground for the disclosure of information. Employees can only disclose personal information:

- through exceptions contained in section 16(3) of the *Child Support (Registration and Collection) Act 1988* and section 150(3) of the *Child Support (Assessment) Act 1989*, which allow disclosure when the Registrar or other authorised person believes that the information concerns a 'credible threat to the life, health welfare of a person' and:
 - he/she 'believes on reasonable grounds that the communication is necessary to prevent or lessen the threat', or
 - 'the information is communicated for the purpose of preventing, investigating or prosecuting such an offence'.
- where disclosures are required or authorised by law.

What information can be disclosed

The CSA can disclose information as per the specific exceptions in the applicable privacy and secrecy legislation. Where there is a threat to a person's life or health, an authorised CSA Contact Officer can disclose information if they form a reasonable belief that the information is necessary to prevent or reduce the threat; or help to prevent, investigate or prosecute an offence. This includes:

- custodial information such as the child's main address and other addresses;
- names and dates of birth of the child at risk, or other children in the care of another person; and
- other information that is necessary to prevent or lessen a threat to the life, health or welfare of a person.

However, the CSA will not disclose information about which CSA office a person attends; nor will it record the making of a request against a person's record.

How to request information

The steps required to request information from the CSA are outlined in Appendix 3 of the Information Sharing Protocol. Critical requests (detailed below) are to be made directly via telephone contact and followed up by a secure fax or online request.

All other requests must be made using a secure online facility that child protection contact officers can access through login details and passwords provided to them. Persons requesting the information submit required information to their state/territory child protection contact officer. The request is forwarded to the CSA Contact Officer, who vets it and processes valid requests. The CSA Contact Officer responds to the child protection contact officer using the secure online facility. If the information is not available, or not allowed to be disclosed under the Protocol, the child protection contact officer will be advised of this in writing.

Where there is a higher level of security for persons about whom the information is sought, requests are to be sent via a secure fax using a pro-forma attached to the appendix, or by registered mail.

How quickly information can be received

The CSA has three timeframes in which it responds to requests:

- Critical — where there is an immediate threat, child protection contact officers should call the CSA Contact Officer;
- High — responses provided within 5 working hours; and
- Priority — responses provided within 5 working days.

Source: Information Sharing Protocol, Appendix 3 (Child Support Agency), February 2010; *Privacy Act 1988* (Cth).

Chapter 3

Usage and implementation of the Protocol

Chapter 3 provides an overview of how the Information Sharing Protocol between the Commonwealth and Child Protection Agencies (the Protocol) is being used and implemented by state and territory child protection agencies and Commonwealth agencies.

3.1 Number and type of requests under the Protocol

There is significant variation in usage of the Protocol by state and territory child protection agencies. As indicated in Table 3.1, Queensland and New South Wales made the greatest number of requests during 2010, while the Northern Territory, the Australian Capital Territory and South Australia made the least number of requests.

Data about the number of requests was most commonly provided for the 2010 calendar year, thus 2010 was the timeframe used to compare requests in Table 3.1. The review found that there is a discrepancy in the number of information requests reported by Commonwealth and state and territory agencies, with the former frequently reporting higher numbers.

Table 3.1

NUMBER OF REQUESTS FOR INFORMATION FROM STATE AND TERRITORY CHILD PROTECTION AGENCIES TO COMMONWEALTH AGENCIES, 2010
TOTAL NUMBERS OF REQUESTS

Requests by state/territory	Requests to					
	Centrelink		Medicare		Child Support Agency	
	Number reported by child protection agencies	Number reported by Centrelink	Number reported by child protection agencies	Number reported by Medicare*	Number reported by child protection agencies	Number reported by the CSA
ACT	2	2	0	5	0	0
NSW	290	238	317	745	0	1
NT	0	0	0	1	0	0
QLD	2,053	2,207	548	513	12	12
SA	6	10	1	0	0	0
TAS	23	23	39	0	0	0
VIC**	148	148	115	115	1	1
WA	17	21	0	40	0	0
Total	2,539	2,649	1,020	1,419	13	14

NUMBER OF REQUESTS/100,000 CHILDREN

Requests by state/territory	Requests to					
	Centrelink		Medicare		Child Support Agency	
	Number reported by child protection agencies	Number reported by Centrelink	Number reported by child protection agencies	Number reported by Medicare*	Number reported by child protection agencies	Number reported by the CSA
ACT	2	2	0	6	0	0
NSW	17	14	18	43	0	0
NT	0	0	0	2	0	0
QLD	181	195	48	45	1	<1
SA	2	3	<1	0	0	0
TAS	18	18	31	0	0	0
VIC**	11	11	9	9	<1	<1
WA	3	4	0	7	0	0
Total	235	247	107	112	1	<1

* Data from Medicare was only available for the 2010-11 financial year.

** Aggregate figures for Victoria were only available from the Commonwealth agencies.

Source: Data obtained from Centrelink, Medicare and the Child Support Agency.

Requests to Centrelink

With 2,649 requests in 2010, Centrelink received the highest number of requests under the Protocol. The agency recorded 110 more requests than were reported by the states and territories. Requests were predominantly made for address details required to locate a child, and for the names of other children associated with that child. Requests were also made to identify which family members were receiving child-related benefits from Centrelink.

Where Centrelink was not satisfied that the information requested was relevant to the allegations detailed, it would request further information or refuse the request. Note that, unlike data about the number of requests, data about Centrelink's refusals was only obtained for financial years. 122 requests (4 per cent) were refused in the 2009-10 financial year, and 164 (8 per cent) were refused between July 2010 and April 2011.

Requests to Medicare

Medicare data was only available for the 2010-11 financial year, and thus does not completely align with the 2010 calendar year data sourced from other Commonwealth and the state agencies. During the 2010-11 financial year, Medicare recorded 1,419 requests by child protection agencies. Requests to Medicare were predominantly made for the Medicare card numbers of children for whom child protection agencies have assumed parental responsibility; histories of medication obtained under the PBS; and information about which doctors had been visited by children and their parents.

Medicare recorded 399 more requests than were reported by state agencies. The majority of this discrepancy is likely to stem from the fact that Medicare data was only available for the 2010–11 financial year (and not the calendar year as for other Commonwealth agencies), especially considering the relatively smaller discrepancies in the number of requests to Centrelink (110) and the CSA (1).

Of the requests made 2010-11, Medicare refused to disclose the desired information in nine cases. These refusals were due to the requests being duplicates, or because the information was no longer required by the requesting case worker.

Requests to the Child Support Agency

During 2010, 14 requests were made to the CSA, most commonly to request custody and contact details for a child. In 2011 to date, the CSA has refused the majority of requests for various reasons, including that requests exceeded legislative guidelines; and that the person whose details were requested was not in the CSA's records.

