Statement of Reasons

Child Wellbeing and Safety (Information Sharing) Amendment Regulations 2020

November 2020

VICTORIA State Government

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

ISBN 978-0-7594-0858-6 (pdf/online/MS word)

This document is available online at engage.vic.gov.au/child-information-sharing-scheme and hard copies are available on request by emailing childinforsharing@edumail.vic.gov.au.

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Overview

Purpose

In November 2019, the Victorian Government released the draft Child Wellbeing and Safety (Information Sharing) Amendment Regulations (draft Regulations) and an associated Regulatory Impact Statement (RIS) for public consultation. The draft Regulations proposed to authorise additional organisations and services to participate in the Child Information Sharing Scheme (CIS Scheme) as part of Phase 2. The RIS outlined options for regulation as well as the estimated costs associated with the preferred option.

The public and stakeholders were invited to comment on the draft Regulations and RIS from 6 November to 6 December 2019. Thirty-three submissions were received in response.

This document summarises the feedback received and provides responses to the key themes across the submissions, including a statement of reasons for any changes made following public consultation.

The final Regulations, that will give effect to Phase 2 of the CIS Scheme, will commence on 19 April 2021, following a delay in implementation in response to the coronavirus (COVID-19) pandemic in Victoria.

Child Information Sharing Scheme

The Victorian Government established the CIS Scheme in 2018 when the *Child Wellbeing and Safety Act 2005* was amended to include a new Part 6A. Under the CIS Scheme, organisations and services prescribed as “Information Sharing Entities” are permitted to share and request confidential information for the purpose of promoting the wellbeing or safety of a child or group of children.

The CIS Scheme assists professionals and organisations to better perform their roles and responsibilities by expanding and clarifying the circumstances in which they can share information to promote the wellbeing and safety of children. The Scheme is designed to:

- give professionals the tools they need to inform their professional judgement
- promote earlier risk identification, support and service collaboration
- ensure children and families can be referred to and access services when they are needed
- help improve outcomes for Victorian children.

The CIS Scheme is being implemented using a phased approach. Phase 1 commenced in September 2018 and includes key front line services, such as Child Protection, Child First, Maternal and Child Health services, Victoria Police, family violence services, and the Registry of Births, Deaths and Marriages. These services are prescribed in the Child Wellbeing and Safety (Information Sharing) Regulations 2018.

The services and workforces proposed for Phase 2 of the CIS Scheme, including key universal services, such as schools, early childhood education and care services, community and mental health services, general practitioners and public hospitals, interact with the vast majority of Victorian children, particularly those who are in greatest need of support. These services have the capacity to provide timely access to information relevant to the wellbeing or safety of children, and to facilitate reform delivery, with appropriate support from government.

Family violence information sharing reforms

The CIS Scheme is being implemented in alignment with the Family Violence Information Sharing (FVIS) Scheme. The FVIS Scheme enables authorised organisations and services to share information with other professionals to facilitate assessment and management of family violence risk to children and adults.

The Multi-Agency Risk Assessment and Management Framework (MARAM) sets out the responsibilities of different workforces in identifying, assessing and managing family violence risk across the family violence and broader service system. MARAM will guide information sharing under both information sharing schemes wherever family violence is present. Family Safety Victoria (FSV) is leading the development of the FVIS Scheme and MARAM.

Both the CIS and FVIS Schemes aim to remove barriers to information sharing to allow organisations and services to work together, across the service system. This allows practitioners to make more informed decisions and better respond to the needs of children, families and those experiencing family violence.

Consultation on the proposed Family Violence Protection (Information Sharing and Risk Management) Amendment Regulations 2020 occurred in parallel with the CIS Scheme consultation late last year. For further information, please visit https://engage.vic.gov.au/family-violence-maram-and-information-sharing-reforms.

Consultation

Submissions process

The Department of Education and Training (the Department), on behalf of the Victorian Government, released the draft Regulations and associated RIS for public comment for 31 days, from 6 November to 6 December 2019.

Stakeholders and the public were invited to make written submissions on the proposals by post, email or using the Victorian Government's online platform, Engage Victoria. There were five questions to prompt feedback (see Appendix 3). Submitters could choose to answer the questions directly using the online form or write their own submissions.

A Notice of Preparation of a RIS and the proposed Amendment Regulations were published in The Age newspaper and the Government Gazette on 6 November 2019. Additionally, stakeholders were notified in writing (by direct email and/or through various e-newsletters) of the opportunity to make a submission.

On 18 November 2019, the Department of Health and Human Services (DHHS) hosted a public consultation forum with representatives of the primary health and community health sectors to discuss their proposed inclusion in Phase 2 of the information sharing reforms.

Submissions received

The Department received 33 submissions from a range of sectors, as outlined in Table 1 below. A full list of the submitters is provided in Appendix 2, noting that seven submitters requested their submissions be treated as confidential.

Table 1. Number of submitters by sector

Sector	Number of submissions
Community sector	3
Early childhood	1
Education	3
Health and human services	19
Individual / member of the public	1
Legal	1
Local government	1
Other	4
Total	**33**

Earlier stakeholder engagement

Prior to the submissions process, the Victorian Government also undertook various consultation activities to inform the development of the draft Regulations and RIS. This included:

- approximately 120 workforce representatives from 60 unique organisations participated in six workforce forums (five face-to-face and one online)
- 53 workforce interviews were subsequently conducted, either face-to-face or by teleconference
- approximately 100 additional stakeholder meetings and presentations since July 2018, with around 80 stakeholders.

Further detail is provided in section 10 of the RIS.

These activities built on the consultation and engagement completed from 2016 to 2018 on the development of the CIS Scheme, and the implementation of Phase 1.

Key themes in submissions

The Victorian Government has considered all submissions received and would like to thank the organisations and individuals that provided feedback.

Submitters were supportive of the intent of the draft Regulations and the objectives of the CIS Scheme. Some submitters suggested changes to the proposed approach in terms of workforces to be included or raised queries about implementation of the CIS Scheme.

