

Handout #2 – Myth Or Fact?

For each of the following statements, decide whether it is a myth or a fact.

1. Public bodies and agencies providing care and support to children, youth and their families need to be able to share personal information with other public bodies and agencies in order to enhance and more effectively deliver those services.
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2. Existing privacy legislation, such as FOIP and HIA, prevents service providers from sharing information regarding children, youth and families.
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3. The overall goal of information sharing is to support positive outcomes for children, youth and families within the context of integrated, coordinated and effective service delivery.
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4. Services to children are not always effective or complete when delivered in isolation from other service providers, and without involvement of the family and their natural supports.
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5. Under FOIP, participants within an integrated service can only share information with consent.
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6. Although organizations that fall under HIA may participate in an integrated service approach, consent is generally required.
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7. Information should be shared on a "need to know" basis.
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8. When disclosing personal or health information under FOIP or HIA, the maximum amount of personal information should be shared within the requirements of existing legislation.
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9. The Information Sharing Guideline is approved by the Government of Alberta and meets requirements under FOIP and HIA.
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Handout #3 – Permanent Guardianship

A 15-year-old youth who is under a Permanent Guardianship Order with Children’s Services was placed mid-year into a new school setting. Based on the information that his foster parents and former school provided, it was learnt that he is currently on probation for the possession of drugs. He has been attending counseling at AADAC to address his drug and alcohol addiction problems.

A week later, the principal contacted the school jurisdiction's central services staff and indicated that he was concerned about the behaviours that the youth was demonstrating. He was disappearing from the classroom, supposedly going to the washroom, only to reappear presenting in a very incoherent manner. His behaviour in the classroom was becoming increasingly disruptive.

It was determined that a case conference was needed to discuss the situation. The team included the child intervention worker, foster parent, probation officer, school counselor, and his AADAC Counselor. A mental health therapist joined the group at the request of the child intervention worker.

Question 1: With the youth’s consent, would a case conference be a green light, yellow light, or red light situation? Why?

Question 2: If the youth was not in agreement with information being shared about him, would Children's Services be able to share information? Is this a green light, yellow light or red light situation?

Question 3: Without consent of the youth, would the Foster Parent be able to share information? Is this a green light, yellow light, or red light situation?



Handout #3 – Permanent Guardianship, Cont.

Question 4: Without consent of the youth, would the AADAC Counselor be able to share information? Is this a green light, yellow light, or red light situation?

Question 5: Without consent, would the School Counselor be able to share information? Is this a green light, yellow light, or red light situation?

Question 6: Without consent, would the Probation Officer be able to share information? Is this a green light, yellow light, or red light situation?

Additional Notes:



Handout #4 – Severe Disabilities

Jane is a 14-year-old girl with severe physical and cognitive disabilities. She has spastic quadriplegia and uses a wheelchair for mobility. Jane is dependent on others for toileting and other aspects of personal care. Jane has a seizure disorder. She has several grand mal seizures a month. Just prior to the seizures, she becomes quite agitated and vocal. Last year, because of a persistent history of eating difficulties, Jane received a gastric tube. Jane communicates by eye pointing to objects she wants and makes consistent vocalizations to indicate what she does not want. When she is at school, this is disruptive to the rest of the class. Jane travels to school by specialized transportation. Her bus ride is 1½ hours in the morning and 1 hour in the afternoon.

Jane's parents feel that no one understands how hard it is to manage everything and that they have nothing left over for themselves. Jane's parents report that they are extremely stressed and find it increasingly hard to care for Jane at home. They stated that if they do not get a break soon, they will collapse. They want Jane placed in a group home for a year. The parents have asked the school to assist them in bringing a team together to meet with the parents, in order to better determine what can be done for Jane. The parents have given permission for the school to contact Children's Services, the health professionals working with Jane, the bus driver and the school personnel involved with Jane to invite them to a meeting. What information can be shared with the various team members?

Question 1: In this case of sharing information with Children's Services, is this a green light, yellow light, or red light situation?

Question 2: In this case of sharing information with Health Care Professionals, is this a green light, yellow light, or red light situation?

Question 3: In this case of sharing information with the Bus Driver, is this a green light, yellow light, or red light situation?

Handout #5 – New Birth Mother

A Child Intervention Worker contacts a Public Health Nurse to request the address of a new birth mother. The young mother recently gave birth to an infant. She left the hospital in the company of a male partner. The mother no longer resides at the last address known to the Child Intervention Worker. The Child Intervention Worker has reason to believe that the male partner has abused children in the past. The Public Health Nurse has the mother's current address for the newborn follow-up visit.