The relatively few requests received by the CSA may be partially due to the alternative availability of information commonly requested (such as address details being available from Centrelink), and that larger numbers of people are likely to be registered with Centrelink and Medicare, thus improving the chances of obtaining information from those sources. The number of requests may also be influenced by the relatively late release of the CSA's appendix (in February 2010) — one year after Centrelink's appendix and five months after Medicare's. Information about the CSA's participation in the Protocol may thus have taken time to filter through communication channels to case workers, and case workers may not have needed the CSA's information as frequently as that from Centrelink and Medicare.

3.2 Processes within child protection agencies

This section outlines the way in which child protection agencies have implemented the Protocol, describing how processes have been structured and how requests are generated and received by case workers.

The role of the child protection contact officer

As mentioned in Chapter 2, there is a single function within child protection agencies — that of the child protection contact officer — which has been established for liaison with Commonwealth agencies. The majority of child protection agencies have assigned the role of the child protection contact officer to Interstate Liaison Officers (ILOs), who process requests for information under the existing *Protocol for the Transfer of Care and Protection Orders and Interstate Assistance 2007* (Interstate Liaison Protocol). This reflects views that the Protocol is an extension of the system already in place for interstate liaison. Most states had a single ILO/child protection contact officer role. Often, the child protection contact officer/ILO performs a number of roles, such as the review and development of operational policy and procedure for child protection, and administering requests may not be the primary function of this officer.

This role is being performed by either a single person or by a number of people each assigned to a different Commonwealth agency (for example, one person being responsible for requests to Centrelink, and another for requests to CSA and Medicare). Most states and territories have a single person undertaking both the ILO and child protection contact officer roles, while only Queensland's structure completely follows the Protocol's requirement of having one person performing a coordinating role. In Victoria, the role of child protection contact officer has been split with nominated officers in each of the regions responsible for administering requests made under the Protocol.

Making and receiving requests

During consultations, all child protection agencies conveyed processes that broadly followed the process outlined in Chapter 2, with requests for information being generated by case workers and forwarded to child protection contact officers who liaise with Commonwealth contact officers.

Requests are generated using standardised request forms available on child protection agencies' intranet facilities, or otherwise accessible to case workers from their child protection contact officers. These forms are submitted via secure email systems established by each of the Commonwealth agencies. However, many states rely on faxes as they face technical problems with the email system or have not yet become accustomed to it. Faxed communications are not encrypted and some stakeholders are concerned that they pose a potential security risk as the information is vulnerable to being intercepted or manipulated. Such security risks are likely to decrease as technical problems are resolved and states and territories reduce reliance on faxes.

Responses to requests made under the Protocol are received by child protection contact officers in the same form as requests are made (e.g. faxed requests received faxed responses). Where a secure email system is used, child protection contact officers receive an email alert that a response has been made, and use their login details to access the information.

These responses are then forwarded to the case worker who made the request, usually by forwarding the actual document containing the information. However, there are some variations in the way in which information is forwarded. For example, child protection contact officers in Queensland upload address details to a central internal database and alert the case worker to access it from this central location.

3.3 Processes within Commonwealth agencies

In line with the processes outlined in Chapter 2, requests made by the state and territory child protection contact officers are forwarded in either mail, email or fax form to the Commonwealth contact officer at each Commonwealth agency.¹ The Commonwealth contact officer registers incoming requests, triages them according to the required response timeframes, and forwards them for processing by other staff in the Privacy and Information Release teams of each respective agency.

Staff within these teams determine whether requests meet the requirements for information disclosure and, where required, contact the requesting agency for clarification/additional information. However, the Victorian approach appeared to have created some confusion. As Commonwealth agencies are sent requests by one of eight different Victorian contact officers, Commonwealth stakeholders indicated that staff are sometimes unaware of whom to contact to clarify aspects of a request.

Within Centrelink and Medicare, if requirements are met, staff members obtain the requested information and generate a letter incorporating the information sought, which they submit for approval by an authorised officer. The authorised officer certifies that the information disclosure meets public interest guidelines, and approved letters are returned to the Commonwealth contact officer for forwarding to the state and territory child protection contact officers. In the CSA, requests for information are first approved by the authorised officer, and then processed by staff.

Responses are sent to state and territory child protection contact officers in the same form as they are received by the Commonwealth, predominantly through fax and email. In critical cases, responses are sometimes provided over the phone.

¹ Centrelink, Medicare and the CSA have now been placed within a single department — the Department of Human Services — however the three separate sets of contact details will remain to avoid confusion.

3.4 Compliance with legislative requirements of the Protocol

The appendixes to the Protocol are designed to ensure that requests and the disclosure of information fit within strong legislative frameworks protecting personal information. This section compares whether the Protocol is being used consistently with the appendixes and thus whether it is helping to achieve the aims of the legislation.

Vetting requests and providing guidance in making requests

Child protection contact officers are required to vet requests made by case workers to ensure that they meet the Protocol's procedural and legislative requirements. In the past, Centrelink and the CSA have encountered significant problems with the vetting of requests, and frequently contacted case workers for additional information needed to inform the decision to disclose information. Commonwealth agencies frequently guided child protection contact officers to explain how requests are to be completed. They recommended that child protection contact officers receive better training about the vetting of requests.

The degree to which requests are vetted varies across the states and territories. All state and territories vet procedural factors (such as ensuring that all sections of forms are complete), and review the type of information being requested to ensure it can be disclosed under the Protocol. As a result of the vetting process, child protection contact officers have increasingly refused to forward requests to Centrelink for parents' contact details required for the purposes of court proceedings (which were not disclosable under the earlier version of Centrelink's appendix, outlined in Box 2.1, that was applicable during this review) and communicated this to case workers.

A few states and territories have in place extra layers of administration and communication, requiring requests to be vetted by team leaders before being forwarded to the child protection contact officer. There appears to be a greater degree of guidance from child protection contact officers in these states and territories, and case workers are not expected to have in-depth knowledge about the Protocol. Case workers generally consult with team leaders and child protection contact officers before making requests, and are guided through the process. For example, New South Wales's information team deals with the more detailed aspects of requests, and presents consolidated information about the Protocol to case workers, providing advice on how to phrase and expand requests in order to obtain the information sought.

It was found that in states and territories with more guidance and two-way communication, child protection contact officers tend to provide more advice about the content of requests, particularly the provision of sufficient supporting information to satisfy Commonwealth contact officers of a risk to a child. These vetting processes help to ensure that requests are complete and relevant to risks faced by the child.

Appropriateness of requests made under the Protocol

To date, the majority of information requests have fallen within the legislative boundaries of information disclosure under the Protocol, and the information requested was predominantly relevant to the corresponding allegation. Where this was not the case, Commonwealth agencies either refused the request, or contacted case workers for extra information to be sent through by fax or secure email. There were some reports of case workers abandoning information requests when pressed for substantiating information.