The following sections provide a summary of the submissions and the Victorian Government's responses to them. Further information is provided in Appendix 1.

1. Scope of Phase 2 workforces

The CIS Scheme permits information sharing between prescribed Information Sharing Entities to promote the wellbeing and safety of children in Victoria.

As outlined above, the CIS Scheme is being implemented using a phased approach. Phase 1 commenced in 2018 and includes key frontline services.

The objective of the draft Regulations is to enable implementation of Phase 2 of the CIS Scheme by prescribing additional Information Sharing Entities.

The RIS presented three options for prescribing Phase 2 Information Sharing Entities under the CIS Scheme (see section 4 of the RIS):

- Option 1 – Targeted prescription of universal health services
- Option 2 – Targeted prescription of universal health and education services and other key child service providers
- Option 3 – Services prescribed in Option 2 with the addition of other universal health and education services and child service providers.

The RIS recommended Option 2 as the preferred option and this was reflected in the draft Regulations released for public comment.

Feedback received

Majority of submitters supported inclusion of universal services

The majority of submitters supported the proposal to prescribe universal health and education services, and other key child service providers as Information Sharing Entities (Option 2).

Some were strongly supportive of the proposal and considered the inclusion of universal services would strengthen the effectiveness of the CIS Scheme, noting their important role in engaging with children, young people and their families.

Others indicated more moderate support or expressed an in-principle understanding of the intent of the reforms. These submitters tended to also request further detail about implementation and how the CIS Scheme will affect workforces in practice. (Implementation comments are discussed in section 4 of this document below.)

One submitter did not agree with the proposal to prescribe Phase 2 workforces without financial resourcing to implement the Scheme. (Other submitters that supported the proposals also requested that funding be provided to support implementation. These comments are discussed under implementation below).

Support for prescribing additional services

Many submitters also commented that services additional to those included in the draft Regulations should be included in the CIS Scheme. Submitters particularly commented that some of the services listed under Option 3 from the RIS such as private health services, disability services and family day care should be included, either now or at a later date.

Submitters suggested that excluding these services from the Scheme would potentially:

- increase the risk of key information relevant to a child's safety or wellbeing being missed
- impact the ability of public and private services to effectively work together to manage risks.

A theme expressed was whether a child accesses public or private services should not be a barrier to their safety and wellbeing being prioritised.

Response

The Victorian Government appreciates the feedback provided by submitters in support of expanding the CIS Scheme. The final Regulations will prescribe universal health and education services, and other key child service providers as Information Sharing Entities as part of Phase 2.

These services and workforces:

- interact with the vast majority of Victorian children, particularly those who are in greatest need of support
- have the capacity to provide timely access to information relevant to the wellbeing or safety of children, and to facilitate reform delivery, with appropriate support from government.

Bringing these services and workforces into the CIS Scheme will allow them to share relevant information early, thereby helping to improve early risk identification and intervention and promote wellbeing, prevent or mitigate harm and provide support for families.

The RIS considered the option of bringing additional services into the CIS Scheme, as part of Phase 2 (Option 3). The Victorian Government recognises the vital role of these services in supporting the wellbeing and safety of children and families. However, the analysis showed that the large scale of implementation required for this option combined with the varying degrees of workforce readiness and capacity in formal risk assessment and risk management would place significant pressure on the organisations and government to effectively implement the Scheme within the required timeframes.

Consideration is underway to determine the feasibility of prescribing additional services in a future phase of the CIS Scheme. In particular, the Victorian Government is considering disability services for inclusion in a potential Phase 3 of the Scheme, subject to further consultation with the sector and the Commonwealth to clarify and resolve the underlying complexities of prescribing this workforce, including those associated with the transition to the National Disability Insurance Scheme (NDIS).

Consideration is also currently underway to determine the feasibility of prescribing certain private health sectors (including providers of private allied health such as psychologists and speech pathologists), family day care providers, TAFEs, universities and residential facilities for children in education settings in the CIS Scheme.

2. RIS costings and analysis

The RIS analysed each of the three options for prescribing Phase 2 Information Sharing Entities and assessed the impacts on government and the workforces proposed for prescription (see section 1 above).

Stakeholders and the public were invited to comment on the analysis and costings provided, including whether there are any impacts or opportunities that have not been identified in the RIS.

Feedback received

The majority of feedback relating to the RIS was raised by health sector stakeholders, with a focus on costings. These submitters noted that the economic analysis in the RIS underestimated the cost impact of the CIS Scheme, arguing that there will be greater upfront and ongoing costs related to services including training and culture change activities, systems updates and information sharing activities, and that there will be additional costs that the RIS did not account for, including costs related to monitoring and governance activities.

Response

The Department appreciates the feedback provided by submitters about these specific implementation matters and is committed to working with stakeholders to support them to effectively implement the Scheme.

The RIS aimed to capture and quantify the most significant costs that would apply to all workforces proposed for Phase 2 prescription under the Scheme as an effect of regulatory change, including costs related to participation in government provided training, updating policies and procedures, and time spent record keeping and sharing information. The economic modelling was not designed to capture costs related to the variety of possible needs for ongoing and future training and culture change initiatives, or upgrades to information technology systems that may occur but are not mandated under the CIS Scheme. Nor was the economic modelling designed to capture discretionary costs that might apply to organisations, such as costs related to internal monitoring of information sharing and governance activities, or costs that are less readily quantifiable to the community, such as the cost of improved or reduced outcomes for children.

The validity of the economic modelling was independently reviewed by the Office of the Commissioner for Better Regulation before being released for public comment. A copy of the Commissioner's letter confirming that the RIS meets the adequacy requirements of the Subordinate Legislation Act 1994 is publicly available in the document library at https://engage.vic.gov.au/child-information-sharing-scheme.

