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**ANMF (Vic Branch)
Submission to the
Child Information
Sharing Scheme
Public Consultation:
Regulations and
Regulatory Impact
Statement**

14 June 2018

Introduction

The Australian Nursing and Midwifery Federation (Victorian Branch) (ANMF) was established in 1924. The ANMF (Vic Branch) is the largest industrial and professional organisation in Australia for nurses and midwives, with Branches in each state and territory of Australia.

The ANMF (Vic Branch) represents in excess of 80,000 nurses, midwives and personal care workers (the latter predominantly in the private residential aged care sector). Our members are employed in a wide range of enterprises in urban, rural and community care locations and the public and private health and aged care sectors. Relevantly, ANMF (Vic Branch) represents maternal and child health nurses throughout Victoria.

The core business for the ANMF (Vic Branch) is the representation of the professional and industrial interests of our members and the professions of nursing and midwifery.

The ANMF (Vic Branch) participates in the development of policy relating to nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare, health and aged care, community services, veterans' affairs, occupational health and safety, industrial relations, social justice, human rights, immigration, foreign affairs and law reform.

The ANMF (Vic Branch) is delighted to make submission to the Child Information Sharing Scheme Public Consultation: Regulations and Regulatory Impact Statement. In addition to submitting via the online format we are pleased to provide a PDF version of our submission. We have structured our submission on questions one to three of the online consultation platform provided by Department of Education and Training Consultation. In the week commencing 25 June 2018, ANMF (Vic Branch) will make a further submission to the Child Information Sharing Scheme Public Consultation: Ministerial Guidelines.

SECTION TWO: Questions about the Regulatory Impact Statement

1. Do you have any comments in regards to the Regulatory Impact Statement (Regulatory Impact Statement 'Child Wellbeing and Safety (Information Sharing) Regulations 2018')?

ANMF (Vic Branch) welcomes that the Regulatory Impact Statement [RIS] comprehensively outlines the need for reform (section 1.1). We similarly support the objectives of the Child Information Sharing [CIS] Scheme as outlined in section 1.3.1 of the RIS.

Moreover, as detailed in our response to questions two and three below, we believe the objectives of the CIS Scheme present a persuasive case for reviewing the phased approach to introducing the CIS Scheme. Whilst the RIS provides costings for a phased introduction of the CIS scheme, it does not include costings, information or analysis regarding the adverse effects that might arise from delaying full introduction of the CIS Scheme (through adopting the phased introduction of the CIS Scheme). For example, the RIS does not explore or examine the financial and human cost to the health system and community that may arise from a phased introduction of the scheme or in effect, the delayed implementation of measures to address the significant shortfalls identified in section 1.1 of the RIS. Therefore, the RIS is lacking in a true and fulsome comparison between Option1 and Option 2.

Additionally, the RIS is lacking in any examination of the professional confusion that is likely to occur as a consequence of the phased introduction of the Scheme. Such as for example, when a registered nurse and midwife employed within a local council and providing maternal and child health (MCH) services will be a prescribed entity from September 2018 but the same registered nurse and midwife employed within public hospital - but not providing MCH services - will not be a prescribed entity until 2020.

SECTION THREE: Questions about the Regulations

2. The Regulatory Impact Statement presents options for the Regulations in relation to prescribed entities and record keeping obligations. Do you have any comments in regards to the preferred regulatory option presented in the Regulatory Impact Statement?

ANMF (Vic Branch) supports guidance in regards to record keeping relating the sharing of information within the CIS Scheme.

Effective documentation is a critical element of the professional, legal and ethical practice of registered nurses and midwives and promotes continuity of care and effective communication and collaboration between health practitioners and health services.

Whilst providing some guidance in regards to the responsibilities of the information sharing entity (ISE) when sharing information, section 5.1.2 of RIS is silent in regards to the responsibility of an ISE in regards to requesting information and any related record keeping requirements. Specifically, the RIS does not indicate whether this information can be requested verbally or whether it must be requested in writing and if so, what record keeping is required.

The RIS (and therefore the Regulations and Ministerial Guidelines) could be amended to provide greater clarity on this issue and consideration could be given to developing a template form for the request and provision of confidential child health information. This form could be aligned with the threshold for sharing confidential child information as currently described in pages eleven to seventeen of the Ministerial Guidelines and could be included as an Appendix to the same. Aligning a template form to the matters which must be considered by an ISE in assessing whether the threshold for sharing has been met, may serve as an important risk mitigation measure.