Reports were also made that significant numbers of case workers were requesting parents' address details from Centrelink in order to notify parents of court proceedings involving children. As this was not a permitted type of request under the earlier version of Centrelink's appendix, as described above, the majority of child protection contact officers were less willing to submit them. Nevertheless, some child protection contact officers submitted these requests because in some instances refusals to disclose information themselves were useful to case workers. There was a view from some child protection agencies that this reflected the intent of some practitioners to demonstrate that all investigative options had been pursued.

Some child protection contact officers identified the need for greater training and awareness for case workers on what information is obtainable under the Protocol. However, this may not be necessary once these details are able to be obtained under the updated Public Interest Certificate Guidelines (see Chapter 2).

Refusals of requests

Where Commonwealth agencies refused to disclose information, this was mainly because they were not satisfied that there was a threat to the child based on the information provided by case workers. The other main category of refusals (which was more prevalent when the Protocol was first established) was requests for parents' contact details in situations where children were subject to court orders or were not otherwise faced with a threat (note that such requests may potentially be permitted under Centrelink's new appendix).

Reasons for refusal are stated in Commonwealth contact officers' responses to child protection contact officers. These reasons tend to be standard statements based on an inability to disclose information under the applicable legislation, and in most cases responses are not detailed or tailored to the individual request.

Stakeholders consulted, however, revealed instances of inconsistencies in responses, with some child protection agencies believing that disclosure may have occasionally depended upon the processing officers' interpretation of the request. For example, in one instance a Commonwealth agency refused to provide parents' bank details, whereas the same request had been granted on another occasion for a similar case.

It is important to note that within the Department of Human Services (Medicare, Centrelink and Child Support programs), information requests are processed by delegates working in Information Release teams for each Program. In making their decision whether to disclose information, delegates must take into account the information received in requests from child protection officers, information held by the agency and the relevant secrecy provisions. The decision to release information is made on a case-by-case basis, and some information may not be able to be disclosed due to secrecy provisions contained in relevant legislation.

Where requests are refused, child protection contact officers usually request the case worker to provide additional information or reword and clarify the request before resubmission. However, where they believe that requests are reasonable, some child protection contact officers contact senior officers within Commonwealth agencies to follow up on the issue and seek a review of the refusal. There appears to be general lack of awareness amongst states and territories of these informal review options, with some child protection contact officers simply accepting the refusal and communicating this to the relevant case worker.

3.5 Compliance with procedural requirements of the Protocol

Consultation of other information sources before Centrelink

Case workers are required to consider local information sources before making requests to Centrelink. However, Centrelink expressed concern that in many instances case workers may be using the Protocol as a first point of contact, knowing that it is a good source of information.

The situation is difficult to ascertain because there are few mechanisms under the Protocol by which child protection contact officers could discover the point at which child protection requests are being made, and it is particularly difficult if case workers are bypassing the Protocol altogether. For example, Queensland's template for requests to Centrelink requires case workers to tick a box verifying that they have pursued other sources of information. However, it is difficult to verify whether case workers have in fact pursued other avenues first.

Generally, the individual circumstances of each case dictate whether requests are made under the Protocol. Some states and territories place particular reliance on local information sources, particularly where child protection agencies have well established local networks and relationships with police and other local agencies.

Such reliance on local networks could partially explain the relatively low number of per capita requests made by some states. According to stakeholders, for example, the geography of Western Australia reduces the likelihood that families cross state borders, and consequently accurate information about them is more likely to be obtained from local agencies rather than other states or the Commonwealth.

When requests are being made

Again, it is difficult to determine when during the child protection process requests are being made under the Protocol. States and territories indicated that the circumstances of each case and an assessment of risk to the child determine whether requests are made, for example, after receiving notifications about children or later on during an investigation.

In urgent circumstances, or where children are known to have moved interstate, it is considered appropriate to use the Protocol soon after receiving a notification. For example, if a notification has been received from a trusted source (such as a hospital) and it is clear that a child is at risk, a request for the family's contact details may be made at this early stage.

However, concerns were raised by Commonwealth agencies of the timing of some requests. They cited some cases in which requests were marked as 'urgent', for example, because a matter was due in court the next day, believing that the information could have been requested earlier. Such situations were considered to stem from resourcing and time constraints within the child protection agencies.

Response times for processing requests

The appendixes summarised in Chapter 2 state the available response times in which Commonwealth agencies should respond to requests. According to Commonwealth agencies, they prioritise child protection requests and ensure that staff are always available to process requests within the specified time frames. This includes after-hours services as indicated in the appendixes.

To date, all Commonwealth agencies were well within the time limits for each of the different response timeframes, and child protection agencies were highly satisfied with the speed of responses. Most Centrelink and CSA responses were received within 24 hours of a request being made. Almost all of Medicare's responses were sent within four days, except where requests were made for information that was more than five years old. Such requests require additional data processing and take up to seven days, but nonetheless comply with Medicare's 'Standard' response time of ten days. It is important to note that requests emailed or faxed to after hours services are required to be followed up with a call. Where this is not done, there is no guarantee of a response within the Protocol's time frames.

The Protocol's response timeframes are generally deemed appropriate for child protection agencies' child protection processes. Where they do not line up, requests are made for the closest response timeframe that would meet child protection processes. For example, if child protection agencies have a requirement to complete a process within three days they often select options for responses within five hours.

However, concerns have been expressed that many case workers are using the response timeframes incorrectly. For example, there were some situations in which case workers altered times on the templates to, for example, '3 days', which is inconsistent with the Protocol but may have stemmed from the abovementioned misalignment of processing times. Commonwealth agencies also reported cases in which requests had been marked as 'urgent' and processed accordingly, but child protection agency staff were not available (as required under the Protocol) to receive the request.

Bypassing the Protocol to contact Commonwealth agencies directly

Generally, it is difficult for child protection contact officers to know if case workers bypass them and, instead, directly contact Commonwealth agencies. Such cases are usually only discovered if the Commonwealth agency informs the child protection contact officer.

Commonwealth agencies — particularly Centrelink — expressed some concern that some case workers are contacting them directly, not being aware of the Protocol. In such cases, Centrelink forwards responses to child protection contact officers and notifies them of the informal approach. Similarly, Medicare and the CSA did not accept informal requests, advising case workers who had made such approaches they needed to work through their relevant child protection contact officers.

Centrelink has contacted child protection agencies on numerous occasions about this issue, however, it has not observed significant improvement. In this context, the agency highlighted the need to train case workers and improve awareness about the Protocol's efficiency, as well as the need for mechanisms to ensure that the Protocol is being used correctly.

Child protection contact officers believe that reasons for case workers bypassing the Protocol may include them attempting to avoid 'unnecessary red tape', which leads them to make informal requests through existing relationships and networks such as visiting their local Centrelink office. It should be noted that Information Release staff at Centrelink, Medicare and Child Support programs do not have the delegation under the legislation to release information under these circumstances. Most state and territory agencies, however, reported few cases where the Protocol's processes were bypassed, and believe that these instances are likely to fall as awareness of the Protocol grows amongst case workers.