It is noted that the cost impacts estimated in the RIS are based on extensive and targeted consultations with workforces proposed for inclusion in Phase 2. As is usual for a RIS, the impact estimates should be considered indicative. It is also noted that ongoing costs to any organisation largely depends on organisational attributes and the volume as well as nature of requests made or received.

Input on the RIS costings and analysis contributes to the Victorian Government's understanding of the expected impact on different workforces and will inform Phase 2 implementation of the CIS Scheme.

3. Regulatory drafting

In response to feedback received during the public consultation period, technical drafting changes have been made to the Regulations to:

- clarify the prescription of early childhood education and care, and non-government school sectors at the provider/operator level while providing that services/schools should be responsible for sharing information under the CIS Scheme
- clarify the prescription of bodies that support Catholic schools, to ensure that these bodies are captured by the regulations regardless of the corporate structure that they adopt
- clarify the prescription of community health centres.

Further detail is provided in Appendix 1 of this document.

Additionally, the following drafting changes have been made to the Regulations since public consultation:

- The responsible Minister and commencement date have been updated following a delay in implementation in response to the COVID-19 pandemic.
- A delegation power has been inserted for the Secretary to the Department of Education and Training.
- A minor change has been made to the Regulations to correct a drafting anomaly in relation to bush nursing centres. A separate regulation was inserted to prescribe this workforce, clarifying that bush nursing centres are not defined in relation to the *Health Services Act 1988*, as stated in the draft Regulations released for public comment in November 2019.
- Prescribing the Victorian Disability Worker Commission and the Disability Worker Registration Board of Victoria which commenced services on 1 July 2020 and receives and investigates complaints about registered and unregistered disability workers.
- Dispute settlement centres are no longer prescribed as Information Sharing Entities to enable further consideration of the scope of their prescription.
- Other minor technical drafting changes to correct inconsistencies and errors or for clarity of prescription.

4. Implementation

Feedback received

Submitters interested in understanding implementation details

A number of submitters requested further clarity and guidance about implementation matters, including:

- funding arrangements to support services to implement the CIS Scheme
- how the information sharing reforms interact with each other, and with existing laws and obligations, including privacy legislation, industry codes of practice/guidelines and other reporting requirements
- how the CIS Scheme will operate in practice (e.g. when to share information, what constitutes ‘to the extent necessary’, when to deny a request, how to confirm the identity of authorised persons, how to manage data security, the requirements for consent and how to handle complaints).

Submitters also provided feedback emphasising the value of training workforces on the CIS Scheme and its operation to support effective implementation.

Response

The Victorian Government will continue to support Information Sharing Entities, including those prescribed under Phase 2, to implement the CIS Scheme through:

- face-to-face and online training

- practice guidance, tools, resources, fact sheets and videos (available on the information sharing website). Examples include a sample record keeping form, organisational readiness checklist, and implementation planning template
- an enquiry line and inbox that services can contact for information and guidance (excluding legal advice).

Detailed guidance on matters relating to implementation of the CIS Scheme and how it interacts with existing state and federal privacy obligations is addressed in the Child Information Sharing Ministerial Guidelines, which can be found at https://www.vic.gov.au/guides-templates-tools-for-information-sharing.

The Ministerial Guidelines provide a range of information, for example, on meeting the legislative thresholds for information sharing, interaction with privacy legislation, record keeping and consultation with children, families and services.

Appendix 1 – Submission points and responses

Topic	Submission point	Response
1. Comments about the scope of prescribed workforces		
Proposal to prescribe universal health and education services and other key child service providers		
General comments	Almost all submitters supported the proposal to prescribe universal health and education services, and other key child service providers as Information Sharing Entities.	**Noted** – The Department appreciates the feedback provided by submitters in support of expanding the CIS Scheme. The services and workforces proposed for Phase 2 of the CIS Scheme interact with the vast majority of Victorian children, particularly those who are in greatest need of support. These services have the capacity to provide timely access to information relevant to the wellbeing or safety of children, and to facilitate reform delivery, with appropriate support from government.
	One submitter did not agree with the proposal to prescribe Phase 2 workforces without financial resourcing to implement the Scheme. (Other submitters that supported the proposals also requested that funding be provided to support implementation. These comments are discussed under implementation below.)	**Noted** – The Victorian Government will work with General Practitioners to address implementation concerns. Further detail about the support available for Information Sharing Entities is provided in section 4 below.
Prescription under MARAM	It was recommended that organisations and services that are prescribed as Information Sharing Entities should also be prescribed as MARAM framework organisations as the two reforms are interconnected (i.e. rather than the partial prescription of some workforces).	**Noted** – Some workforces are prescribed differently for the CIS Scheme, FVIS Scheme and for MARAM for operational reasons. The majority of universal workforces proposed for inclusion in Phase 2 are also prescribed as framework organisations under MARAM. However, certain workforces such as General Practitioners and general practice nurses, are not prescribed under MARAM because they are individuals. Individuals are precluded from being prescribed as a framework organisation under Part 11 of the *Family Violence Protection Act 2008*. To help build family violence literacy in the sector, the Department of Health and Human Services will work with relevant peak bodies to support and update the White Book (a guideline developed by the Royal Australian College of General Practitioners on the appropriate identification and response in clinical practice to patients experiencing abuse and violence), consistent with MARAM.
Option of prescribing additional child service providers		

