GUIDELINES FOR PROMOTING SAFETY AND WELLBEING

information sharing
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Association of Major Community Organisations
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PLEASE NOTE

In these guidelines, the term ‘parent’ is used to mean all individuals who have responsibility for parenting children and young people. It includes biological parents, step-parents, extended family members such as grandparents, people who have adopted, and the wide range of registered and informal care providers who undertake this important role.
These guidelines are designed to give providers of services to children, young people and their families confidence in sharing information appropriately with each other. The need for sharing information arises when they believe a child or young person is in immediate danger—from others or as a result of their own actions—and when they believe adverse outcomes can be predicted unless service provision is coordinated.

The South Australian government’s Keeping Them Safe program states: ‘The key to success is to intervene early, when children are beginning to experience difficulty, share the warning signs, collaborate and take action before the problems become entrenched’. These guidelines reflect that philosophy by providing a mechanism for information sharing that will support all agencies and organisations wanting to provide more integrated support to children, young people and their families.

The service providers who promote the wellbeing and safety of children, young people and their families come from a wide range of government and non-government organisations. Sharing information allows them to be aware of each other’s work and to assess whether their combined efforts are complementary, whether they are sufficient and whether they are protective of other family members and the community.

It is important to remember, however, that there are many different cultural aspects to the South Australian community. These guidelines rely on providers approaching family cultural contexts with sensitivity. When it comes to information sharing about individuals and their families, providers need to consider how this might be interpreted by others. They need to prevent situations being—or being seen as—the subject of ‘gossip’, and they need to recognise that by being helpful they can unintentionally make a person feel shamed.

For example, Aboriginal and Torres Strait Islander people have been the subject of media coverage about violent and abusive situations. This means that some people and groups will be highly sensitive about information sharing. It is essential that providers give clear indications of what information they might want to share and with whom. The aims of information sharing are more likely to be achieved when providers talk about processes with the individuals concerned and respect cultural repercussions.

The first step to information sharing is gaining consent. This helps to build trust between providers and their clients and strengthens the value of information sharing. However, gaining consent may not be a safe option in all situations, and consent may not always be given. These guidelines summarise, for providers, the legal and practical framework that supports them in appropriate information sharing practice when consent is and is not given and outlines the professional judgments that should underpin their decision making in both these circumstances.

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INFORMATION SHARING: GUIDELINES FOR PROMOTING SAFETY AND WELLBEING

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Who are the guidelines for?
The guidelines’ purpose is to support a wide range of government and non-government service providers and volunteers who include, but are not limited to, those working in health, education, policing, juvenile justice, disability, housing, mental health, family violence, drug and alcohol, corrections and investigations and screening units.
They apply to the public sector 2, and to certain non-government organisations that have contracts with government and have agreed contractually to share information about risks to children and young people.
This includes people who:
- provide services wholly or partly to children and young people
- provide services wholly or partly to adults who are
  - parents
  - pregnant
- provide services wholly or partly to adults doing paid or volunteer work with children and young people.
These guidelines do not, however, apply to service providers within the judiciary, the Courts Administration Authority, Legal Services Commission or any other provider of legal advice or representation.

Why do we need guidelines?
An aim of the Keeping Them Safe program is ‘… to remove barriers to information exchange (such as misconceptions about legal constraints) and share information better to achieve better integration of services.’ 3

Guidance on sharing information has not always been readily available, easily understood or well promoted. These guidelines help remove the necessity for distinct information sharing agreements and protocols between agencies and organisations by providing a set of overarching principles and practices that are complementary to existing memoranda of understanding. This reduces the risk of conflicting information sharing practice between groups of providers and increases the likelihood that the actions taken on behalf of children and young people are based on the fullest understanding of their circumstances and needs. In this way, agencies and organisations limit the possibility of working at cross-purposes to each other or missing vital details that could expose children and young people to new or increased harm.

Why are providers of services for adults included?
These guidelines are about ‘… marshalling the resources available to us in all agencies to an approach that is less incident driven and more centred on both child and family’. 4

Providers working in family violence, corrections, disability, drug and alcohol and mental health services, particularly, are aware their observations of the lives of their adult clients may also be observations relevant to the lives of the children and young people in their clients’ care. People working in these fields need to have a process by which they may share these important observations without feeling they are compromising their service to their client.

The exchange of information between providers of services to adults and children is almost always a mutually beneficial exercise. A major factor in the wellbeing of adults is their confidence about themselves as parents; a major factor in children’s and young people’s wellbeing and safety is having a protective and supportive home environment. All efforts to

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2. As defined in the Public Sector Management Act - namely all public sector agencies and public employees.
join up this work will benefit the whole family. For example, a mental health worker who routinely assesses and affirms an adult’s capacity to care for his/her children will be contributing to the wellbeing and safety of both parent and child. These guidelines acknowledge the decision-making issues that face providers of services to adults and draw on information sharing practices that have already been established between agencies and organisations.