Disclosure of information to third parties

When asked if they were seeking Commonwealth agency approval before disclosing information obtained under the Protocol to third parties, child protection agencies generally responded that, beyond information being submitted to Children's Court proceedings or assisting with police criminal investigations, they do not disclose information to other parties. This was felt to be part of their core business, and as such they felt that when information is shared with the courts and police, permission from the Commonwealth was not required.

Using the correct Commonwealth communication channel

As outlined in the appendixes to the Protocol (see Box 2.1, Box 2.2 and Box 2.3), the Commonwealth agencies have an after hours service in place. However, Commonwealth agencies, and Centrelink in particular, reported instances of case workers emailing the after hours service during the day, and believe more training is required to ensure the proper use of the Protocol. States and territories flagged few instances where child protection contact officers mistakenly sent requests to the after hours service.

Duplication of requests

Centrelink and the CSA claimed that they rarely receive multiple requests for the same information, indicating that the centralised communication channels under the Protocol are being used correctly. The few instances in which duplication had occurred involved requests for information followed by requests for updates.

However, Medicare indicated that duplicated requests formed a significant proportion of those it refused. Medicare mentioned that it sometimes receives requests for information through different forms (e.g. fax and email), and that this may indicate confusion about the process under Medicare's appendix.

Chapter 4

Explaining the differences in approach and usage between states and territories

Chapter 4 examines the reasons for differences in approach and usage between the different jurisdictions, and how these differences impact on the information sharing process. It explores the particular experiences, perspectives and environments of state and territory child protection services and how these can complicate the operation of the Information Sharing Protocol. Issues relating to training and awareness about the Protocol at both a Commonwealth and state and territory level are also examined.

4.1 The state and territory perspective

As outlined in Chapter 1, the Information Sharing Protocol arises from the *National Framework for Protecting Australia's Children 2009–2020*, which aspires to deliver a more integrated response from all levels of government to vulnerable and at risk children and families. The Information Sharing Protocol is an important enabler for this goal, along with other initiatives outlined within the National Framework.

The National Framework is clear on the roles and responsibilities of each of the jurisdictions, and explicitly states that responsibility for statutory child protection services is retained by the states and territories. This clear delineation of responsibility between the two tiers has important implications for the operation of the Protocol, and differences in state and territory practices are likely to underpin the significant variations in the number of requests illustrated in Table 3.1 and the processes within agencies.

Eight different states and territories

Across Australia, the eight different state and territory jurisdictions have established agencies and legislative, policy, practice and accountability frameworks to govern their statutory responses to child abuse and neglect. As the Australian Institute for Health and Welfare (AIHW) notes, despite broadly similar processes across the states and territories,

each jurisdiction has its own legislation, policies and practices governing child protection, and there are significant differences in how jurisdictions deal with and report child protection issues.

(AIHW 2011, p. 1)

As an illustrative example of these differences, Table 4.1 contains a snapshot of data from the latest AIHW report for the three eastern seaboard states: Victoria, New South Wales and Queensland.

Table 4.1

CHILD PROTECTION DATA ACROSS VIC, NSW AND QLD 2009–10

Jurisdiction	Notifications	Investigations	Substantiations	Rate of substantiations per 1,000
Victoria	48,369	13,816	6,603	5.2
New South Wales	156,465	110,105	26,248	8
Queensland	21,885	21,885	6,922	5.7

Source: AIHW 2011.

The AIHW report rightly cautions on the comparability of data across jurisdictions. For what these figures suggest is less a wide variance in the prevalence of child abuse or neglect across these three jurisdictions, but rather reflect a range of differences in policy and practice approaches. These differences in approach between the jurisdictions can result in different entry points to services; they may influence the threshold levels that generate a statutory response; determine the availability of preventative and diversionary services; and define the methods of data collection and reporting across the jurisdictions (AIHW 2011).

Localised pressures and priorities

Similarly, a common theme from some state and territory consultations undertaken as part of the operational review of the Protocol is the impact that different accountability and oversight bodies and corresponding reports or inquiries into child protection services can have on a jurisdiction's legislation, policy and approach. These circumstances can often lead to significant structural change and organisational focus for child protection services within the jurisdiction.

Recent examples from four jurisdictions best illustrate this experience, and are outlined in Box 4.1.

Box 4.1

EXAMPLES OF LOCALISED ISSUES IN CHILD PROTECTION SERVICES**Queensland**

In Queensland there has been ongoing and significant structural change to child protection services. Following the Crime and Misconduct Commission report into foster care in 2004, a stand-alone Department of Child Safety was created. In 2009 further government changes brought these responsibilities back under the broader Department of Communities (AIHW 2010).

Victoria

A 2009 investigation by the Victorian Ombudsman highlighted, amongst a range of issues, significant concerns around the level of understanding of privacy issues and security of client data and information sharing amongst child protection practitioners (Ombudsman Victoria 2009). This has led to a renewed focus on compliance with privacy requirements in Victoria. Additionally, the *Protecting Victoria's Vulnerable Children Inquiry*, currently underway and due to report to the Victorian Parliament at the end of 2011, has the potential to again significantly alter and reshape the legislative, policy and practice environment of Victoria's child protection system (see State Government of Victoria 2011).

New South Wales

Following the handing down of the Wood Special Commission of Inquiry in 2008, the New South Wales Government set about major structural change to the way child protection services respond to children and families. This has included significant investment in early intervention and prevention services and a raising of the threshold for statutory child protection involvement in the lives of children and their families (State Government of New South Wales 2011).

Northern Territory

Child protection in the Northern Territory is currently undergoing major changes to address the findings and recommendations of the report of the Board of Inquiry into the Child Protection System in the Northern Territory. This report, *Growing them strong, together: Promoting the Safety and Wellbeing of the Northern Territory's Children*, among other issues, highlighted the significant backlog of child protection cases and proposed immediate steps to clear this (Northern Territory Government 2010). As one of the first steps under the reform, a departmental restructuring has occurred in January 2011, separating the former Department of Health and Family Services into two departments: the Department of Health and the Department of Children and Families. The new department dedicated to child safety and wellbeing reports directly to the Minister through its own Chief Executive.

Source: AIHW 2010; Northern Territory Government 2010; Ombudsman Victoria 2009; State Government of New South Wales 2011; State Government of Victoria 2011.

Unique demographic and geographic characteristics

Contextual differences also extend to the unique demographic and geographic characteristics for each of the jurisdictions. During consultations some state and territory agencies noted behaviours and experiences common to transient and vulnerable families that appear to be determined by circumstances particular to that jurisdiction.

For example, representatives from Western Australia noted that, partly due to the size of the jurisdiction, distance from the other states and associated travel costs, when families relocate, they generally do so within Western Australia rather than relocating to other states. This may have reduced the need for requests for information from Commonwealth agencies like Centrelink as information is often sought from local agencies.

