



Regulatory Impact Statement

Child Wellbeing and Safety (Information Sharing) Regulations 2018

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Executive summary

Keeping children safe from harm and promoting their wellbeing is a priority for the Victorian Government. Over the last decade, many independent inquiries and reviews have recommended reform to Victoria's child information sharing laws. A recurring theme is that improved information sharing and service collaboration around children and families is key to identifying vulnerability and risk early, to enable early support and prevention of harm to children.

As part of the Government's response to these challenges, and in line with the Victorian Government's Roadmap for Reform, the *Children Legislation Amendment (Information Sharing) Act 2018* (the Amending Act) will amend the *Child Wellbeing and Safety Act 2005* (CWSA) in the second half of 2018 to create the Child Information Sharing (CIS) Scheme, enabling information sharing between prescribed entities to promote the wellbeing and safety of children. It will also amend the CWSA to authorise the development of a platform for systematic sharing of information about children's participation in services (Child Link). The Amending Act was passed by the Victorian Parliament in March 2018 and received Royal Assent on 10 April 2018. The CIS Scheme will:

- a) improve early identification of risk and support for the child and their family
- b) shift a risk averse culture in relation to information sharing
- c) increase collaboration and integration between services involved in supporting children and families
- d) support children's and their families' participation in services.

The CIS Scheme is modelled on recommendations made by the Royal Commission into Institutional Responses to Child Sexual Abuse (the McClellan Royal Commission) and is supported by a decade of independent reviews and inquiries.

Under the CIS Scheme prescribed entities, known as information sharing entities (ISEs), will be authorised to:¹

- request confidential information from another ISE for the purpose of promoting the wellbeing or safety of a child or a group of children; and
- disclose confidential information (either voluntarily or in response to a request) to another ISE for the purpose of promoting the wellbeing or safety of a child or group of children and to assist the recipient to deliver services in relation to the child or group of children.

To ensure that the privacy of individuals is not arbitrarily displaced, the CIS Scheme will provide for a range of protections for individuals. For example, it recognises that the disclosure of confidential information will not be appropriate in all cases and, therefore, excludes certain information from the operation of the CIS Scheme. The legislative principles include a requirement that information is shared only to the extent necessary to promote the wellbeing or safety of a child or a group of children, consistent with their best interests.

Alongside the CIS Scheme, the *Family Violence Protection Act 2008* now includes the Family Violence Information Sharing (FVIS) Scheme, which enables information to be shared between prescribed entities to assess and manage family violence risk to children and adults. The FVIS Scheme also authorises the operation of a Central Information Point to facilitate Family Violence information sharing. The FVIS Scheme, which commenced in February 2018, supports the sharing of information to assess each family member's risk in the family violence context (that is, for adult and child victim survivors, and to hold perpetrators to account) and provides for coordinated risk management and safety planning.

¹ Children Legislation Amendment (Information Sharing) Bill 2017 Explanatory Memorandum

The *Family Violence Protection Act 2008* also authorises the approval of the Family Violence Risk Assessment and Risk Management Framework (the Framework) which requires organisations to align their policies, procedures, practice guidance and tools with the Framework.

The professionals and service providers permitted to share information under the CIS Scheme will be very similar to those permitted to share under the FVIS Scheme. Together, the schemes and the Framework will enable service providers to share information to promote children's wellbeing and safety and better protect all Victorian children.

The CIS Scheme will be rolled out to workforces in a phased approach. Some professionals and service providers will be prescribed to share information during the second half of 2018 (Phase One) and it is anticipated that other providers will be prescribed in 2020. This aligns with the planned phased prescription of remaining workforces under the FVIS scheme.

To maximise efficiencies and minimise workforce confusion and reform fatigue, The Department of Education and Training (DET), Family Safety Victoria (FSV) and the Department of Health and Human Services (DHHS) are working together to align workforce training and change management activities across the two schemes and the Framework.

Considering the regulatory impact of the CIS Scheme is key to responsible government decision making. This Regulatory Impact Statement (RIS) has been prepared to assess impacts on the workforces that will be prescribed in Phase One of the CIS Scheme and includes consideration of possible regulatory options.

Objectives of the Regulations

The Regulations will enable Phase One of the CIS Scheme by prescribing:

- ISEs that will be authorised to voluntarily share relevant information for the purposes of promoting child wellbeing and safety (and will be obliged to share that information in response to requests from other ISEs).
- Record keeping requirements that ISEs must comply with.

The proposed Regulations also prescribe:

- the secrecy and confidentiality provisions in other laws that are proposed to be overridden/displaced under the new information sharing scheme.

Regulatory options

This RIS outlines a number of elements of the proposed Regulations, including those for which options were considered and those for which they were not.

Options for the proposed Regulations were considered in relation to:

1. The scope of entities to be prescribed as ISEs
2. The scope of record keeping requirements on those ISEs.

A number of reform options were considered as to what entities should be prescribed for Phase One implementation of the CIS Scheme:

- **Option 1.** Targeted prescription of entities based on their criticality and capacity.
- **Option 2.** Entities prescribed in Option 1 with the addition of universal and other key child service providers.
- **Option 3.** Prescribe all entities likely to hold information relating to children

Reform options considered regarding the record keeping requirements to be placed on ISEs were:

- **Option 1:** Require ISEs to record case-level information

- **Option 2:** Impose additional requirements on ISEs to record aggregate level data which the ISE’s will be asked to report on².

Preferred option

In considering the full range of analytical techniques available for determining the preferred option in this RIS, multi-criteria analysis (MCA) was considered the most appropriate approach. This is due to the difficulty involved in quantifying the expected effects of information shared under the CIS Scheme and associated improvements in child wellbeing or safety. This is compounded by the fact that the CIS Scheme is part of a larger reform program to grow and improve early intervention and prevention for children. MCA allows options to be compared through both quantitative and qualitative analysis and enables a wider range of criteria, such as social considerations, to be included in the analysis. Options were considered according to three criteria: effectiveness, risk, and cost, and then scored according to each criteria, where a positive score indicates that an option is better than the base case and a negative score indicates that an option is worse than the base case. The criteria were also weighted according to their relative importance to the overall objective. Table i and Table ii show the MCA results for the prescribed entities options and the record keeping options.

Table i: MCA results for prescribed entities options

Option	Effectiveness		Risk		Costs		Total
	Score	Weighted score	Score	Weighted score	Score	Weighted score	Weighted score total
Base case	0	-	0	-	0	-	0
Option 1:	6	2	2	0.7	-3	-1	1.7
Option 2:	7	2.3	-2	-0.7	-6	-2	-0.4
Option 3:	8	2.7	-5	-1.7	-9	-3	-2

Table ii: MCA results for record keeping options

Option	Effectiveness		Costs		Total
	Score	Weighted score	Score	Weighted score	Weighted score total
Base case	0	-	0	-	0
Option 1:	5	2.5	-3	-1.5	1
Option 2:	6	3	-5	-2.5	0.5

Based on the results of the MCA, it was determined that the entities listed in Option 1 should be prescribed in Phase One of the CIS Scheme. It was also determined that entities listed in Option 2 should not be prescribed for Phase One implementation due to the high cost and implementation risk associated with these larger workforce numbers, bearing in mind the tight timeframes of Phase One implementation. It was,

² Under this option it is assumed that ISE’s will receive weekly requests to report on aggregate level data and that the ISE’s respond to these requests. Technically, the regulations for the CIS Scheme can only prescribe record keeping requirements, not reporting requirements. Any such requirement to report on aggregate data would have to be imposed through other means or powers (i.e. contractually or through binding Ministerial Guidelines).

however, determined that these organisations could and should be prescribed at a later date, allowing sufficient time and support for the organisations to mitigate costs and risks. As a result, and in line with the intent of the Amending Act, the proposed approach is to first prescribe entities prioritised according to criticality and capacity (Option 1), and to prescribe primary and universal entities as described under Option 2 in Phase Two of the CIS Scheme implementation. This approach to implementation parallels the implementation proposed for the FVIS Scheme.

In terms of information recording, any prescribed entity will be required to record case-level information (Option 1).

When factoring in the number of entities and associated workforces impacted, and the potential number of requests for information under the CIS Scheme, the total cost of the scheme to government and to ISEs is estimated to be \$243.7 million over ten years, in net present value (NPV) terms. This includes \$45.1 million in the first year, in direct costs to government, upfront costs to ISEs, and first year ongoing costs to ISEs. Across the following nine years, the total cost is \$198.6 million. This includes costs to ISEs and direct costs to government. A breakdown of these results according to direct costs to government and costs to ISEs is outlined below:

Costs to government

The 2018-19 State Budget allocated \$43.4 million over four years, and ongoing funding of \$5.2 million per annum, to the implementation of the CIS scheme.

The projected costs to government of implementing the CIS Scheme, as presented below, represent total government costs associated with CIS Scheme implementation across both Phase One and Phase Two. The 2018-2019 financial year costs are largely associated with Phase One implementation, whereas the costs projected for the three following financial years as well as any ongoing costs are largely related to Phase Two implementation. Thus, the below figures overstate the direct cost to government within the focus of this RIS (Phase One), but the figures do provide context of the full cost of implementation of the CIS Scheme excluding Child Link, which will require additional funding.

Table iii: Overall costs to government

2018-2019	2019-2020	2020-2021	2021-2022	Ongoing
Whole of government implementation				
\$1.7M	\$1.9M	\$1.3M	\$1.3M	\$0.2M
Sector support				
\$4.02M	\$2.85M	\$2.65M	\$0.86M	\$0.00M
Workforce training, information exchanges and wellbeing functions				
\$6.87M	\$9.12M	\$3.62M	\$4.15M	\$4.22
ICT Implementation				
\$0.85M	\$0.83M	\$0.74M	\$0.75M	\$0.76M

Costs to entities

Consultation with the sector undertaken in preparing this RIS found significant variation in organisations' estimates of what the costs of the scheme might be. Using averages based on the data provided in consultations (see Chapter 4 for more detail), this RIS uses an illustrative example of the costs that an 'average' organisation might face, and uses these to estimate the possible impacts to the sector as a whole. Given the uncertainty involved in these estimates, a range of feasible impacts was estimated using sensitivity analysis.

The main costs to prescribed entities are expected to be those associated with:

- training staff;
- updating their policies, protocols and systems;

- time spent requesting or responding to requests for information; and
- keeping records about any information shared.

It is expected that there will be some initial, one-off costs to prescribed organisations associated with implementing the scheme, including:

- the cost of training all staff in the organisation; and
- the cost of updating policies, protocols and systems.

It is expected that the ongoing costs to prescribed organisations under the scheme will include:

- the cost of training new staff that join the organisation;
- time spent requesting or responding to requests for information; and
- keeping records about any information shared.

As shown in the table below, upfront costs are estimated to be \$22,800 on average per organisation, and ongoing costs are estimated to be \$21,600 on average per organisation per year. This is a total of around \$0.25 million (NPV) over ten years, when including initial and ongoing costs.³

When applying these costs to the entire sector (based on an estimated 713 organisations prescribed under the proposed Regulations), upfront costs are estimated to be around \$16.3 million, and ongoing costs around \$15.4 million per year. This is a total estimated at \$175.1 million over a ten-year period, including initial and ongoing costs.

Sensitivity analysis conducted on the preferred option⁴ suggests that these ongoing costs could feasibly range from \$6,000 to \$88,500 on average per organisation per year, or around \$0.09 million to \$0.94 million, NPV over ten years, including initial and ongoing costs.

Table iv: Marginal costs to organisations to implement the scheme

	Average cost per organisation	Cost for whole sector
Upfront costs to organisations (year 1)		
Training	\$18,100	\$12.9M
Updating policies, protocols and systems	\$4,700	\$3.4M
<i>Total upfront costs (once off)</i>	<i>\$22,800</i>	<i>\$16.3M</i>
Ongoing costs to organisations (yearly)		
Training for new staff	\$3,600	\$2.6M
Time spent requesting information	\$3,700	\$2.7M
Time spent responding to information requests	\$3,900	\$2.8M
Time spent record keeping	\$10,300	\$7.3M
<i>Total ongoing costs (per year)</i>	<i>\$21,600</i>	<i>\$15.4M</i>

Note: Figures represented above may not sum to total due to rounding

³ Using a real discount rate of 4%.

⁴ See Chapter 5: Preferred Option

Implementation

In order to ensure workforce readiness and sector capacity through appropriate training, a staged approach to implementation of the CIS Scheme is proposed according to the following timelines:

- Phase One, commencing in second half of 2018: Prescribing ISEs involving specialist and secondary services, according to the preferred option identified in this RIS. The entities' relatively small workforces (with the notable exception of Victoria Police) and existing capability in formal risk assessment and management as well as complementary service functions allows for effective training delivery. Training of personnel within each ISE will occur in the second half of 2018 and in 2019.
- Phase Two, commencing in 2020: Prescribing ISEs involving primary and universal services, according to Option 2 identified in this RIS. These ISEs are prescribed in the second phase of the CIS Scheme implementation in order to allow a longer lead-time in training, which will commence in 2019.

This phased approach is in line with the recommendations of the McClellan Royal Commission.

Consultation

Impacts of the Regulations have been estimated through consultations with representatives from entities likely to be impacted by the Regulations. While the stakeholders consulted included both government and non-government organisations across a range of sectors, it should be noted that only a small sample of the organisations likely to be affected by the CIS Scheme could be consulted. As such, the impact estimates reported in this RIS should be considered an initial indication, rather than anything more definitive. As greater certainty regarding the magnitude of the impacts is required, more data should be collected. Impacted stakeholders are strongly encouraged to provide feedback on the perceived accuracy of the estimated impacts as part of the public consultation process for this RIS.

The consultations indicated significant variation across entities and organisations in the level of expected impact under the CIS Scheme. This in part reflects the uncertainty that organisations invariably face when contemplating the impact of Regulations they have not previously encountered. It also reflects the fundamental factors that will drive variation in the impact of the Regulations across ISEs, including the size of the organisation, their resourcing capacity, the nature of their work involving information sharing, and their existing systems and processes.

The release of this RIS marks the beginning of the consultation through which interested members of the public can provide input into the development of the Regulations. For a minimum of 28 days, the DET will invite public comments or submissions to consider before it finalises the proposed Regulations. Information on how to lodge submissions can be found at the Engage Victoria Consultations web page at <https://engage.vic.gov.au/consultations>.

Submissions on this RIS are to be received via the Engage Victoria website by 5pm 15th June 2018.

Review

The legislation to create the CIS Scheme provides that the operation of the scheme will be reviewed within two years of commencement. The legislation further states that the review must be independent and must consider any adverse impacts of the Legislation. It may also include recommendations on any matter addressed in the review. The review will be tabled in Parliament within six months after the two-year period.

The two-year review will inform the rollout of the CIS Scheme to Phase Two in 2020 by providing recommendations for improvement including improvements to the training provided to ISEs under Phase One of the scheme implementation. To the extent possible, it will also inform a RIS to assess the impact of amended regulations relating to Phase Two of the CIS Scheme.

The Legislation also requires a review at five years.

Interaction of information sharing under the CIS and FVIS schemes

If an ISE is prescribed for both FVIS and CIS schemes, they will be required to consider whether sharing needs to occur in relation to family violence risk, and to promote the child's safety and wellbeing beyond the family violence context.

The majority of ISEs prescribed for Phase One of the CIS Scheme are secondary and tertiary services – that is, they work with vulnerable children and families in critical and risky circumstances. These organisations acknowledge that there is a high prevalence of family violence among the families involved with these services. For instance, it is estimated by Victoria Police that 70% of the child information to be shared by Victoria Police with other Phase One ISEs is likely to pertain to family violence, with the remaining 30% pertaining to other risks to safety (e.g., sexual abuse and neglect) as well as wellbeing concerns. Further, in 2015-16, family violence concerns were indicated in 47.5% of reports to Child Protection, and 68.7% of substantiated reports to Child Protection (Source: Ending Family Violence: Victoria's Plan for Change, page 3).