Topic	Submission point	Response
General comments	It was suggested that services additional to those included in the draft Regulations should be included in the CIS Scheme. Submitters particularly commented that some of the services listed under Option 3 from the RIS (such as private health services, disability services and family day care) should be included, either now or at a later date.	**Noted** – The RIS considered the option of bringing additional services into the CIS Scheme from September 2020, as part of Phase 2 (Option 3). The Victorian Government recognises the important role of these services in supporting the wellbeing and safety of children and families. The analysis showed that the large scale of implementation required for this option combined with the varying degrees of capacity in formal risk assessment and risk management among the additional services would place significant pressure on the organisations and government to implement the Scheme in line with the required timeframes. Consideration is underway to determine the feasibility of prescribing certain services, including certain private health sectors, family day care providers, TAFEs, universities and boarding schools in a future phase of the CIS Scheme.
Family day care	It was suggested that family day care services should be included in the CIS Scheme.	**Noted** – There is significant diversity within the family day care sector that needs to be considered in determining the feasibility and workforce capacity for prescribing family day care services as part of the CIS Scheme.
Private health services	It was suggested that private hospitals should be included in the CIS Scheme.	**Noted** – The Victorian Government recognises the vital role of the private health sector in supporting the wellbeing and safety of children and families. The inclusion of private health services in Phase 2 of the CIS Scheme was considered against a number of criteria and found not suitable at this stage. Private health services will be considered for a future phase of the CIS Scheme.
	It was suggested that private mental health services, including counsellors and psychologists, should be included in the CIS Scheme due to their contact with children and potential to contribute to early risk identification and support. Some submitters noted that there may be increased access to these providers through the NDIS.	
	It was suggested that other private health services, such as private alcohol and drug services, should be included in the CIS Scheme.	
Disability services	It was suggested that Phase 2 should be expanded to include government-funded disability services. Reasons provided to support this recommendation include that: • data indicates children with a disability experience higher rates of family violence, neglect and abuse • disability services have a direct interface with health services and may hold information relevant to a child's wellbeing or safety • those accessing the National Disability Insurance Scheme may access private providers. Excluding these services from the Scheme increases the risk of this vulnerable community falling through information sharing gaps.	**Noted** – The Victorian Government recognises the vital role of disability services in supporting the wellbeing and safety of children and families. A limited number of disability services delivered or funded by the Victorian Government, including forensic disability accommodation services (such as Disability Justice and Disability Forensic Assessment and Treatment Services), are prescribed in Phase 2 of the CIS Scheme. As part of the phased implementation approach, the Victorian Government is considering the prescription of additional disability services in a potential Phase 3 of the Scheme. This is subject to further consultation with the sector and the Commonwealth to clarify and resolve the underlying complexities of prescribing this

Topic	Submission point	Response
	Note: Not all submitters provided reasons for their response.	workforce, including those associated with the transition to the National Disability Insurance Scheme (NDIS).
Nurses	It was suggested that nurses who 'interact with children and families on a day to day basis and who are likely to have regular and extended contact with victim survivors of perpetrators of family violence' should be prioritised within Phase 2. This may include nurses practising in a range of settings such as in Maternal and Child Health services, schools and general practices.	**Noted** – Primary and secondary school nurses and general practice nurses are among the universal health services prescribed in Phase 2 of the CIS Scheme. Further, Maternal and Child Health nurses were prescribed in Phase 1 of the CIS Scheme.
Volunteers/ off-duty professionals	It was suggested that 'anyone with a Working with Children Check' should be permitted to proactively disclose information. The submitter explained how they supported a passer-by child through a family violence situation, which escalated to their home. The submitter was a teacher, acting in their personal capacity, and notified the child's school about the situation. This suggests that the submitter's recommendation is intended to particularly capture off-duty professionals.	**No change** – The information sharing schemes apply to services and professionals who support children in the course of their work. Individual members of the community are not currently prescribed in the schemes, nor are they proposed for inclusion in the Phase 2. Existing privacy and criminal laws apply when sharing personal information outside of the professional context. Concerns about wellbeing or safety should be directed to Victoria Police and any other relevant authorities, in the first instance. The Department acknowledges the complexity of the situation that this submitter raised. Supports are available for those responding to family violence. Please visit the following for further information: https://www.education.vic.gov.au/hrweb/Documents/FV-Brochure.pdf For professionals acting in the course of their work, prescribed workforces and services will receive guidance to support them with implementing the schemes. From the commencement of the information sharing schemes in 2021, education professionals should share information in accordance with their established organisational policies and procedures.
Courts	It was suggested that the Children's Court and Magistrate's Court (within legal parameters) be included in the CIS Scheme.	**Noted** – Consideration is underway to determine the feasibility of prescribing the Children's Court and Magistrate's Court in the CIS Scheme.
	It was suggested that the Family Court of Australia (within legal parameters) be included in the CIS Scheme.	**No change** – Commonwealth entities cannot be prescribed under the CIS Scheme as they are outside the jurisdiction of the Scheme's authorising legislation. Information sharing with the Family Court will be considered separately by the Family Court and relevant state agencies.
	It was suggested that all Aboriginal Torres Strait Islander service providers should be included in the CIS Scheme.	**Noted** – A range of services that Aboriginal and Torres Strait Islander providers deliver will be prescribed in the CIS Scheme.