4.2 Implications for a national protocol

Key aspects and differences between the models that jurisdictions have established to administer the Information Sharing Protocol need to be seen in the context of the legislative, policy and practice contexts that surround them. This section seeks to examine the impacts that these different models are having on information sharing in general and the administration of the Information Sharing Protocol in particular.

General observations regarding information sharing

Across states and territories there are generally well-established information sharing regimes *within* jurisdictions, with protocols and agreements in place to govern information sharing with other agencies, such as police and education providers.

Similarly, the existence of the Interstate Liaison Protocol allows for information sharing and support *across* state and territory borders for the transfer of Children's Court orders and to alert other jurisdictional statutory services if vulnerable children and families moved across borders.

However, the differences identified in consultations during the project and detailed in this chapter highlight that the state and territory environments are dynamic and subject to ongoing change and reform. Taken together, these components necessarily complicate the operational effectiveness of a *national* information sharing protocol that sits atop these different environments.

Administrative and staffing arrangements

To facilitate the use of the Information Sharing Protocol, of the states and territories only Queensland and New South Wales have established a model that most closely approximates that employed by the Commonwealth agencies, namely a centralised information unit. All other jurisdictions have more devolved models with responsibilities for administering the Protocol being allocated to staff and officers with other responsibilities.

The Victorian model, for example, presents as the most devolved approach to administering the Protocol, with responsibilities resting with a range of persons, including ILOs and individual managers in each of that state's eight service regions.

In Victoria there is a strong emphasis on secondary support services to help children and families before a statutory response is required. Across the state, sub-regional Child FIRST (Child and Family Information, Referral and Support Teams) catchments, delivered in partnership between the child protection service and the community sector, have led to a strong integration between statutory services and well-established local community sector organisations (Victorian Department of Human Services website 2011). There are also clear links to universal service platforms like the maternal and child health service and educational platforms. These connections and partnerships reflect a public health approach to child protection and can be a more effective way of gathering useful information about a child or family than working through the Protocol. This may partly explain Victoria's relatively low number of information requests under the Protocol compared to other states with similar demographics.

Similarly, the model in Queensland reflects the structures and practice of its child protection service. The Queensland Data Management Service (Queensland DMS) is a centralised service responsible for data management across the jurisdiction, which administers requests made under the Protocol and plays an important streamlining and quality assurance role.

As displayed in Table 3.1, the Queensland DMS handles the largest volume of requests amongst all jurisdictions. This large number may stem from specific actions required of practitioners as part of that jurisdiction's practice framework which incorporates structured decision-making tools, and centralised communication systems and policy issues specific to Queensland. However, it is important to note that structured decision-making tools are also used in some other jurisdictions that have not seen the same volume of requests being made under the Protocol as in Queensland.

Box 4.2 further explores the various factors that may be influencing the relatively high level of requests for information stemming from Queensland.

Box 4.2

FACTORS INFLUENCING THE RELATIVELY HIGH NUMBER OF REQUESTS FOR INFORMATION MADE BY QUEENSLAND UNDER THE PROTOCOL

In Queensland, child protection practitioners work within the *Child Safety Practice Framework*. Embedded within the practice framework is the requirement to explore all appropriate information that will enable practitioners to respond in the best interests of the child's long-term health and safety. This requirement may combine with a number of factors to drive the significant numbers of requests under the Protocol. These factors include those listed as follows.

- The Queensland practice framework combines professional judgement on the part of practitioners with structured decision-making tools that require case workers to explore all sources of information prior to submitting an information request to the Commonwealth.
 - It may also lead to requests for information being made relatively early in child protection processes.
 - When seen in the light of the relatively high number of investigations in Queensland (see section 4.1), these two factors may be significant drivers of information requests under the Protocol.
- A centralised process has driven widespread training and awareness of the Protocol and provides for an easily accessible process for initiating requests. A highly centralised and coordinated team has many advantages, principally in the development and dissemination of information and training materials, and in developing relationships with Commonwealth staff.
- However, centralisation creates distance between front line child protection practices and the processing of requests, diluting control and knowledge over the content of requests and leading to a greater focus on data handling and procedure.
- Population and geographic factors in which transient families are highly mobile and are able to avoid statutory services more easily.

Source: Allen Consulting Group; consultations with stakeholders.

Overall, and notwithstanding demographic disparities between Queensland and other jurisdictions like the Northern Territory, South Australia and Western Australia, the difference in usage as demonstrated in Table 3.1 is stark and requires further analysis.

During 2010, there were no requests made to Commonwealth agencies by the Northern Territory, however, two requests to Centrelink were made in 2009 when the Protocol was established (data obtained from Centrelink). During consultations, some stakeholders reflected on the significant actions underway in that jurisdiction to address recommendations from the *Growing Them Strong, Together* report (Northern Territory Government 2010). Such actions have been a primary focus and are consuming significant resources. It is also felt that restrictive privacy legislation in the Northern Territory, which traditionally inhibited child protection practitioners from seeking personal information from other agencies, may have created a mindset that information from other agencies is generally unobtainable. However, Recommendation 5 of the *Growing Them Strong, Together* report provides for the development of a whole-of-government approach to information sharing, which may result in a different approach by child protection practitioners in future.

In South Australia, another jurisdiction with a low number of requests, consultations revealed that existing staff forums and practice guidance have been used to promote use of the Protocol. Within the agency there are plans to better embed the Protocol within practice and development regimes, and emphasise the Protocol's processes within the case management system.

The purpose of detailing these arrangements is to demonstrate how the use of the Protocol is grounded in the organisational and cultural context of each jurisdiction. During consultations, the majority of jurisdictions emphasised that they are making requests for information through the Protocol when the need arises. It is important to note that usage figures alone are not a measure of the Protocol's effectiveness. However, a small minority of stakeholders self-identified low uptake of the Protocol within their jurisdiction and have undertaken a range of measures, including conducting presentations and forums, to improve awareness among case workers.

Commonwealth agencies also highlighted concerns about the adequate training of state and territory child protection contact officers and case workers, particularly in light of the levels of informal requests indicated in section 3.5.

Generally, issues around awareness of the Protocol and training varied significantly across the jurisdictions and are explored in further detail below.

Varying levels of awareness of the Protocol

Overall, stakeholders from the states and territories felt that there is a high level of *general* awareness of the Protocol as a resource for practitioners to call on. At the same time, consultations revealed that senior levels of management at the respective services tend to have a *more detailed* understanding of the Protocol and the information available through it.

Despite general awareness of the Protocol, there is considerable variation in understanding the *types* of information available under the Protocol. Some states and territories have a more limited awareness of the types of information available from Medicare and the CSA — the two agencies to most recently become party to the Protocol. Indeed, some representatives of child protection agencies expressed surprise at the breadth of information that Commonwealth agencies — particularly Medicare — are able to disclose. Moreover, one child protection contact officer was not aware that Medicare is a party to the Protocol. Given that most other states and territories found Medicare information to be highly useful, this lack of knowledge may be of concern.