In practical terms, when an ISE prescribed for both CIS and FVIS schemes in Phase One is sharing information which pertains to family violence with another Phase One ISE, they must use the FVIS scheme because family violence is present. While they may also decide to share information to promote wellbeing or other (non-family violence related) safety issues, it would be inappropriate to count the requesting, disclosing and recording activity twice (i.e. under both schemes), as the information sharing has occurred in one transaction.

This is the rationale that underpins the assumption in this RIS that only 30% of cases of information sharing between Phase One ISEs will occur under the CIS Scheme, compared to an estimated 70% under the FVIS Scheme.

It is expected that if Phase Two of the CIS and FVIS schemes goes ahead to prescribe a wider group of entities (e.g. universal services such as schools, hospitals and early childhood services), there will be an increase in the sharing of wellbeing information under the CIS scheme, including and beyond when family violence is present. As a result, information sharing for 'CIS only' purposes will occur much more often, both for family violence and non-family violence cases.

1 Background

1.1 The need for reform

Since 2011, several government reviews and inquiries from the Commission for Children and Young People, the Victorian Coroner and the Victorian Auditor-General identified that a lack of information sharing has contributed to negative outcomes to the wellbeing and safety of Victorian children. Recurring themes relating to child information sharing in these reviews include that:

- Victoria's multiple legislative frameworks for information sharing create complexity and contribute to a culture that is risk-averse to sharing information, which has not adequately supported child safety and wellbeing outcomes;
- the capacity for professionals to form a holistic picture of a child's circumstances is compromised when information is not shared across services, inhibiting the timely delivery of early intervention and prevention programs to children at risk and contributing to an over-reliance on secondary and tertiary services;
- there are difficulties in determining whether children are accessing and participating in universal or targeted services, and improved access to this information might assist to identify and protect vulnerable children; and
- there are restrictions on data-linkage between government-funded programs, including the impact of children's interactions with universal and targeted services, which limits the ability for government to design responsive policy and programs, perform evaluations and plan in accordance with patterns of service engagement.

The **Royal Commission into Institutional Responses to Child Sexual Abuse** (the McClellan Royal Commission)⁵ delivered its recommendations on 15 December 2017 and made a number of recommendations related to improving information sharing and record keeping practices, including for the establishment of a national information exchange scheme between a range of prescribed entities that have responsibilities related to children's safety and wellbeing. In recommending improvements to information sharing, the McClellan Royal Commission identified New South Wales' Chapter 16A model in the *Children and Young Persons (Care and Protection) Act 1998* as providing the most promising model for a national information exchange scheme for children's safety and wellbeing. The McClellan Royal Commission identified a number of key elements to enable an effective national information-sharing scheme, including:

- enable direct exchange of relevant information between a range of prescribed bodies, including service providers, government and non-government agencies, law enforcement agencies, and regulatory and oversight bodies, which have responsibilities related to children's safety and wellbeing
- permitting prescribed bodies to request, provide and voluntarily share information related to the wellbeing and safety of children with other prescribed bodies;
- explicitly prioritising children's safety and wellbeing over laws which might otherwise prohibit disclosure of that relevant information;
- providing safeguards and other measures for oversight and accountability to prevent unauthorised sharing and improper use of information.

The importance of improved information sharing to assess and manage risk to children experiencing family violence context was also specifically highlighted in two key Victorian reviews, the **Royal Commission into Family Violence** (Family Violence Royal Commission) and the Commission for Children and Young People (CCYP) (2016) report **Neither seen nor heard: Inquiry into issues of family violence in child deaths**.

The Family Violence Royal Commission in its final report, delivered in March 2016, found that: " ... the Child Protection system has unfairly burdened vulnerable and unsupported women with the responsibility – as a 'protective parent' – to manage and mitigate risks to children, at the expense of focusing on the harmful actions of the abusive parent or caregiver". Hence, there was a need to "shift from seeing the needs of

⁵ Commonwealth of Australia (2017) *Royal Commission into Institutional Responses to Child Sexual Abuse*

children affected by family violence as merely an extension of those of their caregiver". It also confirmed that information sharing plays an imperative role in enabling government and supporting agencies to effectively and appropriately respond to the needs of children and families. Information sharing was identified as a necessary precursor to interventions to promote child safety and save lives.

The CCYP (2016) released the report '**Neither seen nor heard: Inquiry into issues of family violence in child deaths**' that examined a representative sample of the CCYP's child death inquiries, to offer a more complete picture of the intersection of family violence and the Child Protection system. A key finding of the inquiry was that there was a lack of coordination between services, and that services did not share information to adequately form an overall view about the problems the women and their children experienced.

1.2 Policy context

The Victorian Government's Roadmap for Reform (the Roadmap), released in April 2016, sets out once-in-a-generation changes designed to improve the lives of vulnerable children, young people and families in Victoria. Consistent with the Family Violence Royal Commission, the Roadmap provides an initial outline of how a new system will operate to better support Victoria's most vulnerable individuals, families and communities.

The Roadmap agenda is underpinned by the need to better respond to pressures on out of home care and Child Protection services, and to deliver better outcomes for vulnerable children and families. Child protection reports have grown at an average of 13 per cent in recent years reaching to over 100,000 reports in 2015-16, with a significant increase in the number of children subject to multiple (five or more) reports (from 75 in 2006-07, to 911 in 2014-15). Many of the reports to Child Protection involve family violence, parental mental health and parental substance misuse.

The Roadmap outlines a vision of a transformed service system, along with a suite of immediate actions that will build confidence, stability and capability within families by:

- building on the recommendations of the Family Violence Royal Commission to develop shared responsibility and bring together the full range of services and supports that victims and other vulnerable families need; and
- prioritising earlier intervention and preventative support, rather than responding to issues once they have become critical.

In line with this, on its commencement (in the second half of 2018) the *Children Legislation Amendment (Information Sharing) Act 2018* will amend the *Child Wellbeing and Safety Act 2005* to create the CIS Scheme, enabling information sharing between prescribed entities to promote the wellbeing and safety of children. It will also amend the *Child Wellbeing and Safety Act 2005* to authorise the development of a platform for systematic sharing of information about children's participation in services (Child Link). The Amending Act passed the Victorian Parliament in March 2018 and received Royal Assent on 10 April 2018.

Child Link

Child Link is an information technology (IT) platform that will draw together information from existing government information management systems that hold information relevant to child wellbeing and safety. The information will only be accessible to trained and authorised children's service practitioners. Appropriate safeguards will be in place to protect a child's information.

Promotion of child wellbeing and safety is the paramount reason for creating Child Link. Child Link will provide a more complete picture of a child's circumstances to allow professional conversations and encourage collaboration between services to promote child wellbeing and safety.

Child Link information is strictly limited by legislation to include only the following:

- basic information about a child – including name, birth date and sex (no addresses)
- key family relationships – including carer and sibling information
- whether the child is Aboriginal and/or Torres Strait Islander
- participation in the National Disability Insurance Scheme
- enrolment and participation in certain Government childhood services and programs – including Maternal and Child Health services, supported playgroups, funded kindergarten programs and schools
- a tick-box indication of any current or previous Child Protection orders made in relation to the child or a sibling – including 'out of home care' status
- contact details for services with which the child has been or is engaged, and
- if a child dies before the age of 18, the date and cause of death.

Child Link will not display case notes, professional opinions or health records about a child. Authorised practitioners will only be able to view child information on Child Link for children already in their care or responsibility. Child Link is not a communication platform. It will, however contain contact information for prescribed entities for the purpose of guiding information sharing to the correct recipients.

The CIS Scheme is a key enabler in delivering the objectives of the Roadmap for Reform to refocus the service system towards prevention and early intervention, and support proactive and integrated service responses in partnership with the family.

Alongside the CIS Scheme, the *Family Violence Protection Act 2008* now includes the FVIS Scheme, which enables information to be shared between prescribed entities to assess and manage family violence risk to children and adults. The FVIS Scheme also authorises the operation of a Central Information Point to facilitate Family Violence information sharing. The FVIS Scheme, which commenced in February 2018 with the prescription of an initial tranche of organisations, supports the sharing of information to assess each family member's risk from family violence (that is, for adult and child victim survivors, and to hold perpetrators to account) and provide for coordinated risk management and safety planning.

The *Family Violence Protection Act 2008* also authorises the approval of the Family Violence Risk Assessment and Risk Management Framework (the Framework) and requires organisations to align their policies, procedures, practice guidance and tools with the Framework.

1.2.1 Interface between the CIS and FVIS schemes

Together, the CIS and FVIS schemes authorise information sharing between entities prescribed under each scheme to facilitate the early identification, assessment and management of children's wellbeing or safety in a wide range of contexts, enabling services to respond to the multiple, complex needs of families and children. The FVIS Scheme supports the sharing of information to assess each family member's risk from family violence (that is, for adult and child victim survivors, and to hold perpetrators to account) and provide for coordinated risk management and safety planning.

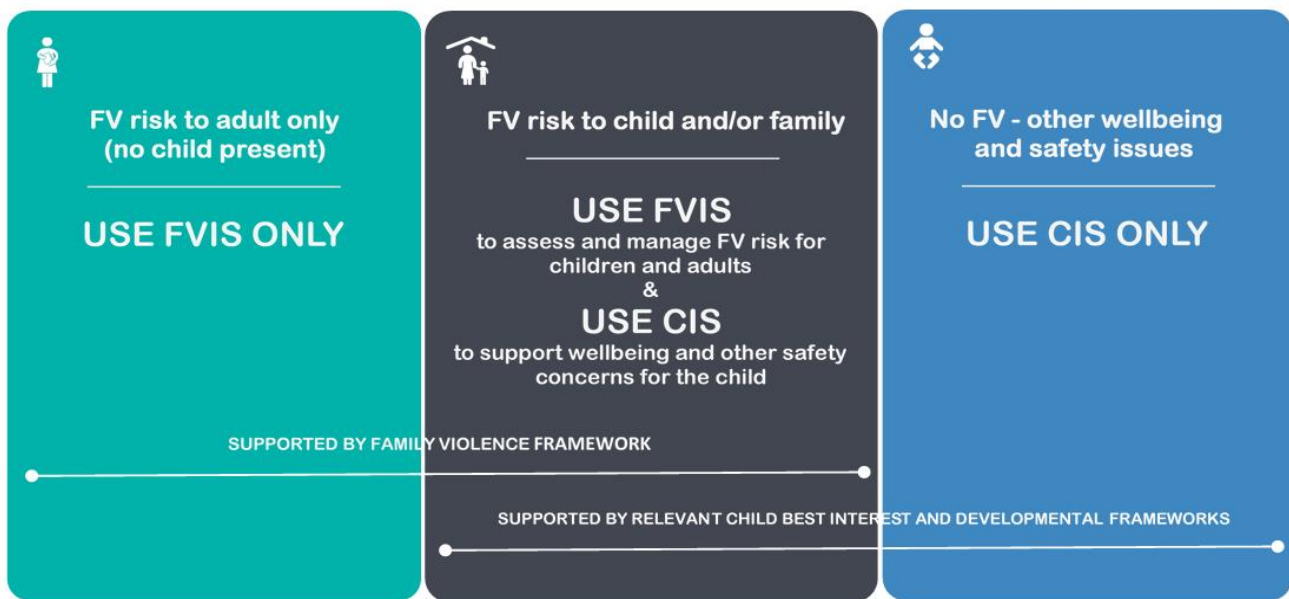
Both schemes are being implemented in alignment for significantly overlapping workforces and organisations. The situations in which both schemes are applied are also likely to overlap for many children and families.

The design and aligned implementation of the two schemes will support an integrated experience from a client perspective. Key similarities between the schemes include:

- both schemes recognise that a child’s right to safety takes precedence over any individual’s privacy; and neither scheme requires consent to share relevant information to keep a child safe.
- guidelines for both schemes provide practical guidance on the assessment and management (including information sharing) of all family members believed to be at risk of family violence, supporting holistic and coordinated risk management.
- the categories of excluded information are consistent across both schemes.
- the offence provisions are interoperable across both schemes, although the CIS Scheme has an additional offence for impersonating an ISE – See Chapter 6 for more details.

The two schemes will therefore be used in an integrated way wherever children are or may be experiencing family violence, as outlined in the figures below.

Figure 1.1: Intersection between the CIS and FVIS schemes



1.2.2 CIS confidentiality considerations

Once introduced, the CIS Scheme will authorise ISEs to:⁶

- request confidential information from another ISE for the purpose of promoting the wellbeing or safety of a child or a group of children; and
- disclose confidential information (either voluntarily or in response to a request) to another ISE for the purpose of promoting the wellbeing or safety of a child or group of children and to assist the recipient to deliver services or to undertake certain activities in relation to a child or group of children.

To ensure that the privacy of individuals is not arbitrarily displaced, the CIS Scheme provides for a range of protections for individuals. For example, the scheme recognises that the disclosure of confidential information will not be appropriate in all cases and, therefore, excludes certain information from the operation of the scheme. The legislative principles include a requirement that information should be shared

⁶ Children Legislation Amendment (Information Sharing) Bill 2017 Explanatory Memorandum

only to the extent necessary to promote the wellbeing or safety of a child or a group of children, consistent with their best interests. In addition, ISEs should seek and take into account the views of the child and the relevant family members wherever appropriate, safe and reasonable to do so.

ISEs are required to consider and meet a threshold test before sharing information with another ISE. The threshold test permits information to be shared where:

- the purpose of disclosing the information is to promote the wellbeing and safety of a child or group of children
- the disclosure may assist the recipient to carry out one or more specified activities, as follows:
 - to make a decision, assessment or plan relating to a child or group of children;
 - initiate or conduct an investigation relating to a child or group of children;
 - provide a service relating to a child or group of children;
 - or to manage any risk to a child or group of children; and
- the information is not 'excluded information', which is information that if shared could reasonably be expected to:
 - endanger a person's life or result in physical injury;
 - prejudice an investigation of a breach of the law; the enforcement or proper administration of the law; a coronial inquest or inquiry; or a person's right to a fair trial;
 - contravene legal professional privilege;
 - disclose or enable a person to ascertain a confidential source of information in relation to the enforcement or administration of the law;
 - contravene a court order or provision of an Act that prohibits or restricts the publication or other disclosure of information for or in connect with a court proceeding; or requires or authorises a court or tribunal to close proceedings to the public; or
 - be contrary to the public interest.

The Amending Act also contains a list of legislative principles intended to guide ISEs on appropriate practice in relation to sharing of confidential information under the CIS scheme. Practice guidance resources and binding Ministerial Guidelines for information sharing are under development.

1.3 Objectives

1.3.1 Objectives of the CIS Scheme

The CIS Scheme will create a broader and more permissive legislative regime for sharing information to promote child wellbeing and safety across health, education, child, family and community services.⁷ The scheme will improve the quality and quantity of information sharing, to ensure that entities' working with children and families have access to relevant information to promote the wellbeing and safety of children. Having access to a broader range and amount of information should help services form a more complete picture of the child, enabling the provision of early intervention and prevention to vulnerable children and families. Positive outcomes for children will, to the extent necessary, be prioritised over an individual's right to privacy.

The Amending Act is intended to support the operation of the CIS Scheme by enabling specified government agencies and service providers to share information that will:⁸

- **Improve early risk identification and intervention.** Enabling early intervention to promote wellbeing, prevent or mitigate harm and provide support for families (by permitting professional and respectful sharing of information early)
- **Change a risk averse culture in relation to information sharing.** Overcoming any risk averse culture of child service entities to encourage and facilitate the timely and easy sharing of information (in part by simplifying legislation).
- **Increase collaboration and integration between child and family services.** Promoting shared responsibility and collaboration across professionals and organisations that provide services to children

⁷ Children Legislation Amendment (Information Sharing Bill) 2017 Legislative Impact Assessment (CIS LIA).

⁸ CIS LIA Pg. 22

and families to reduce the current reliance on reporting to Child Protection authorities to protect children from harm, neglect and abuse

- **Support children's and their families' participation in services.** Facilitating the participation of children and their families in services to which they are entitled (including health services, education and family support).

The CIS Scheme complements other child safety reforms recently inserted into the *Child Wellbeing and Safety Act 2005* and the establishment of the FVIS scheme under the *Family Violence Protection Amendment (Information Sharing) Act 2017*. These reforms form part of government's response to Family Violence Royal Commission and the McClellan Royal Commission. The reforms will support the Victorian Government's Roadmap for Reform agenda to reorientate the focus of service provision away from a focus on crisis response to place a greater emphasis on early intervention and prevention.