Topic	Submission point	Response
Aboriginal and Torres Strait Islander services	It was suggested that specific Indigenous services such as those concerned with Aboriginal childcare, health, housing and legal issues should be included in the CIS Scheme.	
TAFE	It was suggested that TAFE should be included in the CIS Scheme, as these organisations have fully enrolled students under the age of 18, some of whom will be the most vulnerable students in the education system.	**Noted** – The Victorian Government recognises that young people under the age of 18 may be enrolled in TAFE. Consideration is underway to determine the feasibility of prescribing this workforce in a future phase of the CIS Scheme.
Working with Children Check	It was suggested that Working with Children Check should be included in the CIS Scheme. This organisation collects and assesses information relevant to the risks posed by persons who work or care for children.	**No change** – Working with Children Check was considered for inclusion in the CIS Scheme against a number of criteria and was found not suitable for inclusion at this time.
Suitability Panel	It was suggested that the Suitability Panel should be included in the CIS Scheme.	**No change** – Suitability Panel was considered for inclusion in the CIS Scheme against a number of criteria and was found not suitable for inclusion at this time.
Ethnic and multi-cultural services	It was suggested multicultural services should be included in the CIS Scheme, as ethnic and migrant services do not always include this broad reference of services.	**Noted** – Settlement or targeted casework services specifically for migrants, refugees or asylum seekers are prescribed in Phase 2 of the CIS Scheme. A range of other organisations that provide services to diverse communities are also included in the CIS Scheme where those services are funded to provide prescribed services (e.g. family violence services).
Other suggestions	It was suggested that recreational and sporting organisations where children attend should be included in the CIS Scheme.	**Noted** – Further policy and workforce scoping would be required to determine the relevance and feasibility of prescribing additional services in the CIS Scheme. Organisations that provide services to diverse communities are included in the reforms where those services are funded to provide prescribed services (e.g. family violence services).
	It was suggested that faith-based services rather than those organisations associated with formal religious organisations should be included in the CIS Scheme.	
	It was suggested LGBTQI services should be included in the CIS Scheme.	
Comments about services and workforces to be included in future		
General comments	There was support for a future Phase 3 of the CIS Scheme. Specific suggestions are outlined below.	**Noted** – Consideration is underway to determine the feasibility of prescribing certain services, including certain private health sectors (including providers of private allied health such as psychologists and speech pathologists), family day care providers, TAFEs, universities and boarding schools in the CIS Scheme in future. The Mental Health Complaints Commission, the Mental Health Tribunal and the Health Complaints Commission were considered for inclusion in the reforms against a number of criteria but were found not suitable for inclusion.
Regulators and tribunals	It was suggested that the Mental Health Complaints Commission should be considered for a future Phase 3, subject to consultation with the organisation.	
	It was suggested that the Health Complaints Commission should be considered for a future Phase 3, subject to consultation with the organisation.	

Topic	Submission point	Response
	It was suggested that the Victorian Disability Worker Commission and Victorian Disability Worker Commissioner should be considered for a future Phase 3, subject to consultation with the organisation.	**Amendment** - The Victorian Disability Worker Commission (VDWC) and the Disability Worker Registration Board of Victoria have been prescribed for Phase 2, following consultation with VDWC and DHHS.
	It was suggested that the Disability Worker Registration Board of Victoria should be considered for a future Phase 3, subject to consultation with the organisation.	
	It was suggested that the NDIS Quality and Safeguards Commissioner should be considered for a future Phase 3, subject to consultation with the organisation.	
	It was suggested that the Mental Health Tribunal should be considered for a future Phase 3, subject to consultation with the organisation.	
Other services	It was suggested that adoption services should be considered for a future Phase 3.	**Noted** – Consideration is underway to determine the feasibility of prescribing certain services, including certain private health sectors (including providers of private allied health such as psychologists and speech pathologists), family day care providers, TAFEs, universities and boarding schools in the CIS Scheme in future.
	It was suggested that residential support services should be considered for a future Phase 3.	
	It was suggested that NDIS funded service providers (where not captured in Phase 2) should be considered for a future Phase 3.	
2. Comments about the Regulatory Impact Statement		
General comments	A number of the submitters considered that the economic analysis in the RIS underestimated the cost impact of the CIS Scheme, arguing that there will be greater upfront and ongoing costs related to services including training and culture change activities, systems updates and information sharing activities, and/or that there will be additional costs that the RIS did not account for, including costs related to monitoring and governance activities.	**Noted** – The Department appreciates the feedback provided by submitters about these specific implementation matters and is committed to working with stakeholders to support them to effectively implement the Scheme. It is noted that the estimated RIS costings calculated for workforce groupings are based on extensive and targeted consultations with workforces proposed for inclusion in Phase 2. Approximately 120 workforce representatives from 60 unique organisations participated in six workforce forums, and 53 workforce interviews were conducted, to inform the RIS costings. As is usual for a RIS, costings should be considered indicative of the average estimated impact. The actual cost incurred will vary between organisations, and depend on organisational attributes and the volume and nature of information sharing requests made or received.

Topic	Submission point	Response
Training costs underestimated	A number of submitters commented that the RIS does not adequately anticipate the education and training needs of workforces and therefore underestimates the costs involved. Reasons provided in support of this position included that: • workforces will have varying levels of knowledge and experience of the reforms • literacy and skill levels will vary across the different sectors • the RIS does not appropriately account for multi-disciplinary services • for successful implementation, more staff will need to be trained than the RIS estimates • training will need to continue over time (other similar training programs have continued for longer than three years) • the cost estimate of $169 per hospital for on-going training is an underestimate as clinicians will need to be upskilled.	**Noted** – The Department appreciates the feedback provided by submitters about these specific implementation matters and is committed to working with stakeholders to support them to effectively implement the CIS Scheme. Relevant departments are considering the specific training needs of their respective workforces for Phase 2 roll-out. Workforces will be supported with various training options including face-to-face workshops and tailored online modules. (Further information is provided under Implementation below).
Record keeping costs underestimated	A few submitters commented that the RIS underestimates the time required for record keeping under the CIS Scheme.	**Noted** – Page 75 of the RIS outlines the costing assumption for estimated record keeping time, which was informed by feedback from Phase 1 workforces. The Department acknowledges that the time required for record keeping will vary across organisations based on organisational attributes, as well as the volume and nature of requests made or received. The time taken to record each information sharing transaction will also likely decrease over time, as organisations embed CISS into their day to day practice (e.g. by standardising record keeping forms).
Time and effort to complete information sharing transactions underestimated	Some submitters commented that the RIS underestimates the time required to share information under the CIS Scheme. One suggestion was that each transaction would take four hours rather than the 30 minutes estimated. Reasons provided in support of this position included that: • the RIS does not account for the background work required to contact professionals who are currently engaged in client contact • the RIS does not account for the different processes and protocols across different organisations • some services hold client information across multiple data bases (e.g. multi-service organisations where the different services are funded by state, federal and private sources) • additional time and effort will be required where there is no pre-existing relationship between the practitioners. Experience from Phase 1 indicates that determining the correct person to speak with in an organisation is a major time cost.	**Noted** – The average time taken to share information was calculated for each workforce grouping and was directly derived from stakeholder interviews conducted with a range of both government and non-government organisations, in regional and metro locations, with workforces varying in size from thousands of employees to less than 30. The impact estimates reported in the RIS are indicative of the average impact within any given workforce grouping. It is acknowledged that ongoing costs will vary across organisations based on organisational attributes, as well as the volume and nature of requests made or received. In addition, the Department anticipates that the time taken to complete each information sharing transaction will likely decrease over time as organisations embed the CIS Scheme into their day to day practice. Government supports such as practice guidance, standardised forms and the introduction of an online Information Sharing Entities directory will also help to streamline processes for organisations.