Awareness of the Protocol is also impacted by the very nature of child protection work, which is procedurally and administratively complex. This was also a recurring theme in the consultations with state and territory agencies, with staff commenting that the procedural nature of much of the work can overwhelm particularly new or young practitioners. This burden is often cited as a critical factor in the high workforce turnover rates that child protection services commonly experience (Victorian Department of Human Services, 2011). High staff turnover rates generally impact on 'organisational memory' and might partly explain gaps and inconsistencies in understanding and usage of the Protocol.

Consultations with Commonwealth agencies also reveal common experiences regarding the inconsistency of awareness in different states and territories. Differences across jurisdictions are felt keenly at the operational level, including frustrations with compliance issues; examples of child protection practitioners circumventing the Protocol and approaching Commonwealth agencies directly; a lack of understanding at a practitioner level around how state legislation interacts with Commonwealth legislation; changes in staffing arrangements in states and territories; and a disparity across jurisdictions in the take up and use of the Protocol.

Training and communication within child protection agencies

Raising awareness of the Protocol is intertwined with the training and work processes of case workers, whose work is underpinned by the various child protection practice manuals used in each child protection agency. These manuals contain advice, guidance, procedure and information to practitioners to assist them in their everyday work, and are frequently updated. Across jurisdictions, various methods have been used to inform practitioners about the use and variation of the Protocol and the impact on child protection practice manuals, for example, through edits or additions to the manuals that are communicated to practitioners through the distribution of email advice, updates to intranet resources, workshops and reflective practice sessions.

Approaches to awareness raising, education and training generally rely on effective internal communication structures, however, these vary across states and territories. For example, as different Commonwealth agencies have become party to the Protocol, it appears from consultations that management and staff in different jurisdictions (and sometimes even within agencies) were communicated this information in separate and sometimes inconsistent ways.

The need to address this inconsistency is pressing, particularly given the issuing of new Public Information Certificate Guidelines allowing the disclosure of information about parents and relatives for the purposes of contacting them ‘in relation to a child’ (section 17B, *Social Security (Public Interest Certificate Guidelines) (FaHCSIA) Determination 2010*; section 16B, *Family Assistance (Public Interest Certificate Guidelines) (FaHCSIA) Determination 2010*). Given that child protection agencies universally acknowledged the benefit of such information (explored further in section 6.1), it is important to effectively communicate this to the child protection contact officers and case workers who will be using the information.

Chapter 5

Stakeholder views regarding broader child protection outcomes of the Protocol

The review of the Information Sharing Protocol has focussed on its operational effectiveness, including implementation, usage and reasons for differences in its uptake. It has not measured the direct contribution of the Protocol to achieving better child protection outcomes. An outcomes analysis would require, for example, data about the number of child protection cases resolved using information obtained under the Protocol — data that is not currently available. Consequently, the findings in this chapter represent anecdotal evidence on the effectiveness of the Protocol in achieving broader child protection outcomes based on stakeholders' views recorded during the consultations.

5.1 Effectiveness of information provided under the Protocol

Overall, consultations with state and territory child protection agencies indicated an overwhelmingly positive view of the Protocol as a useful tool in obtaining relevant information that well complemented other information sources. Child protection agencies expect usage of the Protocol to increase as case workers become more aware of it, and as the breadth of information available under the Protocol expands.

Distance between processes and outcome

Both the Commonwealth and state and territory stakeholders consulted felt a distance between the process of obtaining information under the Protocol and the investigative and assessment work undertaken by child protection case workers.

In particular, stakeholders from all three Commonwealth agencies commented on the disconnect between the work they do and the potential impact it is having. In the absence of feedback from states and territories they either hoped or assumed that information they had released contributed towards positive outcomes for vulnerable or at-risk children.

This distance was also perceived, albeit to a lesser extent, by stakeholders from the state and territory child protection agencies. Consultations were undertaken with child protection contact officers and management staff. In some instances these staff are very close to the decisions and practice of case workers. Some other staff work more centrally and are a step removed from practice decisions but were still able to provide useful insights into the Protocol's perceived impact.

Usefulness of information provided

Generally, however, a significant number of stakeholders indicated that the information obtained under the Protocol either did, or was expected to, help move child protection processes forward, thus promoting positive outcomes for children.

Stakeholders provided a number of anecdotal examples of how the Protocol may have contributed to improved outcomes for children. These include:

- A number of representatives outlined cases in which address details obtained from Centrelink enabled case workers to find children in order to assess perceived risks, or to conduct investigations. This was considered to be particularly useful where families were trying to avoid child protection authorities by moving interstate, and had re-registered for Centrelink benefits;
- Medicare information was described by stakeholders as being particularly useful in evaluating parents' capabilities to care for their children, such as assisting to identify cases of 'doctor shopping' whereby parents sought to obtain multiple prescription medicines — an indicator of substance abuse; or where they sought favourable appraisals about their parenting capacity; and
- Medicare information was also considered to be useful to inform assessment and long term planning for children. Stakeholders cited cases where children's medical history from Medicare provided information about doctors who had been consulted and the treatments provided to the child. Immunisation histories were also very useful for foster and kinship carers.

According to stakeholders, child protection cases might not have proceeded without such information, and files might have been closed until such information was available — situations which risked further harm to children.

However, while representatives of child protection agencies overwhelmingly viewed the Protocol as being useful for their work, some acknowledged that requests under the Protocol form only a small proportion of overall requests for information. In the case of some jurisdictions, less than five per cent of total information requests were made under the Protocol — the majority being made to local agencies and through the Interstate Liaison Protocol. However, the expansion of information available from Centrelink under the new Public Interest Certificate Guidelines is expected to increase the number of requests to Centrelink under the Protocol.

Chapter 6

The way forward

This chapter brings the views of stakeholders on possible improvements of the Protocol together with the changing environment in which parties to the Protocol operate. Based on these views and the opportunities created by changes and developments to the Protocol and its environment, a series of options to improve the Protocol are presented.

6.1 Stakeholders' views on improving the Protocol

From consultations with stakeholders it is evident that the Protocol is viewed as a useful resource. At the same time there is also near unanimous support from the state and territories for expanding the types of information available, particularly to facilitate decision-making before problems escalate into threats to children. Some stakeholders also raised concerns about accessing information from non-government organisations (NGOs) who may hold information required by child protection agencies.

All jurisdictions were open to the idea of a forum later this year to examine up-to-date information on issues around legislation and how it impacts on the Protocol. Importantly they also saw the proposed forum as an opportunity to talk about broader child welfare practice and the perspectives of practitioners. The forum could be used as a platform to discuss and drive some of the proposed options outlined below.

Expanding access to contact details of parents and relatives

At the time of this review, the Protocol assists with information gathering and assessment for children and families where there is a threat to the life, health and welfare of a child, or other risk to a child. This centres the Protocol very much within a tertiary or statutory framework of child protection, in which agencies intervene once risks to children have developed. However, recent child protection theory and evidence demonstrate the need to intervene earlier — *before* the development of such threats and risks — but also the importance of exploring best possible placement options for children, to promote their stability, health and wellbeing. Consequently, by only allowing information disclosures at assessment and investigatory stages, the Protocol reinforces traditional and less-than-ideal systems and practice for child protection.