1.3.2 Objectives of the Child Wellbeing and Safety (Information Sharing) Regulations 2018

The objective of the Regulations is to enable Phase One of the CIS Scheme by prescribing:

- **ISEs** that will be authorised to voluntarily share relevant information with one another for the purposes of promoting child wellbeing and safety (and will be obliged to share that information in response to requests from other ISEs).
- **Record keeping requirements that ISEs must comply with.** This includes the type of information required to be recorded by an ISE when sharing information in accordance with the CIS Scheme (or where refusing a request to share information). Record keeping requirements will align with those for the FVIS Scheme.

The proposed Regulations will also prescribe:

- certain secrecy and confidentiality provisions in other laws that are proposed to be overridden/displaced when sharing in accordance with the CIS Scheme – that is, while those secrecy and confidentiality provisions will continue to apply outside the CIS Scheme, they will not prevent an ISE from sharing information in accordance with the CIS Scheme.

It is important to note that the CIS Scheme will authorise ISEs to request, collect, use and disclose information to promote child wellbeing and safety. ISEs will be obliged to share that information when lawfully requested to do so by another ISE unless the information falls under the exclusion category - including information that, if shared, would prejudice an ongoing investigation of a breach of the law or a coronial inquest, or would endanger a person's life or physical safety.

2 Problem analysis

2.1 A lack of timely access to relevant information is leading to compromised child wellbeing and safety

Children are being placed at risk of harm where agencies or professionals are making decisions without timely access to relevant information that is held by other agencies. If this information were available, more appropriate decisions could be made regarding child wellbeing or safety.

2.1.1 Consequences arising from a lack of information sharing can be significant

The consequences of insufficient information sharing can be serious. A lack of information shared about a vulnerable child has been found to contribute to child deaths. When pieces of information are missing, each service provider can only see a small part of the picture. This can result in services not being aware of the circumstances a child is facing. Services may be unable to coordinate and collaborate effectively. Consequently, services may miss opportunities to intervene and provide children and families with appropriate support.

Numerous reviews have identified these issues. Notably, the Commission for Children and Young People (2015) has reported that inadequate information sharing played a role in 20 out of 43 child deaths inquiries. Specific inquiries have highlighted this issue, including the Coroners Court Finding With Inquest into the Death of AA (Baby D) (2016) and Finding Without Inquest into the Death of Child AM (2017).

Case study: Baby D

An inquest by the Coroners Court of Victoria into the Death of Baby D in 2015 found that professionals involved in the case of Baby D had a lack of information about her upon which to make appropriate decisions regarding her health and safety. No single practitioner had a full picture of her circumstances due to a lack of adequate information sharing.

The Inquest noted that in the eight-week period leading up to her death, a number of health professionals were engaged with Baby D's family, however, as noted by Justice Gray at paragraphs 342-344:

"in approaching this task, they did not have the benefit of each other's observations and examinations, except to the extent that information was relayed via the parents. Each practitioner would almost certainly have benefited from information from the others about the bruising, mental health screens, diagnoses, treatment plans. As a result, at inquest there were many hypothetical questions about how assessments and responses may have been different with a more complete picture."

While acknowledging that information sharing is a dynamic and complex policy area, the Coroner noted that the circumstances surrounding the death of Baby D crystallises information sharing as an issue that warrants a sector wide response.

Entities that work with children and families may currently be deterred from sharing information for several reasons, including confusion about when and what information can lawfully be shared. Victoria's legislative framework for information sharing is complex. Relevant Acts include the *Children Youth and Families Act 2005*, the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*. There is also additional legislation that relates to child information sharing such as Commonwealth privacy law (for private and Commonwealth funded non-government organisations) and various secrecy and confidentiality provisions under subject-specific legislation. In response to this complex legislative environment, organisations have not been confident in their understanding of the legal requirements for information sharing. This has led to information not being shared, even when sharing may be legally permitted and appropriate.

In a situation where service providers do not have timely access to information relevant to child wellbeing and safety, there will be missed opportunities for early intervention or prevention, such as in the tragic case of Child AM.

Case study: Child AM

The Coroners Court finding without inquest into the death of Child AM, which referred to the CCYP child death inquiry on the same child, identified that a family's ability to keep their child 'invisible' to government services ultimately led to the death of a 5-year-old child as a result of neglect. The Child AM case exposed the difficulties of early intervention and the provision of a connected service response when a child can be kept 'under the radar' by their family. Key elements of the Child AM case contributing to the child's neglect and death included:

- Child AM's mother received minimal antenatal care during her pregnancy. She attended a General Practitioner only once in the later stages of the pregnancy, and refused the local hospital's offer of assistance at home, reportedly not wanting anyone to conduct a home visit;
- Child AM was born at home and his birth was never registered by the parents. Being born prematurely, he was admitted to hospital for three weeks following his birth, and the Maternal and Child Health service was notified;
- attempts by medical and early childhood services (including Maternal and Child Health) to engage the mother regarding Child AM were accepted only enough to ward off further intervention, a standard home visit was not accepted, and neither Child AM or his brother were enrolled in kindergarten or school; despite two separate reports to Child Protection, the case was assessed as not meeting the threshold for further investigation or ongoing statutory intervention as there was no clear evidence presented that Child AM and his brother were being severely neglected; and
- Victoria Police were called to the premises by a concerned neighbour one month before Child AM's death, but no further action was taken as they could not rouse the household.

The Inquiry highlighted barriers across the service system in Victoria that hinder the ability of authorities to effectively identify and protect isolated children – particularly children whose parents deliberately avoid universal services. Had the lack of participation in any child services and school by the older sibling been evident alongside the Child Protection reports, a deeper investigation by Child Protection would likely have been triggered which could have including a home visit.

The Inquiry recommended the development of a system to ensure that all children are registered at birth or immigration to Victoria, so that key information such as service participation can be shared proactively - before a concern arises. The Inquiry noted that the Departments of Health, Justice and Education should work together to develop this system to significantly reduce the potential for Victorian children to be neglected as occurred in the Child AM case. The subsequent Coronial inquiry (February 2017) effectively endorsed these findings.

2.1.2 Continuation of a lack of information sharing will reinforce an over-reliance on acute and statutory services

Under current privacy and other laws, it can at times be difficult for organisations to share information lawfully unless it is necessary to prevent a serious threat to a person's life or safety. Consequently, information is often shared when harm has already occurred or when the risk of harm is high. Information is less likely to be shared before the risk of harm becomes acute. This adds pressure to Child Protection and Child FIRST systems. An opportunity to share information earlier to prevent issues from escalating is missed, a situation which is inconsistent with good practice⁹. It is at odds with the Victorian Government's priority to assist families before they reach a crisis point¹⁰, which recognises the cost of Child Protection and the failings that arise if there is an over-reliance on the Child Protection system¹¹. It is also costlier, as prevention requires less resources than acute and/or statutory intervention. Further, the highest return possible is from investment in children in the early years, and this is highest for children experiencing the greatest socio-economic disadvantage¹².

⁹ The early years of a child's life have a profound impact on their future health, education and social development. Therefore, investing in the development and wellbeing of young children can have a positive impact on child and hence adult outcomes. This is particularly true for vulnerable and disadvantaged children.

¹⁰ Department of Health and Human Services (2016) *Roadmap for Reform: strong families; safe children*

¹¹ Cummins, P, Scott, D and Scales, B (2012) *Report of the Protecting Victoria's Vulnerable Children Inquiry*.

¹² Heckman, J (2011). *The Economics of Inequality: The value of early childhood education*: American Educator: Spring 2011.

2.2 The absence of regulation will lead to inconsistent application of information sharing between entities

In the absence of the proposed Regulations, no entities would be authorised to share information under the CIS Scheme, and no record keeping requirements would be specified, which would maintain existing inconsistent application of information sharing and record keeping

2.2.1 Prescribed entities

The Amending Act itself will not specify which entities (agencies and individuals) can share confidential information to promote child safety and wellbeing. Rather, the Amending Act provides that the entities that are permitted to share information under the CIS Scheme must be prescribed by regulation.

Without accompanying regulations, no persons or bodies will be permitted to share information in accordance with the CIS Scheme. Consequently, the legislation would not overcome the problems described in 2.1 and would not realise the objectives of the CIS Scheme described in Chapter 1. There are, however, a number of possible approaches in defining the scope of prescribed organisations, as discussed in Chapter 3, Options.

If unnecessary entities are prescribed (e.g. entities that do not have a legitimate need to share information relating to child wellbeing and safety), there is a risk of information falling into the wrong hands or being used inappropriately. However, a lack of entities sharing information would prevent the objective of promoting child wellbeing and safety from being achieved.

2.2.2 Record keeping requirements

The Amending Act itself does not specify the record keeping requirements associated with child information sharing. Section 41ZC states:

"An information sharing entity or a restricted information sharing entity must record the prescribed information in respect of its collection, use and disclosure of confidential information in accordance with this Part and the regulations."

Without accompanying regulations that specify record keeping requirements, organisations that are prescribed as being permitted to share information under the CIS Scheme will not have any specific obligations to record information (beyond existing record keeping requirements) in relation to information shared under the CIS Scheme. Prescribed organisations may also be uncertain as to what the record keeping requirements are, if any, in this context. There are a number of possible approaches to defining record keeping requirements, as discussed in Chapter 3, Options.

Although record keeping requirements are not likely to be overly burdensome, and there is room for adaptation across entities, the minimum standards for recording and storing information need to be understood.

At a minimum, and in order to ensure the traceability of information and potential verification of accuracy of information at a later stage, there is a need to record information, including¹³:

- Which entity requested information, what information was requested and when the request for information was made.
- Which entity was information shared with, what information was shared and when did information sharing occur.

If minimum standards such as those outlined above are not maintained, there is a risk that record keeping will be inconsistent and will not capture the most relevant information related to child wellbeing or safety, and will not support accountability under the scheme.

2.2.3 Base case scenarios

Based on this understanding of the problems associated with a lack of regulations, the following base case scenarios, where the proposed Regulations would not be made, were used when analysing the options for prescribing ISEs and record keeping requirements under Phase One of the CIS Scheme:

¹³ Additional record keeping requirements under the proposed Regulations are presented in chapter 4.

2.2.3.1 Base case – prescribing entities

In the absence of the proposed Regulations there would be no entities prescribed. Agencies and organisations will not be compelled to alter current practices. Consequently, the current state of information sharing would continue. This involves variable and ad hoc arrangements throughout Victoria. Information would continue to be shared under the provisions of existing legislation including the *Privacy and Data Protection Act 2014*, the *Health Records Act 2001* or the *Privacy Act 1988*. The “system” would continue to operate with DHHS Child Protection at the centre, with other services and authorities able to make reports for DHHS Child Protection to consider and investigate where appropriate. Information would continue to flow into DHHS Child Protection for it to consider, however information would not flow from DHHS Child Protection to organisations that have raised concerns, or between organisations other than DHHS Child Protection.

Any information sharing arrangements that have been formalised through MoUs or similar would continue. Examples of current arrangements include: agreement for the sharing of access to the Victoria Police L17 portal by Child Protection authorities, and the Early Childhood Out of Home Care Agreement between the DHHS, the Municipal Association of Victoria on behalf of local government authorities and the DET. Other protocols such as those relating to the sharing of information between kindergartens and schools or Maternal and Child Health (MCH) and schools would also continue.

Reporting into separate service systems would continue, with records held by organisations involved in the sharing of information, as per current legislation including the *Privacy and Data Protection Act 2014*, the *Health Records Act 2001* or the *Privacy Act 1988*, as outlined above.

In the absence of regulation, non-regulatory measures could be implemented to increase the understanding and consistency of information sharing across the sector, such as broad information and awareness campaigns, without defining prescribed entities. However, these measures would be implemented within the constraints of the current system and current laws, as outlined above.

2.2.3.2 Base case – record keeping

In the absence of proposed Regulations, consistent minimum standards for record keeping by prescribed entities when sharing information under the CIS Scheme would not be available. This is likely to lead to a continuation of existing record keeping practices according to current standards. Consultation suggests that there is currently variability in record keeping activity across organisations. Ordinarily, organisations are subject to record keeping and information management obligations under state and territory records, privacy and other legislation, or under government funding agreements or contracts¹⁴. This includes requirements for retention, security and storage of records containing personal information, as well as requirements for individuals to have access to their own records, and rights to correct or amend those records. These practices would continue to apply in the absence of regulation and no consistent minimum standards for record keeping by prescribed entities when sharing information under the CIS Scheme would be available. Industry would be supported through information and guidance campaigns to promote appropriate information sharing practice when sharing information about children.

¹⁴ For example, the *Privacy and Data Protection Act 2014*, the *Health Records Act 2001*, *Public Records Act 1973*, *Privacy Act 1988*, and *Freedom of Information Act 1982* (Vic) as pertaining to individuals' access to their own records.

3 Options

This RIS outlines a number of elements of the proposed Regulations, including those for which options were considered and those for which they were not. These are discussed separately below.

Options for the proposed Regulations

Options for the proposed Regulations were considered in relation to:

1. The scope of entities to be prescribed as ISEs
2. The scope of record keeping requirements for those ISEs.

Options across these two areas are outlined below.

Consideration of non-regulatory options

A non-regulatory option for prescribing ISEs under the CIS Scheme is not considered a viable option because this would not actually permit ISEs to share information other than in accordance with existing privacy laws and would only result in an even greater lack of legal clarity regarding the obligation to share information under those laws. The prescription of entities underpins the establishment of the CIS Scheme, and without regulations no entities would be authorised to share information to promote children's wellbeing or safety under the scheme. This may result in inconsistent application of existing legislation, which would pose a risk to children. A non-regulatory option for imposing record keeping requirements is not considered a viable option because the legislation was written and designed for regulations to specify record keeping requirements for ISEs. Section 41ZC of the *Children Legislation Amendment (Information Sharing) Act 2017* relates to Recording requirements and states: "An information sharing entity or a restricted information sharing entity must record the prescribed information in respect of its collection, use and disclosure of confidential information in accordance with this Part and the regulations".

3.1 Options for determining the prescribed entities

A number of reform options were considered as to which entities should be prescribed for Phase One implementation of the CIS Scheme:

- **Option 1.** Targeted prescription of entities based on their criticality and capacity.
- **Option 2.** Entities prescribed in Option 1 with the addition of universal and other key child service providers.
- **Option 3.** Prescribe all entities likely to hold information relating to children

The McClellan Royal Commission recommended in its final report that prescribed bodies include government and non-government agencies responsible for the provision or supervision of services in support of the wellbeing or safety of children. The Royal Commission acknowledged that the scope of prescribed entities should capture a very wide range of institutions of different sizes and with varying governance arrangements and capacity to meet the recommended safeguards.

Further, the Royal Commission recommended a careful and phased approach in rolling out the scheme.

In line with these recommendations, the CIS Scheme assumes a phased approach to implementation which, once fully implemented, will involve a wide range of both government and non-government agencies. Further, the phased implementation of the CIS Scheme is as far as possible aligned with the implementation of the FVIS Scheme.

In determining which organisations should be prescribed in Phase One of the CIS Scheme, particular regard has been given to the criticality of the ISE's in providing support for the most vulnerable children and the ISE's level of reform readiness acknowledging the tight timeframes for Phase One implementation. The list of organisations in Option 1 are those considered to be best positioned to safeguard the wellbeing and safety of the most vulnerable children and to implement the scheme within the timeframes of Phase One implementation with appropriate support from government.

The organisations listed in Option 2 are considered very important in safeguarding the wellbeing and safety of children and should ideally be prescribed for the CIS Scheme as part of Phase One implementation. However, prescribing these entities in Phase One of the scheme is not considered feasible given the tight timeframes for implementation. Prescribing these organisations for Phase One implementation could lead to the unintended consequences associated with the scale of such broad based implementation, particularly in terms of the high costs and risk of inappropriate information sharing arising from lack of time to provide adequate training and appropriate government support to organisations.