Topic	Submission point	Response
	Submitters also considered that the CIS Scheme would generate an increase in demand for information sharing and this has not been accounted for.	
	One submitter queried the following assumptions in the RIS: • that the introduction of an Information Sharing Entities directory will reduce the time taken to respond to a request by 10 per cent from 2021. The submitter considered that a major time cost will continue to be determining the correct person to speak with in an organisation (not just identifying the organisation) and that a 10 per cent reduction may not be guaranteed • that the introduction of Child Link will reduce the number of requests and responses by 25 per cent once fully implemented. The submitter noted that the register is only intended to hold a thin layer of information and that additional information will still be required by talking with practitioners.	**Noted** – The assumptions related to the cost impact of the introduction of the online Information Sharing Entities directory and the Child Link Register are outlined at pages 42 and 43 of the RIS. The Department appreciates this feedback about services' expectations in relation to the potential impact of the CIS Scheme.
Variation of workforces not adequately accounted for	A number of submitters commented that the RIS does not accurately account for the variation or magnitude of the workforces proposed for inclusion in Phase 2 of the CIS Scheme. For example, submitters suggest there are a number of larger hospitals and multi-site services where the costs to support the effective implementation of the Scheme will be much greater than those estimated in the RIS.	**Noted** – The proposed Phase 2 prescription for the CIS Scheme includes a wide range of workforces. To model the impact on the workforces it was necessary to group them together where they are similar in their service offerings and cost impacts per workforce member. Nevertheless, most workforce groupings are represented by organisations that can be very different in terms of size, composition and organisational structure. It is noted that the estimated costs of implementing the reforms in the RIS were developed based on an interview process with representatives from impacted sectors and other data, and that these estimates reflect averages across any workforce grouping.
	One submitter commented that workforce costs will be significantly skewed towards mental health services, which will be responsible for the bulk of information sharing instances (and that on-going funding is required to support this).	
Additional costs not reflected in the RIS	Some submitters considered that there will be additional upfront and on-going costs associated with the implementation of the CIS Scheme for Phase 2 workforces that are not reflected in the RIS. Health sector submitters in particular, commented that the RIS does not account for the costs associated with establishing and managing organisational governance (including legal advice), upgrading IT systems (such as the sector-wide Electronic Medical Record system), provision of internal/clinical training and support, and implementing cultural changes (including project management work). It was also suggested that the RIS does not adequately capture the costs associated with:	**Noted** – The Department appreciates the feedback provided by submitters about these specific implementation matters and is committed to working with stakeholders to support them to effectively implement the Scheme.

Topic	Submission point	Response
	• delivering culture change within workforces. To fully realise the potential of the CIS Scheme, the Victorian Government will be reliant on leaders to invest their own time and resources to help shift the culture from risk aversion to ensure that information sharing is not only responsive, but also proactive • the increased workloads that workforces will face for case managing vulnerable children and families identified through information sharing.	
Other comments	Concern was expressed that the RIS seemed to assume that private services have poor practice, and this was used as a reason for decisions about what services and organisations to prescribe.	**Noted** – The risk is relative to the other options in the multi-criteria analysis and acknowledges pressure on organisations in implementing Phase 2 of the Scheme within the required timeframes and the extensive scale of implementation under the option. Considerable consultation, including considerations of feasibility, is required with private providers before they can be prescribed. The multi-criteria analysis section in the RIS provides further detail.
	It was suggested that the costings in the RIS are flawed in not accounting for the consultation data gathered for Phase 1 and lessons learned from Phase 1 implementation (which will be finalised in the pending two-year review). Specifically, this submitter suggested that "learnings from real life experiences can inform analysis of the average costs for Phase 2 organisations."	**Noted** – The RIS was informed by extensive and targeted consultations with a variety of services and organisations of varying scales and across multiple locations. Whilst the impact estimates are predominantly based on input from proposed Phase 2 workforces, where possible Phase 1 workforces were also consulted. The Department is currently progressing the two-year review of the CIS Scheme, as required by legislation. The review will provide a comprehensive assessment of the operation of the CIS Scheme, including early outcomes for children and their families as well as Phase 1 workforces. The findings of the review may provide opportunities to refine the implementation of the Scheme.
3. Specific comments on Regulations and drafting		
Prescription of relevant system bodies in the Catholic education sector	Two submitters sought clarity on the prescription of relevant system bodies in the Catholic education sector as the Victorian dioceses undergo changes to their corporate structures to improve governance arrangements for Catholic schools in Victoria. In addition to prescribing the governing bodies for Catholic schools across the Victorian dioceses (such as Catholic Education Melbourne), submitters proposed the inclusion of independent religious institutes responsible for managing Catholic schools, such as Marist Schools Australia and Edmund Rice Education Australia. Further, one submitter expressed concerns regarding the potential inclusion of individual staff members in the draft Regulations.	**Amendment** – Minor technical amendments have been made to the Regulations to clarify the prescription of relevant system bodies, including independent Catholic bodies (such as Edmund Rice Education Australia), responsible for the governance and management of Catholic schools in Victoria. The drafting formulation for these bodies does not extend to individual persons, such as teachers and other staff members in Catholic schools.