Question relates to the Regulatory Impact Statement ‘Child Wellbeing and Safety (Information Sharing) Regulations 2018’ section 5, page 38

As outlined in our response to question one above, ANMF (Vic Branch) believes the objectives of the CIS Scheme (detailed in section 1.3 of the RIS) would be more effectively met through adopting Option 2 of the CIS Scheme as described in section 3.1.2 of the RIS. In support of this we submit that:

- The need for change and the identified objectives are a compelling basis to implement a comprehensive CIS Scheme from the outset. Further, we note that no analysis/comparison has been detailed regarding the human and financial cost of delaying full implementation of the CIS Scheme. Full and comprehensive implementation of the CIS Scheme would most effectively achieve the identified rationale of the ‘protection and support of vulnerable children’ (page 38, RIS).
- Expanding the ISE’s to include all (or some as detailed below) of the entities in section 3.1.2 of the RIS would of itself serve as a vehicle to promote inter professional and inter agency collaboration and communication and in turn, would be a powerful and effective means to make early identification and intervention for children at risk
- Whilst the proposed ‘preferred option’ identifies that MCH nurses collaborate with the ‘targeted’ ISEs, it does not adequately recognise that MCH nurses also regularly communicate and collaborate with other health services and health practitioners in providing the MCH Service and or MCH services.

Similarly, whilst in advocating the need for change the RIS has identified child deaths which have been investigated by the Coroner’s Court, the RIS has not explored matters before the Coroners Court which have involved collaboration between the MCH Service, acute public hospitals (for example, a child presenting in an accident and emergency department or a mother receiving antenatal or post-natal care) and general practitioners.

Full and comprehensive implementation of the CIS Scheme would most effectively achieve the identified rationale of (including) ‘services that perform complementary service functions, both within and across sectors provide for a more integrated service response for vulnerable children and families’ (page 38, RIS). It would also support earlier identification and intervention for children and families at risk.

- ANMF (Vic Branch) acknowledges the critical importance of ensuring services have ‘training and capacity in formal risk assessment’. However we believe this hurdle can

be overcome by bringing forward the allocation of additional resources (to achieve this aim) and through reviewing the implementation date of the CIS Scheme as required.

- ANMF (Vic Branch) does not support Option 3 of the CIS Scheme as outlined in section 3.1.3 of the RIS.

In all of the circumstances we submit that consideration be given to implementing Option 2 of the CIS Scheme. Under this Option it may be necessary to review the implementation date of the CIS Scheme and to bring forward the allocation of additional resources to ensure implementation of CIS Scheme is adequately supported.

Alternatively, consideration could be given to implementing a hybrid version of Option 2 above whereby the following services/sectors would become ISE's from September 2018:

- a) Hospitals
- b) Medical and other health practitioners
- c) Other public and private health services
- d) Early childhood education services (page 21 and 22 of the RIS).

3. The Regulations prescribe a selected set of Information Sharing Entities for Phase 1. Should any additional entities be prescribed, and if so why?

In all of the circumstances we submit that consideration be given to implementing Option 2 of the CIS Scheme. Under this Option it may be necessary to review the implementation date of the CIS Scheme and to bring forward the allocation of additional resources to ensure implementation of CIS Scheme is adequately supported.

Alternatively, consideration could be given to implementing a hybrid version of Option 2 above whereby the following services/sectors would become ISE's from September 2018:

- a) Hospitals
- b) Medical and other health practitioners
- c) Other public and private health services
- d) Early childhood education services (page 21 and 22 of the RIS).

The Regulations - Other Matters

Additionally, we suggest that a definition be included in regards to a 'person' as referred to throughout the Regulations. For example, in the case of Regulation 5 (V) is a 'person' anyone who is involved in the MCH Service per se (such as a bookings clerk) or is it confined to a health practitioner who is directly involved in providing the MCH service?

Further, consideration should be given to stipulating the timeframes that an ISE is required to share information. The RIS and Regulations are currently silent on this.

Question relates to the 'Child Wellbeing and Safety (Information Sharing) Regulations 2018', part 2, section 5. Based on your experience, do you agree with the legislative challenges identified above? Why or why not?

Subject to the matters raised within this submission and noting that the Ministerial Guidelines are still subject to consultation, ANMF (Vic Branch) is supportive of Regulations which provide clarity for our members in regards to their obligation under the CIS Scheme.

The final iteration of the Regulations will be a critical component of the authorising framework for registered nurses and midwives and will play an important role in informing the scope of practice of registered nurses and midwives as defined in the *National framework for the development of decision-making tools for nursing and midwifery practice - September 2007* (Nursing and Midwifery Board of Australia). <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Frameworks.aspx>

Conclusion

ANMF (Vic Branch) is pleased to make submission to this stage of the CIS Scheme Consultation: Regulations and Regulatory Impact Statement. Our submission is motivated by a desire to most effectively meet the objectives of the CIS Scheme as outlined in section 1.3 of the RIS.