The organisations listed in Option 3 are considered relatively less prepared to be prescribed at this time, and these organisations are also relatively less important in terms of safeguarding child wellbeing and safety.

The rationale for prescribing Phase One entities for implementation in the second half of 2018 is further developed in the criteria below:

1. The protection and support of vulnerable children is the earliest priority, including children in their early years and those at highest risk, e.g. those in contact with justice services, and those who are living with an adult accessing secondary human or justice services.
2. Services that have training and existing capacity and capability in formal risk assessment and management. The workforces that can be trained in preparation for Phase One implementation of the CIS Scheme, and are also scheduled to receive training in the FVIS Scheme and the Framework.
3. Services that perform complementary service functions, both within and across sectors. Service collaboration exists across prescribed sectors, but will be improved through clearer authority for information sharing. These workforces can provide an integrated service response for vulnerable children and their families and the prescription of these workforces in Phase One of the CIS Scheme will promote effective reform implementation and facilitate service collaboration as well as culture change to promote the wellbeing and/or safety of children.

The options are presented in further detail below.

3.1.1 Option 1: Targeted prescription of entities based on their criticality and existing capacity.

The first option is to prescribe a limited group of entities that are authorised to request and provide information related to child safety or wellbeing. This option specifically relates to criteria 1 and 2 described above, by ensuring that critical information is shared between entities best positioned to support the wellbeing or safety of vulnerable children, i.e. those that assess and respond to children most at risk. The option relates to criteria 3 by including entities that currently interface by providing complementary service functions. It is assumed that entities prescribed under this option are currently involved in some level of information sharing and hold existing capacity in formal risk assessment and management, and therefore are likely to already have information sharing systems and processes in place. This option also assumes a phased approach to implementing prescribed entities, as recommended by the McClellan Royal Commission, with additional entities being prescribed following Phase One rollout.

A list of prescribed entities and descriptions under this option is provided at Appendix A.

3.1.2 Option 2: Entities prescribed in Option 1 with the addition of universal and other key child service providers.

In line with the criteria described above to determine the scope of prescribed entities, this option would include all entities prescribed in Option 1, with the addition of a number of other government and non-government agencies responsible for the provision or supervision of services related to the wellbeing or safety of children. Under this option, the scope of prescribed entities includes a variety of primary and universal institutions of different sizes and governance arrangements, and would include the very large education and health service sectors. The list of prescribed entities may include, but would not be limited to:

- Government and non-government schools
- Hospitals

- Medical and other health practitioners
- Other public and private health services
- Allied health services, including nursing
- Early childhood education services
- Disability services
- Student support services
- Foster care services
- Adoption and permanent care services
- Other regulatory bodies

This option involves prescribing a significantly higher number of entities in Phase One of the CIS Scheme rollout, most likely resulting in a further increase in information sharing to support the objectives of the scheme. This option would need to consider the cost and complexity of training significantly larger and more diverse workforces within a short timeframe. Further, it would mean a decoupling of the implementation of the CIS and FVIS schemes.

3.1.3 Option 3: Prescribe all entities likely to hold information relating to children

A third option is to prescribe a broad group of entities that typically hold information relevant to the wellbeing and safety of children. In addition to those listed in option 1 and 2, this would include but not be limited to, sports clubs, community organisations and religious organisations. Option 3 allows for broad information sharing which may be useful in informing an integrated approach to support of children and families to promote child wellbeing and safety, but significantly increases implementation complexity and risk.

3.2 Options for determining record keeping requirements

Reform options considered regarding the record keeping requirements to be placed on ISEs were:

- **Option 1:** Require ISEs to record case-level information
- **Option 2:** Impose additional requirements on ISEs to record aggregate level data which the ISE's will be asked to report on.

These options are outlined in further detail below:

3.2.1 Option 1: Require ISEs to record case-level information

One option would be to impose record keeping requirements on ISEs to the extent that they would ordinarily be required in accordance with their ordinary professional obligations and to the extent necessary to correct information that has been shared (e.g. in cases where information has been found to be incorrect or has subsequently changed), record complaints and undertake appropriate evaluation of the CIS Scheme. Under this option, the Regulations would specify the type of information to be recorded in case notes, but would not impose any obligations to record aggregate data or respond to regular requests to report on it.

With the exception of the Children's Court and the Magistrate's Court¹⁵, this would involve recording the following information on a case-level basis:

- the information sharing entity which requested the information, if applicable;
- the confidential information that was requested, if applicable;
- the date on which the information sharing entity made the request, if applicable;
- a record of the confidential information disclosed;
- the date on which the confidential information was disclosed;
- the information sharing entity to which the confidential information was disclosed;

¹⁵ The Amending Act premises that the courts are not to be subject to any of the obligatory aspects of the CIS Scheme with the intention of preserving their judicial independence and are therefore excluded from the record keeping requirements. It is noted that the Courts are bound by the *Public Records Act 1973* and may have additional obligations under their establishing legislation and court rules, and they are also not prevented from keeping records in accordance with the CIS Regulations.

- if the information sharing entity disclosing the confidential information has prepared a risk assessment under the Family Violence Risk Assessment and Risk Management Framework (within the meaning of Part 11 of the *Family Violence Protection Act 2008*) or a safety plan in respect of the person, or in respect of a member of the person's family who is at risk of being subjected to family violence, or a person who is reasonably believed or alleged to pose a risk of family violence, a copy of that risk assessment or safety plan;
- whether the information sharing entity sought and obtained the views of the child or the child's parent and, if not, the reason why;
- whether the child or the child's parent was informed that the confidential information was disclosed.

Additionally, where a prescribed information sharing entity declines a request to share information about any person, it is proposed under this option that it must record the request and the reason it was declined.

Under this option, if a complaint is made to an information sharing entity in relation to the performance of its functions, it would be required to record:

- the date the complaint was made and received; and
- the nature of the complaint and relevant details; and
- any action that was taken by the information sharing entity to resolve the complaint; and
- any necessary action that has been taken to prevent, or lessen, the risk of further similar complaints by ensuring the reasons for the complaint have been addressed; and
- the time taken to resolve the complaint; and
- if the information sharing entity was unable to resolve the complaint, what (if any) further action was taken.

There will be no interface between organisational record keeping requirements and Child Link. Child Link will not be an IT reporting system. For further detail on Child Link, please refer to Chapter 1.

3.2.2 Option 2: Impose additional requirements on ISEs to record aggregate level data which the ISEs will be asked to report on.

A second option would involve the record keeping requirements as outlined in Option 1, with the additional obligation of recording aggregated, de-identified data. Under this option ISE's will be asked to report on such data¹⁶. This option would involve capturing information such as:

- the number and details of formal information requests received and made (i.e. those received and made in writing);
- the number of formal refusals for information the ISE has received and made including reasons why (i.e. those received and made in writing);
- the number of times information was formally shared (i.e. in writing) about a person without their consent (whether adult or child) and reasons why
- the number of privacy complaints made by persons whose information was collected and shared.

The intent of aggregate record keeping would be to support future evaluation of the CIS Scheme. Using the information above, the impact on individual organisations could be measured, and this would contribute to an increased understanding of the overall effectiveness of the scheme.

3.3 Other elements of the proposed Regulations for which options are not considered

In addition to prescribing entities as ISEs and the scope of record keeping requirements on those ISEs, the proposed Regulations also prescribe any provisions of other Acts that are overridden/displaced when an information sharing entity is collecting, using or disclosing confidential information in accordance with the CIS Scheme. All entities prescribed as ISEs will therefore be able to share information under the CIS Scheme even when this activity would otherwise be restricted by other laws. Consultation occurred with relevant government agencies to identify the secrecy and confidentiality provisions contained in other legislation that

¹⁶ Under this option it is assumed that ISE's will receive weekly requests to report on aggregate level data and that the ISE's respond to these requests. Technically, the Regulations for the CIS Scheme can only prescribe record keeping requirements, not reporting requirements. Any such requirement to report on aggregate data would have to be imposed through other means or powers (e.g., contractually or through binding Ministerial Guidelines).

should be expressly overridden in the Regulations to enable the scheme to function effectively. This is outlined in the table below:

Table 3.1 Other legislation

Other legislation that restricts information sharing that would be overridden by the proposed Regulations	Information regarding the following could be shared under the CIS Scheme
Section 537(3) of the <i>Children, Youth and Families Act 2005</i>	Inspecting final court orders on the court register
Section 582(5) of the <i>Children, Youth and Families Act 2005</i>	Certain agencies using information for enforcement
Sections 18(3) of the <i>Magistrates' Court Act 1989</i>	Inspecting final court orders on the court register
Sections 99A(5) of the <i>Magistrates' Court Act 1989</i>	Certain agencies using information for enforcement
Section 347(2) of the <i>Mental Health Act 2014</i>	Information from electronic health information systems
section 181 of the <i>Personal Safety Intervention Orders Act 2010</i>	Disclosure of information by organisations
section 41B of the <i>Child Wellbeing and Safety Act 2005</i>	Disclosure of information by relevant persons within the Commission for Children and Young People

Options for this element have not been considered within this RIS as DET expects that its regulatory impact would be either minimal or not attributable to the proposed Regulations.

4 Determining the preferred option

4.1 Approach

This RIS considers a range of options for the proposed scope of the CIS Scheme, as outlined in the previous chapter. In considering the full range of analytical techniques available for determining the preferred option in this RIS, MCA was considered the most appropriate. This is due to the difficulty involved in quantifying the expected effects of information shared under the CIS Scheme and associated improvements in child wellbeing or safety. This is compounded by the fact that the CIS Scheme is part of a larger reform program to grow and improve early intervention and prevention for children.

MCA is typically adopted in cases where full cost-benefit analysis is infeasible due to an inability to quantify benefits. MCA allows options to be compared through both quantitative and qualitative analysis and enables a wider range of criteria, such as social considerations, to be included in the analysis. It involves determining a set of criteria considered to be most pertinent to weighing up options and then scoring each option with reference to the selected criteria, where a positive score indicates an option is better than the base case and a negative score indicates an option is worse than the base case. The criteria are also weighted according to their relative importance in the overall decision.

The MCA criteria, weightings and scale for assessing options in this RIS are outlined below.

4.1.1 Criteria

The following criteria were used to assess options for the scope of entities prescribed as ISEs under the CIS Scheme and the scope of record keeping requirements on those ISEs:

- **Effectiveness –**
How well will the option achieve the aims of improving child wellbeing or safety? This takes into account the anticipated benefits associated with the CIS Scheme, including reduced risk of harm, reduced likelihood of interaction with Child Protection and statutory services, improved health and wellbeing benefits and productivity benefits. When applying the effectiveness criteria, consideration is also given to the practical limitations of what can realistically be accomplished within the current timeframes for Phase One implementation.
- **Risk –**
Analysis of risk asks whether there has been consideration to ensure information will be shared appropriately under the CIS Scheme. Specifically, assessment is made for each option regarding the likelihood of incorrect information being shared, or the likelihood that information may be shared with unintended parties, which may then jeopardise favourable outcomes for children. This criterion is only applied to the prescribed entity options.
- **Costs to ISEs –**
What is the expected cost impact of compliance for ISEs under each option? Considering the categories of costs: costs to government to establish the CIS Scheme, costs to ISEs (upfront), costs to ISEs (ongoing), including time spent making and responding to requests, time spent record keeping, updating policies and systems, and training costs.

4.1.2 Weightings

It is common practice for MCA criteria to have neutral weights of 50 per cent in total cost-related and 50 per cent benefit-related criteria. The above criteria were weighted equally, due to the need to emphasise the likely benefits to improving child wellbeing and safety under each option, but also to recognise the concern across the sector with regards to the risks and costs of implementing the Scheme.

4.1.3 Scale

The criterion rating scale ranges from -10 to +10, with a score of zero representing no change from the base case. Using this scale allows for greater understanding of the proposed options.

Table 4.1 MCA scoring matrix

Score	Description
-10	Much worse than the base case
-5	Somewhat worse than the base case
0	No change from the base case
+5	Somewhat better than the base case
+10	Much better than the base case

4.2 Assessing the options

Options for the scope of the CIS Scheme are assessed below, separately in relation to:

- the entities prescribed as ISEs under the Scheme; and
- record keeping requirements to be imposed.

Impacts have been estimated through consultations with representatives from organisations likely to be impacted by the regulations. More detail regarding the consultation process is included in Chapter 8. While the stakeholders consulted included both government and non-government organisations across a range of sectors, it should be noted that only a small sample of organisations likely to be affected by the CIS Scheme could be consulted. As such, the impact estimates reported here should be considered very much an initial indication, rather than anything more definitive. As greater certainty regarding the magnitude of the impacts is required, more data should be collected.

The consultations indicated significant variation across organisations in the level of expected impact under the CIS Scheme. This in part reflects the uncertainty that organisations invariably face when contemplating the impact of Regulations they have not previously encountered. It also reflects the fundamental factors that will drive variation in the regulations' impacts across ISEs, including the size of the organisation, their resourcing capacity, the nature of their work involving information sharing, and their existing systems and processes.

Reflecting the wide range of circumstances this list of organisational attributes can produce, the range of impacts expected to result from the regulations is also wide. The points below provide examples of the variation that exists in current practices for information sharing across entities:

- The volume of requests for information relating to child wellbeing or safety currently being made and received by organisations ranged from less than 10 per week, to more than 100 requests, depending on the nature of their work and their reliance on receiving input from other agencies and organisations.
- The time taken to prepare and respond to requests ranged from a phone call lasting a few minutes, to significant reporting requirements which may take hours to prepare and which had related approval processes before information could be shared.
- Record keeping procedures ranged from formalised systems where information is systematically recorded each time a request is made, to manual processes where minimal information is recorded.

For the purposes of the impact assessment presented in this RIS, cost estimates have been determined based on averages from the data provided in consultations, after removing any outliers. Where the range for a parameter was significantly large, the median has been applied. It is again noted that as greater certainty regarding the magnitude of the impacts and their variation across ISEs is required, additional data gathering and analysis should be conducted.

Due to the variation in the cost estimates provided, sensitivity analysis has been undertaken by varying the number of requests made and received, as well as the time spent making, responding to, and recording requests. This provides an indication of the minimum and maximum impacts to ISEs associated with these parameters under the CIS Scheme, based on reasonable changes to assumptions regarding the potential impact. This is presented for the preferred option in Chapter 5.

4.2.1 Cost assumptions

This section outlines the cost assumptions that have been applied to the analysis based on the information gathered in consultations. As outlined above, there was significant variation in the estimates obtained through consultations, including the size of organisations impacted by the CIS Scheme. Therefore, there is no profile of a 'typical' organisation. Cost assumptions have been determined using a base case scenario based on averages from the data provided in consultations, after removing any outliers. Where the range for a parameter was significantly large, the median has been applied. A summary of the cost and activity assumptions used for costing the base-case are outlined in Appendix B, along with how these assumptions were applied to estimate the cost of each option for the prescription of entities and record keeping.

4.2.1.1 Staff costs

As most of the activity cost calculations are based upon staff time costs, a wage estimate for the average case worker was used for a majority of calculations involving a 'staff time' component. Through consultations, it was determined that the average staff involved in case management and record keeping was of the CPP3, VPS3 and MCH wage categories¹⁷. Hence, an average staff wage value of \$71.75 per hour was derived by taking the average across all three wage categories. This wage estimate was used throughout the costing exercise to estimate the costs of training, record keeping activity, and the time taken to make and respond to requests.

For the two activities in this cost exercise that were expected to involve a management-level staff member (the tasks relating to updating policy documents and protocol, and signing off on weekly aggregate reports¹⁸), a manager-level wage estimate of \$99.75 per hour (provided through consultations) was used.

4.2.1.2 Cost accrual over time

The 10-year cost of the program was estimated by growing the cost of the CIS Scheme over 10 years using the most recently-published population growth rate and wage inflation rates relevant to this context. As such, a 2.3% population growth rate based upon population growth for Victoria in 2017, and a 2.4% real wage growth based on December 2017's Wage Price Index (WPI), were both applied to the CIS Scheme's yearly cost accrual for a 10-year period. Inflating costs using the population growth rate would model possible volume changes in number of requests received and made across time, while inflating wages would account for possible wage inflation that could influence estimates of future staff time costs.