Topic	Submission point	Response
Prescription of non-government schools	In response to the feedback received with respect to the prescription of Catholic system bodies, DET undertook further targeted consultation with the Catholic and independent education sectors. The purpose of this consultation was to clarify the prescription of non-government schools given that non-government schools (including Catholic schools) are not legal entities in their own right, but rather an asset of their owner/operator. Some stakeholders in the Catholic and independent education sectors were concerned that if prescription remained at school level, the protections afforded under the CIS Scheme may not apply to the owner/operator, who holds legal responsibility for the school.	**Amendment** – Minor technical amendments have been made to the Regulations to prescribe the 'operator' of non-government schools (the responsible legal entity who may authorise information sharing) whilst also clarifying that sharing of confidential information should take place at the school level.
Prescription of early childhood education and care services	In relation to the early childhood education and care sector, one submitter proposed the prescription of outside school hours care (OSHC) at the provider, rather than service level due to the: • transience of the OSHC service level workforce (and irregular attendance of children), which may limit a service's relevant contextual understanding of a child or family, and their ability to share effectively with other Information Sharing Entities; and • centralised storage and management of relevant information relating to the wellbeing or safety of children at the provider level.	**Amendment** – For consistency with the prescription approach taken in respect of non-government schools, amendments have been made to prescribe the approved provider of kindergartens, long day care and OSHC to the extent that they undertake their respective early childhood education and care services. The amendment recognises that services, which must be operated by 'approved providers' under the *Education and Care Services National Law Act 2010*, do not constitute separate legal entities in their own right. Consequently, this revised drafting prescribes the approved provider (the recognised legal entity in an early childhood education and care operation) as an Information Sharing Entity while providing that services should be responsible for sharing information under the Scheme. The Victorian Government supports the prescription of the early childhood education and care sector at service level, where staff are responsible for direct, day-to-day engagement with children and families and are best placed to draw on their contextual knowledge and exercise their professional judgment with respect to sharing information with other Information Sharing Entities. Providers who operate multiple services may experience bottlenecks for information sharing if prescription was lifted to the provider level. Despite access to centrally managed information (identified and provided at service level), their remoteness means that providers will likely need to contact staff at the service level to gain more information about a particular child in order to appropriately assess an information sharing request.
Prescription of multi-disciplinary community health services	Clarification was sought on the definition of "functions of a registered community health centre" and whether "function" in this context means the same as "service," noting that the *Health Services Act 1988* does not define this term but does provide a definition of "community health service".	**Amendment** – Technical amendments have been made to the Regulations to clarify that the prescription of community health centres is to the extent that they perform the functions of a community health service.

Topic	Submission point	Response
Specificity of prescription	One submitter recommended that that individual disciplines/roles should be identified in the Regulations, such as specifically calling out social workers. This submitter also suggests that the Regulations should prescribe people with a particular level of experience to ensure that information is shared by a capable workforce. One submitter requested further clarity about whether the CIS Scheme applies to all staff within a prescribed organisation or to identified management roles and social workers. The submitter notes that their social work team is small, and the Scheme will potentially increase their workload.	**Noted** – The purpose of the Regulations is to prescribe relevant services and functions, not individuals. In implementing the Scheme, Information Sharing Entities will have the opportunity to determine their preferred operating approach, including by nominating particular trained personnel to carry out information sharing.
Queries about interpretation	One submitter requested clarification as to whether subcontractors are captured by the CIS Scheme. This stakeholder notes that its service delivery is established through a subcontracting arrangement with an organisation that holds a relevant state contract.	**Noted** – The Regulations prescribe some organisations and services as Information Sharing Entities if they are engaged or funded under a State Contract to deliver one of the services or programs specified in the Regulations. Individual organisations may have more than one program or service that is an Information Sharing Entity. When an Information Sharing Entity subcontracts part or all of its delivery of these services or programs in accordance with a State Contract, the subcontractor is an Information Sharing Entity to the extent it performs those functions. A State Contract with the Department of Education and Training or the Department of Health and Human Services requires the department to consent to subcontracting arrangements in writing.
	One submitter requested further clarity on whether the Regulations are intended to prescribe Victorian GPs per se, or any Victorian doctor working in a general practice clinic, irrespective of specialisation. (Note: Other comments requesting further clarity about the Regulations and their operation are included under implementation below.)	**Noted** – The Regulations prescribe medical practitioners practising as a General Practitioner. The Victorian Government will clarify the application of the reforms to General Practitioners when communicating with the sector.
4. Comments about the implementation and operation of the CIS Scheme		
Government funding required to support implementation	One submitter commented that General Practitioners should be remunerated for facilitating communication with other prescribed Information Sharing Entities under the CIS Scheme and that this remuneration should be embedded in the Regulations.	**Noted** – Prescribed Information Sharing Entities will not be financially remunerated for participating in the CIS Scheme or FVIS Scheme. The intent of this reform is to embed information sharing as part of a General Practitioner's broad support for their patients. The Victorian Government will work with General Practitioners in the implementation of the schemes. The Victorian Government is investing in the roll-out of the CIS Scheme and FVIS Scheme by providing a range of training options and resources for workforces. Workforces are also supported by an enquiry line and inbox that services can contact for information and guidance (excluding legal advice).
	A number of submitters noted that the RIS did not identify what, if any funding will be allocated to services to implement the CIS Scheme. These submitters commented that ongoing investment would enable organisations to embed the structures, processes and culture change needed to fully implement the Scheme.	

