Government of Western Australia
North Metropolitan Health Service
Women and Newborn Health Service

Interagency Information Sharing for High Risk Cases

What is the legislation that underpins the sharing of information?

The sharing of information is underpinned by:

a) S28B Children and Community Services Act, 2004:

The introduction of s.28B allows any information that is relevant to informing an assessment of risk posed to, or safety of, a person subjected or exposed to family and domestic violence, including information related to a perpetrator to be shared with prescribing authorities (WA Health being one of these) and without consent.

b) MOU Information Sharing between agencies with responsibilities for preventing and responding to family and domestic violence in Western Australia (of which WA Health is a signatory) :

"*In situations where authority to share personal information with other agencies has either (1) not been obtained or (2) has been refused, and the agency has information from or about an individual that indicates a* ***threat to life or serious harm****, or in the case of children and their wellbeing, agencies will act as follows:*

- *If the matter involves a threat to the life or serious harm of an individual without children, immediate referral will be made to the* ***WA Police****; or*
- *If the matter involves a threat to the wellbeing of a child or class or group of children, immediate referral will be made to the* ***Department for Child Protection and Family support or the WA Police****."*

Do I need to get a client's consent to share information?

It is always preferred to gain client consent to release information to another agency. However as per the Department of Health Patient Confidentiality Policy there are a number of exceptions to the duty of patient confidentiality including where the law permits disclosure. See the Patient Confidentiality Policy (3.3) for further information.

Who can release information in high risk cases?

Those positions or tier levels who have delegated authority can release information. All Health Service Providers have delegated this authority in relation to S28b CCSA. See your HSP's delegation schedule for further specifics.

What information can be shared?

The exchange of information must relate to the identification of risk of harm to an adult victim or child; strategies to manage or mitigate risk; and/or hold perpetrators to account for their violence and abuse.

On a case by case basis, information that can be provided/exchanged will include, but not limited to:

- any recent hospital presentations related (or you suspect are related to) FDV;
- information on any identified high risk factors;
- any issues you are aware of that might be contributing to risk or harm e.g., cultural factors, mental health, substance misuse or other medical issues;
- any current past interventions (e.g. safety planning, known police involvement, referrals made etc) and the success or otherwise of these efforts; and
- any other information that might contribute to reducing the risk of harm to adult and child victims.

Suggested templates for sharing information with external services are:

- the Referral Family and Domestic Violence FDV952 form (WA Health); and
- the MACM Client consent form for information sharing template (Department of Communities resource).

This document can be made available in alternative formats on request.