Once the ten-year nominal cost of the program was calculated, a real discount rate of 4% was applied to determine its NPV. This takes into account the 2.4% wage growth rate. This is recommended by the Department of Treasury and Finance for use within traditional core public service delivery areas where the benefits are not easily quantifiable in monetary terms (e.g. education, public health and justice)¹⁹.

4.2.1.3 Training

All workforce training will be provided by government agencies either face-to-face or online. The cost of training is based on a model in which leaders and 'key users' receive one full day of external training, while others receive less training albeit sufficient to perform their role under the CIS Scheme.

As at mid-May 2018, it has been determined that 10,500 of the total workforce of 28,000 included in the CIS Scheme Phase One implementation will receive face-to face training of a duration of 1 day. In order to avoid any underestimation of costs, the assumption is that as much as half of the remaining 17,500 workers will

¹⁷ CPP3 hourly rate is \$38.95, VPS3 hourly rate is \$36.06, MCH nurse hourly rate is \$47.96. Data was not available regarding the breakdown of staff levels within the workforce, therefore the average hourly wage of \$41 per hour was applied, based on consultation findings that these staff typically undertake record keeping activity (\$71.75 with addition of overheads and on costs as recommended in the Department of Treasury Finance's *Victorian Regulatory Change Measurement Manual November 2016*).

¹⁸ Only applicable to the aggregate record keeping option

¹⁹ *The Department of Treasury and Finance (DTF) [Technical Guidelines on Economic Evaluation](#) (2014)*

also receive face-to-face training of a duration of one day whilst the other half will receive online training of a duration of half a day.

4.2.1.4 Updating policy, procedures and systems

Given aligned implementation of the CIS and FVIS Schemes, DET estimates that approximately 75 per cent of organisations involved in Phase One roll out of the CIS Scheme will also be prescribed for Phase One of the FVIS Scheme at the same time, the costs associated with updates to policies, protocols and systems should not be counted twice – that is for implementing both schemes. It is therefore assumed that 50 per cent of costs related to updating policies, protocols and systems for organisations prescribed under both schemes at the same time should be attributed to the CIS Scheme. For the remaining 25% of entities, which have already been prescribed under the FVIS Scheme, the full cost of updating policies, protocols and systems for organisations is counted towards implementation of the CIS Scheme²⁰.

The anticipated cost of updating internal policy documents, procedures and systems was highly variable depending on the size of the organisation and the existing practices and systems in place. Hence, an average time of two weeks of management-level staff member involvement was determined to be a reasonable assumption for a mid-sized organisation with well-established current policy documentation, procedures and systems that would require a moderate amount of time to update or revise. This was then adjusted to avoid double counting associated with the introduction of the FVIS Scheme (see above).

In the event that aggregate level record keeping is prescribed and requests for reporting on this data is assumed, an additional 1 week of management-level staff time is incurred to reflect the additional time required to update policy, procedures and systems accordingly.

4.2.1.5 Training for new staff members

The ongoing yearly cost of training new staff members on the requirements of the CIS Scheme was calculated on the basis that the training received would be identical to the training provided in the earlier cost category in terms of time requirements. The anticipated number of new staff was calculated by assuming a 20% turnover rate for a mid-sized organisation. The 20% turnover rate was used upon consideration of its application within another recent RIS on a closely-related subject matter (RIS on the Family Violence Protection (Information Sharing) Regulations 2017, FVIS Scheme Initial Tranche), and also reconciling this with estimates obtained through a desktop review of published estimates^{21,22}.

4.2.1.6 Making and responding to information requests

The costs of making and responding to information requests were calculated upon the value of the time spent on these activities. Through consultations, information pertaining to time estimates, staff type and details around the process involved were gathered. Thereafter, time and wage estimates for a mid-sized organisation were deduced upon their average or median values (as appropriate), and then applied to the options analysis.

Volume estimates (i.e. quantity of information requests made and received) for each option were calculated based upon anticipated volume changes as conveyed by organisations interviewed through the consultation process.

4.2.1.7 Record keeping

Consultation with stakeholders revealed that although the current record keeping practices of some ISE's will meet the record keeping requirements of the CIS Scheme in full, and that currently a full 26 minutes on average is spent on record keeping per instance of information sharing, an additional impact on ISE's is expected as a result of the implementation of the CIS Scheme. Stakeholders were uncertain of the quantum of this impact, but typically estimated it to be an additional 5-10 minutes per request.

²⁰ Please note this excludes the Commission for Children and Young People and Registry of Births, Deaths and Marriages, which are not prescribed for FVIS Scheme Initial Phase or Phase One

²¹ https://www.ahri.com.au/_data/assets/pdf_file/0018/52344/PULSE_retention-and-turnover-2015.pdf

²² <https://www.chandlermacleod.com/blog/the-billion-dollar-hr-opportunity-in-australia/>

Recognising this, government agencies are working with stakeholders to streamline the process by developing templates to assist ISE's to meet the record keeping requirements of the CIS Scheme as efficiently as possible. This will include checklists where an ISE can quickly 'tick a box' when their record keeping meets the relevant requirement, or conversely prompts the ISE to make any additional entries into their records, if needed. The possibility of developing a template that consolidates the range of record keeping requirements for a given organisation will also be explored.²³

The impact on ISEs of the CIS Scheme record keeping requirement will be further explored in the review of the scheme. ISEs are strongly encouraged to comment on the impact assumptions made in this RIS through the public consultation process.

As an exception, under Option 2 of the options analysis for varying record keeping requirements, a once-weekly time cost is incurred for activity related to aggregate data reporting (e.g. creating and vetting aggregate data reports). This one-hour time commitment of a case-worker and a manager staff member is incurred above any anticipated increase in case-based record keeping time costs.

Based on the cost and activity assumptions above, the base-case cost of record keeping was determined to be \$1.87 million per organisation, over a 10-year period.

A summary of the multi-criteria analysis for the regulatory options is below.

4.2.2 Prescribed entities

The analysis below applies to the options for determining the entities that will be prescribed under the CIS Scheme.

4.2.2.1 Effectiveness

Effectiveness for each option has been determined through qualitative assessment of each of the benefits described above, and how they can be applied to each option for the prescription of entities.

Analysis of benefits for prescribed entities

Table 4.2 Effectiveness scores – options for prescribing entities

	Base Case	Option 1	Option 2	Option 3
Effectiveness	0	6	7	8

Base case: There will be minimal opportunity to increase the promotion of child wellbeing and safety. Without regulations, no entities would be prescribed as being permitted to share under the CIS Scheme, and continuation of the current state is likely to occur. Information would continue to be shared in an ad hoc manner and in accordance with existing privacy laws and other legislation. For example, some entities may continue to withhold information about children due to complexity in existing laws (even where it permits them to share), whereas other entities may share information when it is not required. Information campaigns would aim to reduce ambiguity, however the impact of these campaigns would most likely be limited.

Option 1: The entities prescribed under this option align with a principles based approach, whereby the protection and support of the most vulnerable children is the highest priority. The prescribed entities are those which have core responsibilities for protecting and supporting vulnerable children. This includes entities involved in promoting better health and socio-economic outcomes for the highest risk children, such as Child Protection, Youth Justice, MCH, and Victoria Police. This will lead to an increased opportunity to receive early intervention and prevention services, due to the information being shared between those entities with the highest levels of criticality and capacity. By avoiding harm and enabling earlier intervention

²³ These templates were not known to stakeholders at the time of consultation. The assumed impact of the Regulations on time required for record keeping has taken this into account.

and prevention, child information sharing can reduce the need for acute and statutory services involving the Child Protection system and placement in out of home care, as well as contact with youth justice. This option will ensure a more effective framework for information to be shared between entities, many of which are currently already engaging in information sharing, but often in an informal or ad hoc manner. The limited scope of entities in Phase One also increases the likelihood of realistically being able to roll out the Scheme within the proposed timeframes, based on sector readiness to implement the changes, and therefore the ability to achieve the objectives of the scheme.

On this basis, this option is scored at +6 for effectiveness relative to the base case.

Option 2: A wider range of ISEs would be prescribed under the CIS Scheme from the outset. Therefore, more information sharing is likely to take place. This could lead to a more comprehensive understanding of each child’s circumstances, needs, risks, and the supports required. Increasing information clarity for a greater number of professionals and organisations from the outset, such as health practitioners, early childhood education providers and schools would enable timelier identification of concerns and the potential for earlier provision of supportive services to children and families and, if necessary, referral to targeted and tertiary services where appropriate. More tailored service provision and collaboration between supportive services around children and families can have positive impacts, for example on children’s social and emotional development, recognising that childhood trauma is a known risk factor for mental illness, drug and alcohol abuse, and being a perpetrator of family violence later in life²⁴. Furthermore, meeting critical windows of child brain development is crucial for child wellbeing²⁵. However, prescribing a large number of entities from the outset places limitations on the CIS Scheme being effectively implemented within the required timeframes, due to the extensive scale of the rollout.

On this basis, this option is scored at +7 for effectiveness relative to the base case.

Option 3: This option prescribes a broader scope of ISEs to the CIS Scheme, including those prescribed under Option 1 and Option 2. Option 3 ensures inclusion of all services within the scheme that might involve children, or hold information related to children. This means issues can be identified and responded to within a mainstream context, potentially maximising opportunities for early intervention.

However, the information sharing in this context would be less targeted than in Options 1 and 2, and faces the same challenges as Option 2 in terms of effective implementation of the scheme across all entities within the required timeframes.

On this basis, this option is scored at +8 for effectiveness relative to the base case.

4.2.2.2 Risk of inappropriate information sharing Analysis of risks for prescribed entities

Table 4.3 Risk scores – options for prescribing entities

	Base Case	Option 1	Option 2	Option 3
Risks	0	2	-2	-5

Base case: Without entities being prescribed in regulation, the risk of inappropriate information sharing will not change beyond what currently occurs, however this may mean information is shared with entities outside the intended scope of the Amending Act.

Option 1: Prescribing a limited group of entities based on their criticality and capacity is likely to reduce the risk of inappropriate information sharing between ISEs, especially whilst the CIS Scheme is in its early stages. The entities are in many cases already involved in information sharing, and therefore have existing protocols and policies in place to ensure information is shared in a correct manner and with the right people.

²⁴ Ibid.

²⁵ Department of Health and Human Services. (2016). Roadmap to Reform: strong families, safe children.

Whilst the volume of information sharing is assumed to increase under this option, there will be a greater level of standardisation due to the legislative parameters. This option aligns with the recommendations of the McClellan Royal Commission to phase the prescription of entities, based on sector readiness to appropriately disclose, use and collect confidential information.

On this basis, this option is scored at +2 for risk of inappropriate sharing relative to the base case.

Option 2: Prescribing a significant number of additional entities compared to Option 1, and bringing all necessary entities into the CIS Scheme without the incremental phasing of large and diverse workforces, Option 2 will increase the complexity of training as well as bring forward and increase the administrative complexity and burden on entities. Under this option, the possibility of inadequate training and support of the prescribed workforces increases the potential risk of inappropriate information sharing. Further, a potential decoupling of CIS and FVIS implementation processes may cause workload and cost increases in relation to training, confusion in the workforces in relation to the implementation of the two schemes and it may additionally cause reform fatigue in the prescribed workforces.

This option goes against the recommendation of the McClellan Royal Commission to consider the inclusion of groups of entities over time, rather than in the initial round of implementation, to reduce the risk of administrative breakdown.

On this basis, this option is scored at -2 for risk of inappropriate sharing relative to the base case.

Option 3: Prescribing a broad number of entities, including many which are significantly less regulated, are run by volunteers rather than trained professionals, and which are currently not trained for or involved in regular sharing of information supporting child wellbeing and safety, carries with it a risk of information being shared inappropriately. Many of these organisations are unlikely to have formal processes in place for information sharing, including a child safe information sharing culture or adequate record keeping systems.

On this basis, this option is scored at -5 for risk of inappropriate sharing relative to the base case.

4.2.2.3 Costs

The costs to entities of compliance with the CIS Scheme have been assessed for each of the options for prescription of entities. The costs to government are also considered in the scoring of options, however do not affect the comparison of options as they scale in proportion to the range of prescribed entities, and the scores awarded for ISE costs in this MCA focus on the relative difference between the costs of the options.

Table 4.4 below shows the scores assigned for each option relative to the base case. Due to the uncertainty regarding the number and profile of the organisations under options 2 and 3(including the number of employees, training requirements, and current volume of information sharing) an overall cost impact for these options cannot be reliably estimated at the present time. The cost score for these options reflect modelling of potential scenarios which demonstrated that the cost impact could be significant, notwithstanding the uncertainty. However, the main determinant of cost impact per organisation is the volume of CIS requests or responses, and this will vary widely across newly prescribed entities.

It should also be noted that cost estimates for option 1 are based on data collected in the consultation process for this RIS, which revealed significant variation in organisations' estimates of both current information sharing costs as well as the expected cost impact of the CSI scheme. By estimating averages based on the data provided in consultations this RIS uses an illustrative example of the costs that an 'average' organisation might face, and uses these costs to estimate the possible impacts to the sector as a whole, according to the costing assumptions outlined in this chapter and in Appendix B.

Table 4.4 Cost scores – options for prescribing entities

	Base Case	Option 1	Option 2	Option 3
Score	0	-3	-6	-9

A summary of the overall cost impact of varying the prescribed entities under each option is provided below:

Base case: This considers the current state – costs would be minimal as there would be no need to monitor regulation compliance, or implement changes to current information sharing practices.

Option 1: Under this option, entities are prescribed based on their criticality of service in relation to child wellbeing and safety, reform readiness as well as complementary service functions. This is expected to raise the number of information requests received (compared to the base case) as information is facilitated and encouraged through the regulations. Costs are expected to grow mainly in response to the increased volume of requests made and received – though the average time and wage costs per request will remain the same, the total costs of responding to requests, making requests, and record keeping, will increase as a direct result of the volume increase in requests made/received. Based on consultations with stakeholders, an estimate of a 10 per cent increase in the volume of requests compared to the Base Case has been applied for Option 1. For the entities prescribed under this option, cost modelling based on data collected in consultations indicates that the yearly ongoing cost per organisation is approximately \$21,600 (in addition to current costs).

The entities will also need to train their relevant workforce and update any existing policies, procedures or systems relating to information sharing. ISEs are expected to have to adjust existing policies, procedures and systems to effectively respond to the CIS Scheme. Activities that fall under this category include any steps taken to align existing policies, procedures, practice guidance and tools to the specific requirements of the CIS Scheme. These involve changes to adapt existing electronic case management systems (e.g. setting of standards for recording information in case notes and the insertion of flags to assist with searching), or changes to adapt paper-based systems (e.g. setting of standards for keeping written records and/or changes to filing processes). For the entities prescribed under this option, costing analysis based on data collected in consultations indicates that the initial upfront cost per organisation is approximately \$22,800.

Additionally, the direct cost to government is lowest under this option, as the total workforce is significantly smaller than for options 2 and 3, meaning training and implementation costs will be lower.

On this basis, this option is scored at -3 for costs to ISEs relative to the base case.

Option 2: The number of prescribed entities under this option is greater than in Option 1, hence the anticipated volume increase in requests made and received would be significantly greater than in the base case. The inclusion of schools, other education facilities, and health practitioners is expected to have a more significant impact on information requests than Option 1. This would also involve significant investment over a short time period to implement the scheme across a large number of entities, including updating policies and procedures related to information sharing, which for some entities would not already be in place. This would also involve a greater number of staff who require training related to the scheme, which leads to an increased direct cost to government.

The cost to the government will significantly increase under this option, due to the substantial increase in workforce size, which is estimated to be 12 times greater than in Option 1.

On this basis, this option is scored at -6 for costs to ISEs relative to the base case.

Option 3: The number of prescribed entities under this option is the largest among all the options, and therefore the cost is considerable. This is due to the significant cost involved in implementation to a large number of organisations, despite many not being regularly involved in information sharing. Many of these organisations are unlikely to have formal information sharing practices or policies in place, and therefore the impact on these organisations will be substantial. There would also be a significant cost in training a large number of staff across the entities, many of whom would not be regularly undertaking information sharing activities. The volume of requests is not assumed to increase substantially beyond that of Option 2, as many of the additional organisations prescribed are not likely to participate in frequent sharing of information, and therefore the impact would be minor.