In response to the theory and evidence about child protection methods, jurisdictions across Australia have sought to re-orient their legislative and practice frameworks to include secondary and universal service responses to better meet the needs of at-risk children and vulnerable families. These changes have broadened the aims of child protection services from one of purely responding to immediate risks to one that also promotes child health and wellbeing. The overarching goal is to shift the focus from intervention to prevention, and from *child protection* to *protecting children*. The same premise underpins the principles and directions of the National Framework.

To support these efforts, state and territory stakeholders emphasised the *need to contact parents and relatives in a range of situations*, not necessarily involving a *threat or risk to a child*. Such information was considered to be vital in a range of circumstances, including:

- to notify parents that their children are subject to a court order, and provide opportunities for parents to make submissions about decisions relating to their child;
- where there was a need to notify parents and family members to explore placement options after a court order has been made;
- situations in which child protection agencies sought to explore reunification between parents and their children;
- contacting birth parents for consent to adoption;
- obtaining parents' consent to orders for children to be transferred if carers moved interstate; and
- identifying whether other children were living with the parents and potentially required assistance.

Child protection agencies believed that whilst these issues might not meet current thresholds around risk within the Protocol, they were central to children's long-term stability, safety and wellbeing outcomes.

However, such measures may be addressed by the new Public Interest Certificate Guidelines and the issuing of a new appendix for Centrelink (discussed in section 2.2), which expand the grounds on which Centrelink can disclose information to child protection agencies for the purposes of contacting parents and relatives 'in relation to a child' (section 17B, *Social Security (Public Interest Certificate Guidelines) (FaHCSIA) Determination 2010*; section 16B, *Family Assistance (Public Interest Certificate Guidelines) (FaHCSIA) Determination 2010*).

The interpretation of this new ground for disclosure is not yet clear, and any expansions in the availability of information will need to be balanced with requirements to maintain the privacy of those involved. This is particularly so given concerns by stakeholders in Commonwealth agencies that requests under the Protocol may be 'fishing expeditions' in which child protection agencies are simply checking the information available to them. The interpretation of grounds for disclosure are also impacted by cultural awareness as explored in section 6.2.

Option:

Expand the circumstances in which child protection agencies can access information in order to contact parents and relatives of children through ensuring the broadest interpretation of the new Public Interest Certificate Guidelines for Centrelink that would comply with privacy legislation.

Including other departments as parties to the Protocol

Alongside expanding the breadth of information and the circumstances justifying its disclosure, stakeholders identified the Department of Immigration and Citizenship (DIAC) as another entity holding information that is potentially useful for child protection processes. State and territory stakeholders raised the importance of obtaining information about unaccompanied minors who are under the guardianship of the Minister for Immigration and Citizenship. According to stakeholders, DIAC or states and territories may be responsible for the guardianship of unaccompanied minors, however, the role of providing services to unaccompanied minors (depending on their guardianship status) is now contracted out to NGOs. Child protection processes would thus benefit from greater ease in obtaining information from NGOs (see the following section) or, alternatively, from the ability to obtain this information from DIAC.

Discussions between FaHCSIA and DIAC are currently under way with respect to DIAC's inclusion in the Protocol.

Improving information sharing between states and territories and non-government organisations

During consultations, some child protection agencies noted the growing role of the community sector in contracted out-of-home care and case management. Consequently, NGOs are holding a range of privacy information that is not accessible through the Protocol, and may not be accessible by other means.

Stakeholders claimed that, although NGO contracts often include clauses for information sharing, NGO staff dealing with child protection matters are often uncertain of the applicable privacy legislation and are consequently averse to disclosing information. Child protection agencies cited particular difficulties in accessing information from NGOs that receive joint funding from both state/territory and Commonwealth bodies, as NGOs were unclear whether the information held was subject to state/territory or Commonwealth privacy legislation.

Currently, information sharing guidelines exist in New South Wales and South Australia to facilitate information sharing between NGOs and child protection agencies. In South Australia, NGOs that receive Commonwealth and state funding have expressed concerns that sharing information under the *South Australian Information Sharing Guidelines* is a possible breach of the *Privacy Act 1988* (Cth). An application for a Public Interest Determination is currently being led by a South Australian NGO to resolve this issue. Recommendations by the Australian Law Reform Commission to remove the 'imminence' requirement for information disclosure under the Privacy Act, if enacted by Parliament, will largely resolve this issue.

Some stakeholders noted that these issues fall outside the Information Sharing Protocol whose primary purpose is to facilitate information sharing between the Commonwealth and state and territory child protection agencies.

6.2 Improving the implementation of the Protocol

Improving awareness of the Protocol

Consultations revealed significant variations in awareness of the Protocol, both *between* the different state and territory child protection agencies and *within* these agencies, as information was often not filtering through them effectively. It is particularly concerning that some stakeholders indicated that they were not made aware that Medicare or the Child Protection Agency had become party to the Protocol.

Such problems with communication may have arisen from a number of factors, including:

- difficulty in accessing information about the Protocol and its appendixes. Although the Protocol is incorporated into all child protection agencies' practice manuals, there is no single reference point, such as a website, containing the Protocol, appendixes and updates;
- a lack of effective channels to communicate information about the Protocol to agencies themselves, and in particular directly to the child protection contact officers who need this information. In some instances, senior officers were made aware of changes to the Protocol, but this had not effectively filtered down to child protection contact officers; and
- relating to the above point, difficulties in disseminating information *within* child protection agencies.

It is vital for case workers and other child protection staff to be aware of the Protocol and the information it enables child protection agencies to access. Although numerous stakeholders indicated that their information needs are well met by other information sources, such as local networks or the Interstate Liaison Protocol, all stakeholders nonetheless identified the Protocol as a useful additional tool. Moreover, many stakeholders believe that the Protocol is a straightforward way to access information.

There is consequently the need to improve the structures through which information about the Protocol is communicated both *to* and *within* child protection agencies.

Measures to improve external communication *to* child protection agencies, and particularly to child protection contact officers, may include:

- creating a web site containing the Protocol, appendixes and associated information, which is regularly updated to reflect new developments;
- transmitting information about the Protocol using the existing framework for the Interstate Liaison Protocol; and
- the creation of an administrative function within the Information Sharing Working Group of CDSMC to communicate directly with child protection contact officers at the various child protection agencies. This could be modelled upon the Interstate Liaison Protocol's communications structure, in which each jurisdiction has a Co-ordinating Interstate Liaison Officer from which a National Coordinating Interstate Liaison Officer is appointed.

Option:

Consider ways to better utilise existing forums and mechanisms to raise awareness and train child protection contact officers about the Protocol, and ensure currency and consistency of information.