Topic	Submission point	Response
	Some submitters also considered funding is required to offset the increased workload that will likely occur as a result of the Scheme's successful implementation.	
	The hospital sector in particular noted there is an opportunity to leverage the infrastructure of the Strengthening Hospital Responses to Family Violence (SHRFV) Project to implement the CIS Scheme.	**Noted** – The Victorian Government is committed to building on the foundational work done through the Strengthening Hospitals Response to Family Violence Project and is committed to engaging with the health sector regarding implementation of the reforms.
Guidance, tools and resources	A number of submitters requested further clarity and guidance about the: • interaction of the reforms with each other, and with existing laws and obligations, including privacy legislation, industry codes of practice/guidelines and other reporting requirements • practical operation of the CIS Scheme (e.g. when to share information, what constitutes 'to the extent necessary', when to deny a request, how to confirm the identity of authorised persons, how to manage data security, the requirements for consent and how to handle complaints). Some submitters also suggested that standard resources will help to promote efficiency and consistency.	**Noted** – Information Sharing Entities are supported by: • face-to-face and online training • practice guidance, tools, resources, fact sheets and videos (available on the information sharing website). Examples include a sample record keeping form, organisational readiness checklist, and implementation planning template • an enquiry line and inbox that services can contact for information and guidance (excluding legal advice). Detailed guidance on matters relating to implementation of the CIS Scheme and how it interacts with existing state and federal privacy obligations is addressed in the Child Information Sharing Ministerial Guidelines, which can be found at https://www.vic.gov.au/guides-templates-tools-for-information-sharing. The Guidelines provide a range of information, for example, on meeting the legislative thresholds for information sharing, interaction with privacy legislation, record keeping and consultation with children, families and services.
Training	A number of submitters provided comments about the need for workforces to be trained on the CIS Scheme to support effective implementation.	**Noted** – The Victorian Government offered face-to-face training to all Phase 1 workforces in 2018. Ongoing online training is currently available for all prescribed workforces. Relevant departments are considering the specific training needs of their respective workforces for Phase 2 roll-out and will incorporate this feedback about suggested training content. For example, the Department of Education and Training will provide face-to-face workshops and tailored online modules for education leaders and professionals over an 18-month period. It is recommended that one organisational leader and two staff within each Information Sharing Entity complete face-to-face or online information sessions. Education services will also be supported with a Practical Toolkit to help them prepare for and apply the CIS Scheme. Tailored guidance will also be provided in the lead up to the commencement of Phase 2 of the CIS Scheme, focusing on key issues for workforces such as understandings of wellbeing.
	Some submitters provided feedback about suggested training content, including: • the concept of wellbeing to help develop a shared understanding across sectors. (Submitters notes that the shift towards information sharing to "promote wellbeing" will also require broader culture change) • seeking informed consent and promoting agency, including balancing risk and safety around consent-seeking • communicating appropriately with children and their protective parents/carers about information sharing obligations • understanding the risks of misidentification of perpetrators as well as consistent support to address the ongoing issues associated with misidentification of perpetrators	

Topic	Submission point	Response
	• how to manage risks of client disengagement with services (as a potential unintended consequence of the CIS Scheme).	
Communication with parents and communities	A few submitters highlighted the importance of engaging parents and the community to support buy-in throughout the school community and ensure smooth implementation.	**Noted** – This submission point aligns with feedback received through stakeholder engagement processes and forums. The Department is currently finalising an action plan for communicating and engaging with the broader community, including children, families and parents, to promote awareness and understanding of the reforms.
Cross border issues	One submitter requested clarity on how the reforms can support children moving between states and queried whether the reforms enable information sharing across borders to protect a child's safety and wellbeing.	**Noted** – The operation of the CIS Scheme is presently limited to Victoria. However, the Victorian Department of Education and Training and the Department of Health and Human Services is working with state and Commonwealth partners through a priority working group to progress the national commitment to information sharing, in response to recommendations 8.6 – 8.8 of the Royal Commission into Institutional Responses to Child Sexual Abuse. Cross-border matters will be considered as part of this work.

Appendix 2 – List of submitters

	Submitter
1.	Australian Nursing and Midwifery Federation
2.	Australian Primary Health Care Nurses Association
3.	Bendigo Health
4.	Camp Australia
5.	Centre for Excellence in Child and Family Welfare
6.	Commissioner for Children and Young People
7.	Community Child Care Association
8.	Domestic Violence Victoria
9.	Early Learning Association Australia
10.	Eastern Health
11.	Independent Education Union (Victoria Tasmania)
12.	Individual
13.	Melton City Council
14.	Mercy Health (1)
15.	Mercy Health (2)
16.	MIGA (Medical defence organisation and professional indemnity insurer)
17.	Monash Health
18.	No to Violence
19.	St Vincent's Hospital
20.	Swan Hill District Health
21.	The Royal Children's Hospital
22.	The Royal Melbourne Hospital
23.	The Royal Women's Hospital

24.	Victorian Council of Social Service
25.	Western Health
26.	Youth and Family Services - City of Greater Dandenong
C27.	Confidential 1
C28.	Confidential 2
C29.	Confidential 3
C30.	Confidential 4
C31.	Confidential 5
C32.	Confidential 6
C33.	Confidential 7

Appendix 3 – Questions for submitters

There were five questions to prompt feedback on Engage Victoria (the Victorian Government's online platform). Submitters could choose to answer the questions directly using the online form or write their own submissions.

Questions about the Regulatory Impact Statement

The Regulatory Impact Statement was developed considering the operational and financial impacts of the proposed Amendment Regulations.

- **Are there any impacts or opportunities that have not been identified in the Regulatory Impact Statement, which you think need consideration?**
- **From the perspective of your workforce or organisation, do you have any other comments on the findings of the Regulatory Impact Statement?**

Questions about the proposed Regulations

The proposed Regulations prescribe a range of universal services across the education, health and human services portfolios as Information Sharing Entities in Phase Two of the CIS Scheme.

- **Should any additional Information Sharing Entities be prescribed?** Required
    - Yes
    - No
    - If yes – please specify
- **Are there any proposed Information Sharing Entities that you believe should not be prescribed? Required**
    - Yes
    - No
    - If yes – please specify
- **Do you have any suggested changes in how organisations and services are prescribed in the regulations? Required**
    - Yes
    - No
    - If yes - please specify.