Costs to the government would increase again under this option due to the increase in the workforce requiring training and the number of organisations to be implemented under the Scheme.

On this basis, this option is scored at -9 for costs to ISEs relative to the base case.

4.2.2.4 Summary of options analysis for prescribed entities

Overview of options for prescribed entities

Table 4.5 MCA results for prescribing entities

Option	Effectiveness		Risk		Costs		Total
	Score	Weighted score	Score	Weighted score	Score	Weighted score	Weighted score total
Base case	0	-	0	-	0	-	0
Option 1:	6	2	2	0.7	-3	-1	1.7
Option 2:	7	2.3	-2	-0.7	-6	-2	-0.4
Option 3:	8	2.7	-5	-1.7	-9	-3	-2

4.2.3 Record keeping options

The analysis below applies to the options for determining the record keeping requirements for entities prescribed under the CIS Scheme.

4.2.3.1 Effectiveness

The score for effectiveness for each option has been determined through qualitative assessment of each of the benefits described above, and how they can be applied to each option for record keeping.

Table 4.6 Effectiveness scores – record keeping options

	Base Case	Option 1	Option 2
Effectiveness	0	5	6

Base case: No benefits are realised, as record keeping would continue according to the ISE’s current practices, which vary in line with current practice and standards.

Option 1: Standardising record keeping requirements across entities is expected to increase accountability and consistency. It will ensure that minimum standards are met, that information can be easily identified and corrected where required, and that privacy complaints can be responded to appropriately. Many ISEs already capture much of this information according to their existing practices, but this requirement would ensure that minimum record keeping standards are applied consistently, across the board. Implementation within the current timeframes, and ensuring alignment with the FVIS Scheme, is also assumed to be achievable under this option. Greater standardisation of records will lead to improved ability to assist children and their families, and ensure that the relevant parties have access to the information required for effective service delivery and intervention. This option is also in line with the McClellan Royal Commission recommendation that organisations implement record keeping in relation to requests, decisions to share or not share, and exchanges for information under the scheme²⁶.

Option 2: In addition to the standardisation and implementation of the minimum requirements for record keeping, this option would allow for additional recording of data to capture aggregate level information such as: number of requests made, number of refusals, number of times information was shared and the number

²⁶ Commonwealth of Australia (2017) *Royal Commission into Institutional Responses to Child Sexual Abuse*

of privacy complaints. Under this option, ISE's will be asked to report on such aggregate data, which would assist policy and decision makers to evaluate the CIS Scheme and monitor information sharing activity. However, consultation with organisations indicated that this option would place an additional, and potentially unachievable, burden on organisations to implement the required systems and processes within Phase One timeframes, which would reduce the effectiveness of this option.

4.2.3.2 Cost

Analysis of costs to entities in order to comply with the record keeping requirements have been assessed for each of the record keeping options.

Table 4.7 below shows the total NPV for record keeping costs to prescribed entities, per organisation, and the subsequent scores assigned for each option relative to the base case. A breakdown of the estimated upfront and ongoing costs per organisation for each option are provided in Table 4.8, with the likely impacts outlined in text below.

Table 4.7 Analysis of costs for record keeping (\$ million per organisation, NPV total over 10 years)

	Base Case	Option 1	Option 2
Costs	-	\$0.07M	\$0.17M
Score	0	-3	-5

Note: The above values represent the additional cost of record keeping requirements per organisation when compared to base case record keeping practices, as determined through consultations. The total cost to the sector for record keeping options depends on the total number of entities, as determined by the first set of Options. This is presented in Chapter 5: Preferred Option.

A summary of the overall cost impact of varying the record keeping requirements under each option is provided below. Costs are annualised, with upfront costs only accrued during the first year, while ongoing costs are accrued yearly over a ten-year period²⁷.

Table 4.8 Upfront and ongoing costs – record keeping (per entity)

	Option 1	Option 2
Upfront costs to organisations (year 1)		
Updating policies, protocols and systems	\$4,700	\$8,500
Ongoing costs to organisations (per year)		
Time spent record keeping	\$6,500	\$15,400

Base case: This considers the current state where ISEs are able to dictate their own record keeping practices to a greater degree. Some already have comprehensive record keeping practices in place, while the record keeping practices of others are minimal. Although there would be zero training costs, there would be costs to making information requests, responding to requests, and record keeping according to current practices.

Option 1: This option will involve upfront costs to prescribed entities where additional record keeping processes need to be implemented, to ensure alignment with regulatory requirements. There are also ongoing resourcing costs for recording information each time a request is made.

²⁷ Please refer to Appendix B for an explanation of how record keeping costs were determined.

On this basis, this option is scored at -3 for costs to ISEs relative to the base case.

Option 2: This option will involve additional upfront and ongoing resourcing and compliance costs for entities where they do not currently have the systems required to record aggregate level data or respond to requests to report on such data, and are required to implement changes within a short timeframe. In addition to the costs associated with adhering to higher level record keeping requirements, this may cause excessive demand pressures for some organisations.

On this basis, this option is scored at -5 for costs to ISEs relative to the base case.

4.2.3.3 Summary of options analysis for record keeping Overview of options for record keeping

Table 4.9 MCA results for record keeping options

Option	Effectiveness		Costs		Total
	Score	Weighted score	Score	Weighted score	Weighted score total
Base case	0	-	0	-	0
Option 1:	5	2.5	-3	-1.5	1
Option 2:	6	3	-5	-2.5	0.5

4.2.4 Costs to government

The 2018-19 State Budget allocated \$43.4 million over four years, and ongoing funding of \$5.2 million per annum, to the implementation of the CIS scheme.

The projected costs to government of implementing the CIS Scheme, as presented below, represent total government costs associated with CIS Scheme implementation across both Phase One and Phase Two. The 2018-2019 financial year costs are largely associated with Phase One implementation, whereas the costs projected for the three following financial years as well as any ongoing costs are largely related to Phase Two implementation. Thus, the below figures overstate the direct cost to government within the focus of this RIS (Phase One), but the figures do provide context of the full cost of implementation of the CIS Scheme.

4.2.4.1 Whole of government implementation

To ensure effective implementation of the CIS Scheme, funding has been allocated to support a whole of Victorian Government unit that will provide overarching policy and governance support, lead the development of guidelines and regulations, manage communications within government, across sectors and to the public; develop and implement face-to-face training and e-learning modules, manage ongoing stakeholder consultation, manage key enabling projects, and provide a central source of advice to other departments/agencies. This unit will also ensure the independent 2 and 5 year reviews of the CIS Scheme are undertaken to the highest standard.

Table 4.10 Costs to government –whole of government implementation

Whole of government implementation				
2018-2019	2019-2020	2020-2021	2021-2022	Ongoing
\$1.7M	\$1.9M	\$1.3M	\$1.3M	\$0.2M

4.2.4.2 Sector support

In addition to the abovementioned whole of government implementation activities, government agencies need to review and amend contracts with ISE's within the CIS Scheme where appropriate, provide input to guidelines and regulations, tailor training resources and communications materials, and engage in capacity building programs. Change management resources are needed within DET, DHHS, Department of Justice and Regulation (DJR), Court Services Victoria, Victoria Police and FSV to provide support, training and advice to frontline staff and oversee the delivery of internal workforce training.

It should be noted that there will also be a potential impact on independent Government authorities, such as the Office of the Health Complaints Commissioner and the Office of the Victorian Information Commissioner, although these impacts will not be quantified in this RIS

The associated costs are outlined in Table 4.6.

Table 4.11 Costs to government – sector support costs

Sector Support costs	2018-2019	2019-2020	2020-2021	2021-2022	Ongoing
DHHS sector support	\$1.43M	\$1.58M	\$1.62M	\$0.00M	\$0.00M
DET sector support	\$0.91M	\$0.63M	\$0.52M	\$0.34M	\$0.00M
DJR sector support	\$1.10M	\$0.21M	\$0.21M	\$0.22M	\$0.00M
FSV sector support	\$0.29M	\$0.14M	\$0.00M	\$0.00M	\$0.00M
Courts sector support	\$0.29M	\$0.29M	\$0.30M	\$0.30M	\$0.00M
Total Sector Support	\$4.02M	\$2.85M	\$2.65M	\$0.86M	\$0.00M

4.2.4.3 Workforce training, information exchange and child wellbeing functions

Each government agency will be responsible for implementing workforce training programs, and in some cases for establishing units that will support industry in facilitating information sharing. For example, DHHS requires a new ongoing dedicated unit, called the DHHS Child Wellbeing Information Exchange Unit, to coordinate information sharing for its directly employed workforces.

Training will be delivered both in face-to-face and online modes. The relative proportion of these two delivery methods has yet to be settled, however training is based on a model in which leaders and 'key users' receive full day training while others may receive less training albeit sufficient to perform their role under the CIS Scheme. It is anticipated that a proportion of this latter group of workers will, at a minimum, receive training through an e-learning platform, the development of which is included in the whole of government implementation costs above.

It is important to note that online training will be made available to all workers.

The resources required to perform these functions vary dependent on the size and composition of the relevant workforces, as well as agency specific approaches such as the establishment of information exchange functions.

Table 4.12 Costs to government – training, information exchange and child wellbeing functions

Training, information exchange and child wellbeing functions	2018-2019	2019-2020	2020-2021	2021-2022	Ongoing
DHHS	\$1.43M	\$1.52M	\$0.70M	\$1.15M	\$1.15M
DET	\$2.18M	\$4.49M	\$0.18M	\$0.19M	\$0.19M
DJR	\$1.56M	\$1.39M	\$1.17M	\$1.20M	\$1.24M
FSV	\$0.07M	\$0.07M	\$0.01M	\$0.01M	\$0.01M
Courts	\$0.05M	\$0.06M	\$0.01M	\$0.01M	\$0.01M
Victoria Police	\$1.58M	\$1.59M	\$1.55M	\$1.59M	\$1.62M
Total	\$6.87M	\$9.12M	\$3.62M	\$4.15M	\$4.22M

4.2.4.4 ICT Implementation

The following agencies will be funded to perform specific ICT projects to facilitate implementation of the CIS Scheme.

Table 4.13 Costs to government – Agency ICT Implementation

Agency ICT Implementation	2018-2019	2019-2020	2020-2021	2021-2022	Ongoing
DJR	\$0.13M	\$0.00M	\$0.00M	\$0.00M	\$0.00M
Victoria Police	\$0.72M	\$0.83M	\$0.74M	\$0.75M	\$0.76M
Total	\$0.85M	\$0.83M	\$0.74M	\$0.75M	\$0.76M

5 Preferred Option

5.1 Summary of the preferred option

Based on the analysis in the previous chapter, the preferred option for the scope of the Regulations is as follows:

- Entities will be prescribed using a targeted list based on criticality and capacity (Option 1)
- Entities will be required to record case-level information (Option 1).

5.1.1 Prescribed entities

The McClellan Royal Commission recommended in its final report that prescribed bodies include government and non-government agencies responsible for the provision or supervision of services in support of the wellbeing or safety of children. The Royal Commission acknowledged that the scope of prescribed entities would embrace a very wide range of institutions, of different sizes and with varying governance arrangements and capacity to meet the recommended safeguards.

In line with these recommendations, the CIS Scheme assumes a phased approach to implementation which, once fully implemented, will involve a wide range of both government and non-government agencies. Further, the phased implementation of the CIS Scheme is as far as possible aligned with the implementation of the FVIS Scheme.

In determining which organisations should be prescribed in Phase One of the CIS Scheme, particular regard has been given to the criticality of the ISE's in providing support for the most vulnerable children and the ISE's level of reform readiness acknowledging the tight timeframes for Phase One implementation. The list of organisations in the preferred option are those considered to be best positioned to safeguard the wellbeing and safety of the most vulnerable children and to implement the scheme within the timeframes of Phase One implementation with appropriate support from government.

The following points further outline the rationale for prescribing ISEs under the preferred option:

1. The protection and support of vulnerable children is the earliest priority

The protection and support of vulnerable children is the earliest priority, including children in their early years and those at highest risk, e.g. those in contact with justice services, and those who are living with an adult accessing secondary human or justice services. The scope of this principle is inclusive of services that are responsible for identifying vulnerability and providing referrals, services that deliver specialist programs to children and families at risk, as well as services that deliver programs to adults at risk, which may hold information that is relevant to promoting the wellbeing or safety of children.

2. Services that have training and existing capacity and capability in formal risk assessment and management

A key consideration for prescribing entities for Phase One was whether there is sufficient sector readiness to implement the CIS Scheme. Given the timeframes of Phase One implementation, it was considered appropriate to limit the scope of Phase One to services with highly developed capabilities and service functions in risk assessment and management related to child wellbeing and safety. This is also largely consistent with the entities to be prescribed in the Initial Tranche and Phase One of the FVIS Scheme, creating opportunities for an aligned implementation and training schedule in the CIS and FVIS schemes and the Framework.

3. Services that perform complementary service functions, both within and across sectors provide for a more integrated service response for vulnerable children and families

Service collaboration exists across prescribed sectors, but will be improved through clearer authority for information sharing. These workforces can provide an integrated service response for vulnerable children and their families, and the prescription of these workforces in Phase One of the CIS Scheme will promote effective reform implementation and facilitate service collaboration and culture change to promote the wellbeing and/or safety of children.

Appendix A includes a list of the entities to be prescribed.

5.1.2 Record keeping requirements

Under the preferred option for record keeping requirements, ISEs will be required to record information on a case-level basis whenever they share information with another ISE. A record must also be kept when an ISE declines a request to share information, or if a complaint is made directly to an ISE²⁸.

This approach is in line with the McClellan Royal Commission's recommendations, which assumes that prescribed entities under its recommended information sharing scheme would already be recording information in line with information management obligations under state and territory records, privacy and other legislation, or under government funding agreements or contracts. Guidelines to support the CIS Scheme will address the need for record keeping in relation to requests, decisions to share or not share, and exchanges of information under the scheme, consistent with institutions' legal obligations. There will be no requirement for a standard record keeping system to be implemented across organisations, and organisations are encouraged to incorporate record keeping practices within current systems where possible. These record keeping requirements align with those prescribed in Phase One of the FVIS Scheme, to ensure consistency and to reduce the burden on organisations. However, model record keeping templates will be provided to assist ISEs as part of practice guidance.

5.2 Impacts of the preferred option

The proposed regulations described above will result in impacts to prescribed entities in transitioning to the CIS Scheme, and associated ongoing impacts.

These impacts are described in further detail below.

5.2.1 Upfront costs to ISEs

The cost impact of the CIS Scheme will vary depending on the different circumstances of the proposed ISEs, including the volume of requests received, the content of each request, and the information sharing and record keeping policies and systems already in place. Consultations with representatives from the proposed ISEs found that there is a wide range of estimates of the predicted impact of the scheme, driven in part by a level of uncertainty as to how the legislation will be implemented and how information will be shared in the future.

Under Phase One of the CIS Scheme, it is anticipated that ISEs will generally be able to respond to the CIS Scheme within their current levels of capacity, including use of existing systems and policy frameworks. However, there will be upfront costs incurred within the first year that are associated with training staff and updating policies, protocols and systems:

- While the financial cost of training staff will be covered by the government, there will be resourcing implications for organisations as staff are attending training and therefore diverted from their core work.
- ISEs will need to update existing policies, protocols and systems related to information sharing practices, in order to meet their obligations under the CIS Scheme. This may include changes to existing systems for recording information, or updating practice manuals associated with the sharing of information. The level of impact depends on the size of the organisation and the current systems in place. For example, larger organisations may require a team of people to undertake this work within a short time period, whereas smaller organisations may be able to efficiently update policies but may need to implement new systems for recording information.

5.2.2 Ongoing costs to ISEs

Ongoing costs to ISEs also largely depend on their existing level of capability and capacity in the context of their current information sharing activity. Identified ongoing yearly cost impacts include:

- Training for new staff, who are not involved in the initial workforce training, assuming a 20 per cent turnover rate.
- The time taken to respond to requests for information, including receiving the request, determining what information is to be provided, retrieving the information, going through any required approval processes, and providing the information to the requesting ISE.