**Why are volunteers included?**
The state government acknowledges that “Volunteers contribute significantly to the care and protection of children in many settings and activities ... we shall continue to recognise their role in our reform initiatives”. 5

Volunteers make substantial contributions in state education, health, recreational and social services, as well as in many non-government organisations. Their work often brings them in close contact with children, young people and their families and many are directly involved in providing different forms of support to them. The observations of volunteers in these kinds of roles are highly valuable and should be acknowledged and utilised. For this reason, it is essential that volunteers who play a role in directly supporting children, young people and their families receive clear induction on how and when they may contribute to information sharing discussions. A volunteer’s involvement with information sharing must be conducted under the direct supervision of a staff member and never undertaken alone.

The appendix to these guidelines details the requirements for volunteer induction in specific agencies and organisations.

**What are the main principles underpinning the guidelines?**

- Gaining a client’s consent for information sharing is the ideal and recommended practice, except where to do so would place a person at increased risk of harm.
- Children’s and young people’s right to safety overrides an individual’s right to privacy.
- Working in partnership with parents to provide safe and supportive family environments directly protects children’s and young people’s wellbeing.
- The safety and wellbeing of children and young people are the primary considerations when making information sharing decisions.
- When information is shared about people, it is done so respectfully in both verbal and written communication.
- ‘Respecting cultural difference’ means having the same aims for people’s wellbeing and safety but finding appropriate ways of achieving them. 6
- An adult’s wellbeing needs must not compromise a child’s rights to safety and wellbeing.
- Where there are conflicting wellbeing and/or safety needs between children and young people in the same environment or family, decisions about information sharing will be guided by balancing the interests of individuals and of groups.

**How do the guidelines connect with mandatory reporting responsibilities?**
These guidelines support early intervention in situations that threaten the safety or wellbeing of children, young people and their families. In this way, the guidelines aim to help lessen the incidence of abuse and neglect and, therefore, the need for mandatory reports. However, the responsibility to report child abuse and neglect can emerge at any stage of a provider’s work with clients and should be viewed not as an alternative to information sharing between providers but as an additional avenue of information sharing when the mandatory reporting threshold is reached. These guidelines do not affect a notifier’s obligations to report reasonable suspicion of abuse or neglect, the disclosure of information involved in making a notification or the confidentiality of the notifier’s identity as provided for in the Children’s Protection Act 1993. Mandatory reporting responsibilities are discussed on p 17 and in the Explanation of Terms.

**What are the grounds for information sharing?**
The grounds for information sharing are when coordinated services are required to address immediate or anticipated serious threats to the safety and/or wellbeing of children, young people or their families. The client’s informed consent is sought in all situations where it is considered safe to do so.

As shown in the diagram on p 10, these guidelines support information sharing when children, young people and their families are in circumstances of low, medium and high levels of adversity. The level of adversity experienced by individuals

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6. See further discussion in the Explanation of Terms.
is not sequential. This means it does not necessarily begin at a low level and gradually become more extreme. The experience of adversity can emerge suddenly at any level and it can change rapidly. Definitions of ‘at risk’, ‘adversity’ and ‘serious threat’ are provided in the Explanation of Terms.

Statutory involvement with children, young people and their families occurs in a small minority of cases through the process of mandatory notification. The agencies involved in the statutory investigation of suspected child abuse and neglect follow a specific protocol, namely, the Interagency Code of Practice: Investigation of Child Abuse and Neglect. This does not mean that while statutory investigations are occurring any existing service coordination and information sharing should cease. It does mean, however, that providers’ work will be guided by the child protection agency.

What are legitimate purposes for information sharing?
The purposes of information sharing are to:

- help a provider give a more effective service
- alert a provider to an individual’s need for a service
- avoid duplication or compromising of services
- divert a child or young person from offending or harming himself/herself
- protect groups of children and young people from potential harm
- protect community members from potential harm
- protect providers in situations of danger
- protect a child or young person from being abused or neglected.

About whom may information be shared?
Information may be shared about:

1. unborn children, children and young people to the age of 18 who are considered to face an immediate or anticipated serious threat to their safety and/or wellbeing
2. any siblings of the above
3. any family members of the above
4. any other person who currently is or previously has been in close association with those in category 1.

What if there is disagreement about information sharing requests?
These guidelines encourage providers to share information as part of the preventive and protective work they do with children, young people and their families. It is assumed that, in most cases, providers will be in agreement about the value of exchanging information to improve the effectiveness of the services they provide to common clients, particularly where the clients have given consent for this to happen. However, providers are not compelled to share information if they do not consider there is a legitimate purpose or if they disagree with the assessment of risk where consent has not been given.