Measures to improve in the dissemination of information internally *within* child protection agencies are linked to internal communication and training structures, which are discussed below.

Improving communication and structures within child protection agencies

As indicated in Chapter 3, usage of the Protocol varies significantly across jurisdictions, and this may have been influenced by the way each jurisdiction administers the Protocol. ‘Better’ use of the Protocol may be associated with the submission of adequately vetted requests through the appropriate channels. Procedures and structures assisting this include:

- central teams/people having a thorough understanding of the Protocol, and engaging in two-way communication to guide case workers in making requests;
- centralised communication structures to disseminate information about the Protocol;
- centralised processes that create ease of access and consistency for practitioners; and
- communication with and feedback from Commonwealth agencies.

However, these factors alone do not necessarily lead to better use of the Protocol. For example, devolved models in which child protection contact officers are physically closer to practitioners often ensure a strong quality assurance role; whereas centralised processes tend to improve use of the appropriate communication channels.

These insights from the different jurisdictions present opportunities for shared learning across child protection agencies. It may be suitable for such discussions to coincide with the release of Centrelink’s new appendix, which reflects the updated Public Interest Certificate Guidelines. With the potential of these developments to drive up the use of the Protocol, it is important that jurisdictions consolidate information and training available for practitioners without imposing new structures or onerous conditions on child protection agencies.

Furthermore, the revised appendix will need to be communicated to child protection agencies, which presents an opportune time for child protection agencies to update case workers and other child protection practitioners about the Protocol.

Option:

Encourage child protection contact officers, other state/territory officers involved in the Protocol, and Commonwealth officers to share learnings about effective implementation strategies, and consolidate these insights for dissemination. Couple distribution of insights about successful implementation strategies with information about Centrelink’s new appendix.

Improving training of case workers and child protection contact officers

As mentioned in section 4.2, jurisdictional variation in awareness of the Protocol among case workers and child protection contact officers is of concern to all Commonwealth agencies as well as a number of state and territory child protection agencies. Difficulties in disseminating information combined with staff turnover rates dilute many child protection agencies' organisational knowledge of the Protocol.

The maintenance of knowledge about the Protocol may be addressed in a number of ways, including:

- training about the procedures associated with the Protocol that is tailored to the needs of case workers;
- more in-depth training of child protection contact officers, or other central team members who can provide guidance to case workers; and
- child protection agencies ensuring comprehensive handover procedures when staffing of child protection contact officer roles is changed.

However, it must be recognised that high workloads and high staff turnover rates are likely to reduce the effectiveness of case worker training, thus the training of central officers is of high importance in combination with improved internal communication channels to inform case workers about the information accessible under the Protocol.

Options:

Encourage and enable child protection agencies to undertake thorough training of child protection contact officers and other staff who are in a position to guide case workers in making requests under the Protocol. This is to be combined with improved communication channels to inform case workers of the type of information accessible under the Protocol.

Encourage child protection agencies to ensure that thorough handover procedures are undertaken when a new staff member commences the role of child protection contact officer.

Promoting an awareness of different perspectives and cultures among parties to the Protocol

During consultations, a number of state and territory stakeholders expressed frustration that — despite improvements in the willingness to share information — there is still a sense that Commonwealth agencies are averse to information sharing and often refuse information disclosures when they were needed. This was attributed to the very different contexts in which the Commonwealth and state/territory agencies operated, and this gap in perspectives affects each party's interpretation of the grounds for information disclosure.

State and territory child protection agencies experience the realities of child protection case work, and believe that their requests for information are crucial to the welfare of children. In contrast, state and territory stakeholders indicated that Commonwealth officers processing requests operate within a culture of privacy and are consequently reluctant to disclose information unless they are unequivocally satisfied of a threat to a child. Stakeholders thus felt that Commonwealth officers interpret their guidelines in a narrow way, often refusing to disclose information in circumstances that child protection agencies felt warranted disclosure.

However, such circumstances often arose when there was no threat to a child (as per the legislative requirements), and may soon qualify for information disclosure following the expansion of Centrelink's grounds for disclosure under the new Public Interest Certificate Guidelines. Moreover, Commonwealth officers are operating within prescriptive guidelines and a strong privacy culture in which a narrow interpretation of rules is understandable given that officers may be personally liable for breaching privacy laws.

Nonetheless, cultural perspectives will continue to inform the interpretation of guidelines. Greater understanding of different perspectives is particularly important given that the new Public Interest Certificate Guidelines contain a broad new ground for disclosure — whether parents and relatives need to be contacted 'in relation to a child' is susceptible to a wide range of meanings (section 17B, *Social Security (Public Interest Certificate Guidelines) (FaHCSIA) Determination 2010*; section 16B, *Family Assistance (Public Interest Certificate Guidelines) (FaHCSIA) Determination 2010*).

Consequently, state and territory stakeholders believe that cross-cultural education of all parties involved can reduce miscommunication and frustration about the interpretation of the guidelines. This is considered to be especially important as child protection agencies expressed a desire for flexible interpretation based on the circumstances rather than prescriptive definitions of the grounds for disclosure.

Education and training requirements interact with efforts to re-orient state-based child protection services that have required significant cultural and practice change. Cultural training informed by child development theory and practice for Commonwealth staff could accompany the dissemination of information about Centrelink's new appendix. This would assist in better understanding requests from child protection practitioners as well as informing their responses to such requests — whilst still operating within the Commonwealth legislative framework. This also has the potential to lead to a better connection between the processes of the Protocol with outcomes of particular cases.

Similarly, child protection agencies may benefit from cultural training and education regarding the frameworks in which Commonwealth officers operate. This may assist their understanding of Commonwealth privacy frameworks and perspectives, and inform the way in which requests are made under the Protocol.

Options:

Encourage Commonwealth and state and territory officers involved in the Protocol to engage in dialogue in order to understand each other's operational and cultural perspectives.

Consider accompanying the dissemination of information about the new Centrelink appendix with training for Commonwealth staff that is informed by child development theory and practice. This would assist Commonwealth staff in better understanding requests from child protection practitioners as well as informing their responses to such requests.

Develop and share on annual basis amongst parties to the Protocol a series of case studies in order to better link the processes of the Protocol with the outcomes it generates.

6.3 External developments influencing the Protocol's operation

Another important development that could impact on the environment within which the Protocol operates, includes the consolidation of Commonwealth agencies within the new Department of Human Services.

The new Department of Human Services incorporates Centrelink, Medicare and the CSA. However, these programs (formerly referred to as 'agencies') will remain separate sources of information under the Protocol, and three separate sets of contact details will be maintained to avoid confusion. Nonetheless, some states and territories have indicated that the consolidation of these three contact points would be beneficial as it would make information sharing requests more efficient and allow child protection contact officers to build a better relationship with a single Commonwealth contact officer.

Option:

Ensure that the Department of Human Services communicates any changes in contact details to child protection contact officers.

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