²⁸ Please refer to chapter 3 for a detailed description of record keeping requirements under the preferred option.

- Time spent requesting information under the CIS Scheme, including identifying the information required, and contacting another ISE to make the request.
- Time spent record keeping²⁹.

The extent to which the CIS Scheme will impact on ISEs, in terms of the predicted effect on the volume of requests, as well as the likely updates required to policies, protocols and systems, is outlined in Table 5.1. This is based on consultations undertaken with approximately 30 representatives across the proposed prescribed entities.

²⁹ As noted in the base case, when considering options regarding record keeping this analysis assumes that entities currently spend around 26 minutes recording information relating to each exchange of information. Under option 1 for the prescription of entities, entities will see an increase of 10% in the number of cases in which they share information. Additionally, under option 1 for the prescription of record keeping requirements an additional 6 minutes of costs associated with record keeping for each exchange of information was calculated. Therefore, the cost of record keeping for the preferred option includes a 10% increase in total requests from the base case, and 32 minutes of cost in staff time for each request.

Table 5.1 Likely impacts on prescribed entities

Entity	Impacts - requests	Impacts - systems and processes
<p>Justice</p> <ul style="list-style-type: none"> • Magistrates Court • Children’s Court • Registry of Births, Deaths and Marriages • Youth Justice • Justice Health (Youth) • Youth Parole Board • Community Operations and Victims Support Agency (DJR) • Victoria Police 	<p>Justice entities expect to see an increase in the number of requests received. The requests received are likely to exceed the number of requests made. The extent of the increase in sharing is unknown.</p> <p>Justice entities share predominantly amongst each other although sharing with Child Protection is also required. More communication with health entities would be beneficial for some justice entities. Justice entities expect to receive more requests from Community and family services.</p> <p>When Child Link is introduced, it is expected that the Court’s impact will be reduced and that requests would be diverted to Child Protection.</p>	<p>Not all justice entities have adequate record keeping systems in place that are adequate for CIS. Some will need new systems while others will require updates and upgrades to their current system to allow for easier access and use.</p>
<p>Health</p> <ul style="list-style-type: none"> • Mental Health services • Alcohol and Other Drug services (AOD) • Sexual Assault and Abusive Behaviour Treatment services (SABTS) • Commission for Children and Young People 	<p>The volume of requests for information from health-related entities is expected to increase for health entities. However, health entities will likely be able to manage the increase.</p> <p>Clinicians working within prescribed entities are likely to see a more significant increase, with other organisations indicating they would like to request more information from mental health practitioners.</p>	<p>Record keeping is predominantly incorporated into case notes across this workforce. The additional content requirements may require system upgrades in order to systematically record the necessary information.</p>

Entity	Impacts - requests	Impacts - systems and processes
<p>Family Violence</p> <ul style="list-style-type: none"> • Support and Safety Hubs • Risk Management and Assessment Panels • Specialist Family Violence Services 	<p>Family Violence services expect that there will be a large impact on the volume of requests that they will receive for information. They expect that this will have a significant impact on their workload.</p>	<p>Reporting of family violence requires significant record keeping which is already being undertaken under the FVIS Scheme. Therefore, the CIS Scheme requirements are unlikely to have a significant impact in this regard.</p>
<p>Community and family services</p> <ul style="list-style-type: none"> • Child FIRST and Integrated Family services • Out of Home Care • DHHS Housing • Homelessness services • Community Based Child Protection (Hubs) • MCH 	<p>Community and family services are likely to increase the amount of information that they request. They also expect to receive more requests.</p> <p>Child Protection was singled out as an entity that information would likely be requested from.</p> <p>The quality of information sharing is likely to increase for community and family services and become less relationships based. Case conference work across agencies will become more possible.</p>	<p>The impact of record keeping requirements appears to vary across Community and Family Services.</p> <p>Workloads for some entities are likely to increase as a result of the extra content that needs to be recorded as well as the increased volume of requests.</p> <p>There are currently record keeping systems in place for this group of entities. Although, these systems may require upgrades to ensure they are suitable for the CIS Scheme and allow for timely record keeping.</p>
<p>Child Protection</p>	<p>Requests to Child Protection for information are expected to increase significantly. A number of the entities consulted indicated that they would be seeking more information from Child Protection.</p> <p>The number of requests that Child Protection makes for information is not likely to increase, as there are already systems in place to facilitate information sharing for investigations.</p> <p>Proactive sharing by Child Protection is not likely to increase significantly as it is a tertiary service and other services are funded to work in a preventative space.</p>	<p>Child Protection practitioners are likely to be significantly impacted by record keeping requirements as the volume of information sharing with other agencies is likely to increase significantly.</p>

5.2.3 Overall impact of the regulations

When factoring in the number of entities and associated workforces impacted, and the potential number of requests for information under the CIS Scheme, the total cost of the scheme is estimated to be \$243.7 million over ten years, in NPV terms. This includes \$45.1 million in the first year, in direct costs to government, upfront costs to ISEs, and first year ongoing costs to ISEs. Across the following nine years, the total cost is \$198.6 million. A breakdown of these figures according to costs to government and costs to individual organisations is shown below:

5.2.3.1 Costs to government

Table 5.2 Overall costs to government

2018-2019	2019-2020	2020-2021	2021-2022	Ongoing
Whole of government implementation				
\$1.7M	\$1.9M	\$1.3M	\$1.3M	\$0.2M
Sector support costs				
\$4.02M	\$2.85M	\$2.65M	\$0.86M	-
Training, information exchange and child wellbeing functions				
\$6.87M	\$9.12M	\$3.62M	\$4.15M	\$4.22M
Agency ICT implementation				
\$0.85M	\$0.83M	\$0.74M	\$0.75M	\$0.76M

5.2.3.2 Costs to entities

In net present value terms, the estimated total cost of the Scheme to an individual organisation is estimated to be \$0.25 million over ten years, assuming a discount rate of 4 per cent. Applying this figure to an estimated 713 organisations, the total estimated cost to the sector of implementing the Phase One regulations is estimated at \$175.1 million over a ten-year period, including initial and ongoing costs. Table 5.3 below outlines the breakdown of costs per organisation by activity, for both upfront and ongoing costs (represented as additional to the base case):

Table 5.3 Marginal costs to organisations to implement the scheme

	Average cost per organisation	Cost for whole sector
Upfront costs to organisations (year 1)		
Training	\$18,100	\$12.9M
Updating policies, protocols and systems	\$4,700	\$3.4M
<i>Total upfront costs (once off)</i>	<i>\$22,800</i>	<i>\$16.3M</i>
Ongoing costs to organisations (yearly)		
Training for new staff	\$3,600	\$2.6M
Time spent requesting information	\$3,700	\$2.7M
Time spent responding to information requests	\$3,900	\$2.8M
Time spent record keeping	\$10,300	\$7.3M
<i>Total ongoing costs (per year)</i>	<i>\$21,600</i>	<i>\$15.4M</i>

Note: Figures represented above may not sum to total due to rounding

Due to the variation in the cost estimates provided, sensitivity analysis was conducted by varying the base case scenario in terms of both the number of requests made and received, and the time spent making and responding to requests, including record keeping³⁰. This provides an indication of the minimum and maximum impacts to ISEs associated with these parameters under the CIS Scheme. The results of this analysis are shown in Table 5.4 below:

Table 5.4 Sensitivity analysis – cost per entity to implement the scheme (total over 10 years)

Cost variation	Minimum cost	Maximum cost
Number of requests made and received	\$86,500	\$937,800
Time spent making and responding to requests	\$85,200	\$285,700

Based on the analysis undertaken, it is anticipated that the benefits of the CIS scheme will outweigh the associated costs. The CIS Scheme will result in increased ability (at the system and organisation level) for

³⁰ The sensitivity analysis illustrates the maximum (and minimum) number of requests that would be made if every organisation was to make the maximum (minimum) number of requests per week per staff member. The maximum (minimum) requests per organisation was taken as the maximum (minimum) number of requests per week per staff involved across all organisations surveyed. This ratio was then assumed to apply to an organisation of average size (40 employees). This resulted in a maximum number of requests made of 52.5 per organisation, and a minimum number of requests made of 1.5. A similar process was followed for the sensitivity analysis of the number of requests responded to per organisation. Minimum and maximum time spent requesting and responding was taken from the data gathered in consultations.

early and preventative intervention as well as reduce immediate risk to child safety. It will also increase the capacity for intervention to support child wellbeing, including identification of children who are not currently participating in services and encouragement of and facilitation of their participation in these services. Even small increases in participation will likely hold significant benefits with regards to health and social outcomes for both the individual and society more broadly.

The prescribed entities proposed under the regulations are currently involved in information sharing, and therefore have existing protocols and policies in place to ensure information is shared in the right way and with the right people. The record keeping requirements specified in the regulations will enable standardisation across entities so that professional obligations under the CIS Scheme are met, complaints can be responded to appropriately, and records can be corrected.

The increased costs to individual organisations in order to implement the CIS Scheme may create barriers to entry to organisations looking to enter the sector. This increase in barriers to entry, and cost of service provision, is considered to be a necessary consequence in the context of promoting better outcomes for the safety and wellbeing of children. In acknowledgement of these increased costs, the Victorian Government is providing substantial funding to support the Scheme, including the cost of training, sector support and other implementation costs, as outlined above.

Potential efficiencies generated by the CIS scheme over time

The CIS Scheme will increase the flow and quality of information to support child wellbeing and safety, but it is also expected to make it easier for ISEs to share information as this activity becomes more commonplace and accepted under the CIS Scheme. This can conceivably drive efficiencies within ISEs that would go some way towards mitigating costs associated with the increased information sharing activity.

Further, the introduction of Child Link by December 2021 will be key to realising efficiencies in information sharing, as the IT platform will hold information relevant to child wellbeing and safety that can be safely and readily accessed by trained and authorised children's service practitioners.

Importantly, the scheme is also intended to increase capacity for early and preventative intervention as well as contribute to reduce risk to child safety. Over time it is expected this will result in significant benefits with regards to health and social outcomes for both the individual and society more broadly.

It is important to note these expected efficiencies and outcomes, although quantifying the impact of these in nominal terms has not been within scope of this RIS. The efficiencies of the CIS Scheme will be highlighted in future reviews of the CIS Scheme and Child Link.

6 Implementation

6.1 Proposed approach to roll-out of the CIS Scheme

In order to ensure workforce readiness and sector capacity through appropriate training, a staged approach to implementation of the CIS Scheme is proposed according to the following timelines:

- Phase One, commencing in second half of 2018: Prescribing ISEs involving specialist and secondary services, according to the preferred option identified in this RIS. The entities' relatively small workforces (with the notable exception of Victoria Police) and existing capability in formal risk assessment and management as well as complementary service functions allows for effective training delivery. Training of personnel within each ISE will occur in the second half of 2018 and in 2019.
- Phase Two, commencing in 2020: Prescribing ISEs involving primary and universal services, according to Option 2 identified in this RIS. These ISEs are prescribed in the second phase of the CIS Scheme implementation in order to allow a longer lead-time in training, which will commence in 2019.

This phased approach is in line with the recommendations of the McClellan Royal Commission, to prevent risk of administrative breakdown, the application of poor risk assessment processes, and inappropriate sharing of information.

6.2 Alignment with the family violence reforms

During consultations on the CIS and FVIS schemes, stakeholders have highlighted that aligned implementation is crucial. This is achievable on a practical level as many organisations will be prescribed under both the CIS and FVIS schemes at the same time.

Aligned implementation is essential because it:

- mitigates the risk of confusion about workforce obligations and overlap of schemes
- reduces change fatigue
- allows for efficiencies and cost savings by aligning communications, change management and training activities

Alignment of the schemes will continue to be a high priority throughout the refinement of implementation planning and the development of the roll-out schedule. Oversight of alignment will be achieved through the following governance arrangements:

Table 6.1 CIS and FSIV governance arrangements

	CIS	FVIS and the Framework
Secretary level	Children's Services Coordination Board	Victorian Secretaries Board Sub-Committee on Family Violence
Senior Executive level	CIS Steering Committee	Multi Agency Risk Assessment and Management and Information Sharing (MARAMIS) Steering Committee
Officer level	CIS Working Group	MARAMIS Working Group

6.3 A multi-agency approach

The child information sharing reforms have implications for a multitude of sectors across Victoria. It is therefore fundamental to successful implementation that all relevant agencies and sectors are engaged in the reforms.

Implementation of the reforms will have oversight and input from the Child Information Sharing Steering Committee representing DET, DHHS, DJR, Victoria Police, Department of Premier and Cabinet, and FSV. A multi-agency approach to implementation is crucial to ensure that all affected entities are represented and that there is sufficient ability and insight to engage sectors and tailor implementation to meet the needs of all workforces. Work will continue with relevant agencies to determine which of these workforces will be prescribed under the reforms.

7 Review

The legislation to create the CIS Scheme provides that the operation of the scheme will be reviewed within two years of commencement (new section 41ZN of the Child Wellbeing and Safety Act, once amended by the Amending Act). The legislation further states that the review must be independent and must consider any adverse impacts of the legislation. It may also include recommendations on any matter addressed in the review. The review will be tabled in Parliament within six months after the two-year period. The legislation also requires a review at five years (new section 41ZO of the Child Wellbeing and Safety Act, once amended by the Amending Act).

DET will be responsible for the review process. The proposed approach to review the CIS Scheme, as outlined below, is contingent on Ministerial approval.

To meet the legislative requirements as well as inform implementation of the scheme, the following approach to CIS Scheme review is proposed:

7.1 Two-year legislative review (implementation and outcomes):

An independent supplier with expertise in evaluation will be engaged to perform this review. The review is intended to focus on implementation and preliminary outcomes of the CIS Scheme. The independent supplier to perform this review will be identified as soon as possible and prior to commencement of the CIS Scheme to allow for collection of baseline data on current information sharing practices, activity and attitudes, which will inform the two-year review. It is proposed that the two-year review will focus on the implementation and operation (including outcomes) of the CIS Scheme over the first two years of its operation, rather than a review of the provisions of the legislation itself, as the scheme will not have been fully implemented within the period covered by the two-year review. The findings of the two-year review will be used as an input into the five-year review.

Research methodology will be determined in consultation with the contracted reviewer, but is expected to include both quantitative and qualitative data analysis. The specific record keeping requirements to be imposed on the ISEs will enable the reviewers to collate quantitative data through methods including survey tools and interviews whilst in-depth interviews and stakeholder forums may be used to collect qualitative data. In developing the research methodology, care will be taken to choose approaches that are practical from the perspective of the participating entities and appropriate in terms of protecting individual privacy.

Purpose of the two-year review

- Determine to what extent the CIS Scheme has been implemented effectively
- Identify key enablers and barriers to implementation
- Determine to what extent the CIS Scheme is achieving its objectives³¹
- Consider and identify any adverse impacts of the CIS Scheme
- Assess success of prescription of ISEs
- Assess impacts on diverse and disadvantaged communities
- Potentially include recommendations on any matter addressed
- Contribute to inform the roll-out of the CIS Scheme to Phase Two in 2020

³¹ As presented in this RIS, the CIS Scheme objectives are to:

1. Improve early risk identification and intervention;
2. Shift a risk averse culture in relation to child information sharing;
3. Increase collaboration to deliver more integrated child and family services; and
4. Support child and family participation in services.

- potentially inform a RIS to assess the impact of amended regulations relating to Phase Two of the CIS Scheme.

7.2 Five-year legislative review (outcomes and legislation):

The five-year review is intended to be a comprehensive review conducted by an eminent person or panel. It is proposed that the review will examine the impacts of the CIS Scheme, as well as review the legislative basis for the scheme including whether the policy settings reflected in the legislation are appropriate. An external supplier may be engaged to provide data collection and analysis to inform the five-year review. However, to ensure independence and legal expertise, it is proposed that this review be conducted by an eminent person or panel.