Question 1: The Public Health Nurse needs to know if she can provide the Child Intervention Worker with the individual's address. Is this a green light, yellow light or red light situation?

Question 2: If there is no perceived imminent danger, can the Public Health Nurse share the information about the male partner with the new mother? Is this a green, yellow or red light situation?

Handout #6 – Child's Counseling Notes

The Mother and a Family Enhancement Worker contact the East Side Family Centre to request disclosure of the 12-year-old girl's counseling session notes. The East Side Family Centre is an organization under contract with the Health Region to provide Mental Health services. A 12-year-old girl came to the Centre and received a counseling session. In this session, the girl reported she had been abused. The Mother, who has sole custody of the girl, came into the Centre a few days later to obtain a copy of the session notes, as her daughter would not tell her what was discussed. This family is currently receiving family enhancement support with regular visits from a Family Enhancement Worker. The Mother informed the Family Enhancement Worker of the counseling session and that her daughter would not share any information about the session.

Question 1: Can the Mental Health Worker disclose the session notes to the Family Enhancement Worker? Is this a green, yellow or red light situation?

Question 2: Can the Mental Health Worker disclose the session notes to the mother? Is this a green, yellow or red light situation?

Handout #11 – Child Under Psychiatric Care

John is a 12-year-old Aboriginal child who was adopted at age three. For the past seven months, John has been in care under a series of Temporary Guardianship Orders and Secure Services Orders. John has been under psychiatric care since age eight. A variety of medications have been tried, with limited success in reducing the symptoms of his mental illness.

John’s parents and caregivers are unable to manage his behaviours. His aggression at home and in the community is increasing, and he requires constant supervision and frequent restraint. John’s self-abusive behaviour is also becoming more violent.

John's parents brought him to the hospital emergency room after he threatened to kill his father and sister. The psychiatrist would not admit John to hospital, describing his problems as out-of-control behaviours rather than a psychiatric crisis. Child and family services subsequently apprehended and confined John in Secure Services, where he stayed for two months. He was then placed in a community group home for two months.

John is an intellectually gifted child and has been assessed with an IQ of 137. The family would prefer to have John placed in the neighborhood school but due to the above concerns about safety, are willing to try various programs.

The school jurisdiction is requesting a team meeting prior to John's placement to determine an appropriate placement for John. This will include the central services special education consultant, behaviour specialist, school counselor, administrator and possible teachers, secure services staff, parents, child intervention worker, and the child’s psychiatrist.

Question 1: What information can the Psychiatrist share with the team? Is this a green, yellow or red light situation?

Handout #12 – Team Meeting

Jack is an eight-year-old boy who is an only child and lives in a large city. He presents with communication difficulties and aggressive behaviours. Jack has been diagnosed with Tourette's Syndrome and Cerebral Palsy. A recent multi-disciplinary assessment suggests that he may also have a brain injury.

Jack is totally dependent for personal care and requires two people to bathe him due to his aggressive behaviours. Pediatric Home Care provides occupational therapy, physical therapy, and nursing care. Jack receives one hour a day of physical therapy, nursing care once a week, occupational therapy as needed, and daily Home Care assistance to get Jack ready for school.

Jack has a normal range of intelligence. He attends a local elementary school in grade three with a full time aide and an individualized program plan. Jack uses 2-3 word phrases and is very difficult to understand. Assessments place his communication skills at a preschool level. Jack's communication difficulties create anxiety for him. Jack is currently on medication for depression and anxiety. He sees his Psychiatrist once a month for prescription adjustments. He also sees his Psychologist twice a month to address his anxiety. He is on medication to relax his muscles and another to calm him.

Jack's increasing physical care needs and behavioural difficulties are becoming overwhelming for his parents, even with the assistance of Home Care and the provision of some respite services from Family Supports for Children with Disabilities (FSCD). Parents are requesting higher levels of in-home support through FSCD. Jack's parents have indicated that they need a team meeting to decide what to do next. Education, Physicians, Psychiatrists, Psychologist, FSCD, Pediatric Home Care and parents are all involved. What information can they share?

Question 1: What information can Health Care Professionals share? Is this a green, yellow or red light situation?

Question 2: What information can Education & FSCD share? Is this a green, yellow or red light situation?

Question 3: What information can the psychologist share? Is this a green, yellow or red light situation?