Purpose of the five-year review

- Determine to what extent the CIS Scheme is achieving its objectives
- Consider the legislative basis for the CIS Scheme, its interface with other legislation and policy settings in relation to its objectives.
- Assess success of prescription of ISEs
- Assess impacts on diverse and disadvantaged communities
- Consider and identify any adverse impacts of the CIS Scheme
- Potentially include recommendations on any matter addressed

7.3 Review process timeline

Table 7.1 Review process timeline

INDICATIVE REVIEW PROCESS TIMELINE	DATE
Initial project plan	July 2018
Evaluation framework	August 2018
Baseline report on measures of information sharing attitudes, behaviours and levels of sharing prior to commencement of the CIS Scheme	December 2018
2 year review report	October 2020
Update of review framework	January 2020
5 year review report	October 2023

8 Consultation

As extensive consultation has already occurred across the sector on the CIS Scheme, consultations in the context of the RIS focussed specifically on the impact of the proposed regulations.

The four objectives of the consultation were to:

- Identify the impact of the proposed regulations on sectors and organisations
- Understand the circumstances and contexts that these impacts will be experienced
- Collect data in order to rank or gauge relativities on the impacts
- Collect data to support the quantification of the impacts

Consultation was undertaken using the following two methods:

- Targeted interviews - one-on-one structured interviews with representatives from a range of the proposed prescribed entities to provide further insight into the anticipated impact of the regulations on organisations and sectors, including estimated resourcing implications.
- Sector forum – A forum with stakeholders from the relevant entities, to discuss the relevant impacts and risks across the sector, and how they will vary depending on the agency or organisation.

Whilst consultation occurred with a range of both government and non-government agencies, including regional and metro organisations, with workforces varying in size from thousands of employees to less than 30, it is acknowledged that only a small proportion of organisations likely to be involved in the CIS Scheme were engaged through the consultation process. Therefore, the impacts of the regulations outlined in this RIS should be considered as indicative only.

Key stakeholders consulted are listed below:

- Centacare Ballarat
- Centre Against Sexual Assault
- Centre for Excellence in Child and Family Welfare
- Children’s Court
- City of Kingston MCH
- The office of the Commissioner for Children and Young People
- DET
- DHHS
- Domestic Violence Victoria
- Early MCH Macedon Ranges
- Frankston Early MCH
- Justice Health
- Magistrates’ Court
- MCH Whittlesea
- Municipal Association of Victoria
- No To Violence
- Safe Steps
- Swan Hill MCH
- Victoria Police
- Victorian Aboriginal Child Care Agency
- Victorian Alcohol and Drug Association
- Victorian Council of Social Service
- Youth Health and Rehabilitation Service
- Youth Justice
- Youth Parole Board

The Office of the Victorian Information Commissioner (OVIC) does not appear in the above list of stakeholders consulted as it will not be a prescribed information sharing entity. However, OVIC was kept updated and provided working drafts of this document for comment.

References

- Children Legislation Amendment (Information Sharing) Bill 2017 Explanatory Memorandum
- Children Legislation Amendment (Information Sharing) Bill 2017 Legislative Impact Assessment
- Children Legislation Amendment (Information Sharing) Act 2017*
- Commission for Children and Young People (2016) *Neither seen nor heard: Inquiry into issues of family violence in child deaths*
- Commonwealth of Australia (2017) *Royal Commission into Institutional Responses to Child Sexual Abuse*
- Coroners Court of Victoria (2015) Inquest into the Death of Baby D
- Cummins, P, Scott, D and Scales, B (2012) *Report of the Protecting Victoria's Vulnerable Children Inquiry.*
- Department of Health and Human Services (2016) *Roadmap for Reform: strong families; safe children.*
- Family Safety Victoria (2017) Regulatory Impact Statement: Family Violence Protection (Information Sharing) Regulations 2017
- Heckman, J (2011). *The Economics of Inequality: The value of early childhood education*: American Educator: Spring 2011.
- The Department of Treasury and Finance (DTF) [Technical Guidelines on Economic Evaluation](#) (2014)*
- Victorian Government (2016) *Royal Commission into Family Violence (Victoria).*

Appendix A Prescribed entities

Prescribed workforce	Description of information sharing entity
Maternal & Child Health	<ul style="list-style-type: none"> • a council to the extent that it provides MCH programs • a person or body engaged by a council to provide MCH programs for a MCH service on behalf of the council, to the extent that the person or body performs functions relating to the provision of MCH programs • a person or body that is engaged or funded under a State contract to provide MCH services, to the extent that the person or body performs functions relating to the provision of MCH services • DET to the extent that it provides MCH advice through a state-wide telephone service
Child FIRST	<ul style="list-style-type: none"> • a community-based child and family service within the meaning of the <i>Children, Youth and Families Act 2005</i>, to the extent that it performs the functions of a community-based child and family service
Integrated Family Services	<ul style="list-style-type: none"> • a community-based child and family service within the meaning of the <i>Children, Youth and Families Act 2005</i>, to the extent that it performs the functions of a community-based child and family service
Child Protection	<ul style="list-style-type: none"> • the Secretary to the DHHS, to the extent that the Secretary performs functions under the <i>Children, Youth and Families Act 2005</i>
Out of Home Care	<ul style="list-style-type: none"> • the Secretary to DHHS, to the extent that the Secretary performs functions under the <i>Children, Youth and Families Act 2005</i> • a registered out of home care service within the meaning of the <i>Children, Youth and Families Act 2005</i>, to the extent that it performs the functions of a registered out of home care service
Support and Safety Hubs	<ul style="list-style-type: none"> • a community-based child and family service within the meaning of the <i>Children, Youth and Families Act 2005</i>, to the extent that it performs the functions of a community-based child and family service
Risk Assessment and Management Panels	<ul style="list-style-type: none"> • a person or body that participates in a Risk Assessment and Management Panel meeting, to the extent that the person or body performs functions that relate to the person or body's participation in a Risk Assessment and Management Panel meeting, including preparation for and attendance at a meeting and associated follow-up action or activities
Specialist Family Violence services	<ul style="list-style-type: none"> • a person or body that provides specialist family violence services and is engaged or funded under a State contract to provide family violence information sharing functions, to the extent that the person or body performs functions relating to the provision of those services

Alcohol and Other Drug services	<ul style="list-style-type: none"> • a person or body that is engaged or funded under a State contract to provide alcohol and other drugs services, to the extent that the person or body performs functions relating to the provision of alcohol and other drugs services
Mental Health services	<ul style="list-style-type: none"> • a designated mental health service within the meaning of the <i>Mental Health Act 2014</i>, to the extent that it performs functions relating to the provision of mental health services
Sexual Assault Services	<ul style="list-style-type: none"> • a person or body that is engaged or funded under a State contract to provide services to victim survivors of sexual assault, to the extent that the person or body performs functions relating to the provision of services to victim survivors of sexual assault • a person or body that is engaged or funded under a State contract to provide sexually abusive behaviour treatment services, to the extent that the person or body performs functions relating to the provision of sexually abusive behaviour treatment services
Homelessness services	<ul style="list-style-type: none"> • a person or body that is engaged or funded under a State contract to provide homelessness accommodation or homelessness support services, to the extent that the person or body performs functions relating to the provision of access point, outreach or accommodation services
Housing (DHHS only)	<ul style="list-style-type: none"> • the Director of Housing within the meaning of the <i>Housing Act 1983</i> • the Secretary to DHHS, to the extent that the Department performs functions under the <i>Housing Act 1983</i> • the Secretary to DHHS, to the extent that Department assists with the performance of the Director of Housing's functions under the <i>Housing Act 1983</i>
Youth Justice	<ul style="list-style-type: none"> • the Secretary to the DJR, to the extent that the DJR, to the extent that it performs functions under the <i>Children, Youth and Families Act 2005</i> • a person or body that is engaged or funded under a State contract to provide youth justice community support services or programs, to the extent that the person or body provides the youth justice community support services or programs
Youth Parole Board	<ul style="list-style-type: none"> • the Secretary to the DJR, to the extent that the Department supports the performance of the functions under Chapter 5 of the <i>Children, Youth and Families Act 2005</i> of the Youth Parole Board within the meaning of that Act
Justice Health	<ul style="list-style-type: none"> • the Secretary to the DJR, to the extent that the Department manages or delivers justice health, rehabilitation or reintegration services or programs for children • a person or body that is engaged or funded under a State contract by the DJR to provide or deliver health, rehabilitation or reintegration services or programs for children, to the extent that they provide or deliver those services or programs directly to children
Multi-Agency Panels to Prevent Youth Offending	<ul style="list-style-type: none"> • a person or body that participates in a Multi-Agency Panel to Prevent Youth Offending meeting, to the extent of that participation, including preparation for and attendance at the meeting and associated follow-up actions or activities
Victoria Police	<ul style="list-style-type: none"> • Victoria Police within the meaning of the <i>Victoria Police Act 2013</i>

Victims of Crime Helpline and Victims Assistance Programs	<ul style="list-style-type: none"> • the Secretary to the DJR, to the extent that the Department provides victims of crime support through a state-wide telephone service • a person or body that is engaged or funded under a State contract to provide case management services to victims of crime, to the extent that the person or body performs functions relating to the delivery of case management services to victims of crime
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Children’s Court	<ul style="list-style-type: none"> • a court official within the meaning of section 3(1) of the <i>Children, Youth and Families Act 2005</i> ³²
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Magistrates’ Court	<ul style="list-style-type: none"> • a court official within the meaning of section 3(1) of the <i>Magistrates’ Court Act 1989</i> ³³
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Registry of Births, Deaths and Marriages	<ul style="list-style-type: none"> • the Secretary to the DJR, to the extent that the Department supports the performance of the functions of the Registrar within the meaning of the <i>Births, Deaths and Marriages Registration Act 1996</i> and the <i>Relationships Act 2008</i>
<hr/>	
Disability Services Commissioner	<ul style="list-style-type: none"> • the Disability Services Commissioner within the meaning of the <i>Disability Act 2006</i>
<hr/>	
Commission for Children and Young People	<ul style="list-style-type: none"> • the Commission for Children and Young People established by section 6 of the <i>Commission for Children and Young People Act 2012</i>

Total number of entities: 713

Total workforce for prescribed entities: 28,000

³² The Children’s Court is provisionally included in the Child Wellbeing and Safety (Information Sharing) Regulations 2018, subject to further consultation and decision by the Children’s Court.

³³ The Magistrates’ Court is provisionally included in the Child Wellbeing and Safety (Information Sharing) Regulations 2018, subject to further consultation and decision by the Magistrates’ Court.

Appendix B Cost assumptions

The table below outlines the current state assumptions, gathered through consultation, which have been applied to the base case, and used to determine the cost estimates for the analysis of options.

Category	Cost / Activity type	Assumptions
General wage assumptions	Staff wage (case worker)	\$71.75 per hour ^a
	Staff wage (management-level)	\$99.75 per hour ^b
Upfront cost; activity and volume assumptions	Training	None
	Time required of updating policy documents and protocols	None
Ongoing cost; activity and volume assumptions	Training for new staff	None
	Making requests	50 minutes per request; 12 requests made weekly
	Responding to requests	105 minutes per request; 6 requests received weekly
	Record keeping for requests	26 minutes per request; 18 requests recorded weekly

a) The average staff wage was applied to the costs of training, making requests, responding to requests, and record keeping. On costs and overheads have been added according to the default rate of 75% as outlined in the Regulatory Change Measurement Manual 2016.

b) The manager-level staff wage was applied to the costs of updating policy documents and protocols, and record keeping (only for the aggregate reporting option). On costs and overheads have been added.

The table below shows the total (absolute) estimated cost values per organisation under the preferred option in order to implement the CIS Scheme. These estimates include cost of the current state, as well as additional costs to implement and operate under the scheme. A description of how each estimate was determined and applied in the costing process for the options analysis is provided below.

	Base case average cost (current state); per organisation	Preferred option average cost; per organisation
Upfront costs to organisations		
Training ^a	-	\$18,000
Updating policies, protocols and systems ^b	-	\$4,700
<i>Total upfront costs (once off)</i>	-	<i>\$22,800</i>
Ongoing costs to organisations (yearly)		
Training for new staff ^c	-	\$3,600
Time spent requesting information ^d	\$37,300	\$41,000
Time spent responding to information requests ^e	\$39,200	\$43,100
Time spent record keeping ^f	\$29,100	\$39,400
<i>Total ongoing costs (per year)</i>	<i>\$105,600</i>	<i>\$127,100</i>

a) The cost of training to individual organisations is based upon time costs incurred when diverting resources for staff attending the training. To date, it has been determined that 10,500 of the total workforce of 28,000 included in the CIS Scheme Phase One implementation will receive face-to face training of a duration of 1 day. In order to avoid any underestimation of costs, the assumption is that as much as half of the remaining 17,500 workers will also receive face-to-face training of a duration of one day whilst the other half will receive online training of a duration of half a day. Based on these assumptions, it was estimated that, on average, each staff member per organisation will receive 6.3 hours of training (calculated as $\$71.75 \times 40 \times 6.3$). Costs include on costs and overheads. This does not account for any additional costs of retraining them over the next 10 years.

b) Given aligned implementation of the CIS and FVIS Schemes DET advised that approximately 75% of organisations involved in Phase One rollout of the CIS Scheme will also be prescribed for Phase One of the FVIS Scheme at the same time, the costs associated with updates to policies, protocols and systems should not be counted twice – that is for implementing both schemes. It is therefore assumed that 50% of costs related to updating policies, protocols and systems for organisations prescribed under both schemes at the same time should be attributed to the CIS Scheme. For the remaining 25% of entities, which have already been prescribed under the FVIS Scheme, the full cost of updating policies, protocols and systems for organisations is counted towards implementation of the CIS Scheme. Given this assumption, and the average estimate of 2 weeks total time commitment given in consultations, the estimate of cost to update policies, processes and systems was calculated as 47.5 hours of manager-level time at a wage rate of \$99.75 per hour, including on costs and overheads.

c) The cost of training for new staff was estimated based on an equivalent 6.3 hours training as per existing staff, using an hourly wage rate of \$71.75 including on costs and overheads. The anticipated number of new staff was calculated by assuming a 20% turnover rate (8 staff).

d) To determine the cost of requesting information – A 10% increase (using consultation estimates of the anticipated volume change under the scheme) was applied to the current average number of information sharing requests made per organisation (determined through consultations to be 12 per week, or 624 per year, once requests related to family violence are removed), and then multiplied by the value of time spent on this activity (estimated as 50 minutes per request, and valued at an hourly rate of \$71.75).

Consultations determined that organisations to be prescribed in Phase One of the CIS Scheme are currently more likely to make requests than receive requests for information relating to child safety or wellbeing. MoUs currently in place explain the higher number of requests some of these organisations are making. This is reflected in the baseline costing calculations of this RIS. Consequently, the assumption of a 10% increase in the estimated number of requests made per week for each prescribed organisation is higher than the estimated number of responses per week for each prescribed organisation. It should be noted, however, that during Phase One of the CIS Scheme the organisations prescribed will not be in a position to request information from non-prescribed entities, such as universal services. As a result of this, it is likely that the assumption of a 10% increase in information requests made represents an overestimation of the cost impact of the CIS Scheme Phase One. The assumption is justified, however, given the likelihood of a more significant increase in information requests made by entities prescribed for Phase One over a ten-year period acknowledging the phased implementation of the CIS Scheme which will include universal services in Phase Two.

e) To determine the cost of responding to information requests – A 10% increase (using consultation estimates of the anticipated volume change under the scheme) was applied to the current average number of information sharing requests received per organisation (determined through consultations to be 6 per week, or 312 per year, once requests related to family violence are removed), and then multiplied by the value of time spent on this activity (estimated as 105 minutes per response, and valued at an hourly rate of \$71.75).

f) To determine the cost of record keeping of information requests – A 10% increase (using consultation estimates of the anticipated volume change under the scheme) was applied to the sum of the number of requests made and received per year (estimated to be 936 requests, once requests related to family violence are removed), and then multiplied by the value of time spent on this activity (estimated as 32 minutes per request, and valued at an hourly rate of \$71.75). Under the preferred option, an additional 6 minutes of staff time spent record keeping per request was applied, as compared with the base case.