Providers are obliged to give professional consideration to information sharing requests, discuss requests with other providers, record their reasons if they decline to share information, and engage in dispute resolution if their supervisors or managers request it. Exceptions to this are if the provider has a statutory obligation or the child protection agency requests information in the course of exercising statutory powers. In such cases, information must be provided.

How providers should proceed when they are in disagreement about what or how much information should be shared is discussed in How to Get Help.

What key professional practices are required for information sharing?
The principles commonly cited in professional codes of conduct, such as integrity, respect and accountability, are essential to any successful agency and organisation work. In the area of information sharing, providers are expected to demonstrate sound professional practice in the way they use information received from other providers. If providers think information should be used in a way that is different from what was originally agreed to, they should renegotiate this with the providing agency or organisation. This is an important act of respect to the client about whom the information relates, as well as an important aspect of professional practice between providers.
How should these guidelines be used?
The guidelines provide a step-by-step guide to professional practice in information sharing. They can be used to assist in the induction of new staff and volunteers and as a professional reference for existing staff and volunteers. Agencies with existing information sharing protocols with other single agencies can use the guidelines to expand their information sharing practice in a consistent way with other government and non-government partners.

How are they organised?
These guidelines are supported by an appendix developed by individual agencies and organisations. Each of these appendices will differ in size and content, depending on the nature of the agency or organisation but will include the following common components to further support providers and volunteers in their information sharing practice:

- cultural guidance
- example case studies
- lines of approval/supervision
- documentation practice
- protocols for gaining consent from clients and for discussing limited confidentiality.

INFORMATION SHARING GUIDELINES
Under these guidelines, providers coordinate their service provision to children, young people and their families by gaining their clients’ informed consent to share information, except where it would place an individual/group at increased risk of harm.

Information is shared without consent only when the individual/group is considered ‘at risk’ (see definition on p 23).
Enabling legislation/directions
These guidelines were developed by an interagency group at the request of the Minister for Families and Communities. Under Section 8 of the Children’s Protection Act 1993, the Minister has an obligation to promote coordinated strategies involving government and other bodies to tackle the problem of child abuse and neglect.

Cabinet approved the guidelines in 2008 for implementation throughout the public sector and with relevant non-government agencies.

Relevant policies and principles
Information Privacy Principles
Cabinet Instruction
The Information Privacy Principles (IPPs) form a Cabinet Instruction10 applying to South Australian government agencies and regulate the way they collect, use, store and disclose personal information.

Chief Executives are responsible for ensuring the principles are implemented, maintained and observed for and in respect of all personal information within their agencies.

The IPPs are not intended to prevent the disclosure of personal information where:

- the record subject has consented to the disclosure
- the person disclosing the information believes on reasonable grounds that the disclosure is necessary to prevent or lessen a serious and imminent threat to the life or health of the record subject or of some other person
- disclosure is required or authorised by law
- disclosure is reasonably necessary for the enforcement of criminal law, or a law imposing pecuniary penalty.

The Privacy Committee of the Government of South Australia granted agencies and organisations using these information sharing guidelines an exemption from compliance with IPP 10(b). “The effect of the variation is to remove the words “and imminent” from IPP 10(b).”11 All other principles of the IPPs are strongly promoted and supported through the requirements of these guidelines.

Child safe environment standards12,13
The Chief Executive, Department for Families and Communities, is responsible for monitoring progress towards child safe environments in the government and non-government sectors and reporting regularly to the Minister on that subject. An agency’s or organisation’s appendix to these information sharing guidelines is one way that it can demonstrate its progress towards establishing and/or contributing to child safe environments.

Office of the Chief Information Officer: Information and communications principles14
The Office of the Chief Information Officer provides a set of principles to guide the sharing of electronically-based information in government agencies.

Uniformly applied state government regions
Twelve regional boundaries have been established and apply to all South Australian government agencies and departments. They provide improved consistency, collaborative planning, reporting and service delivery and encourage closer community
linkages, liaison and working relationships between all the
levels of government, local community organisations and
members of the public.

Complementary information sharing protocols
The following existing protocols for information sharing were
developed for discrete groups of providers or for very specific
situations and should be viewed as entirely complementary to
these guidelines. In particular, they promote the involvement
of children, young people and their family members in making
decisions about and consenting to information exchange. They
also promote ‘joined-up’ processes and information sharing
across government and the community.

Interagency Code of Practice: Investigation of suspected child abuse and neglect
This Interagency Code of Practice provides an outline of the
roles, responsibilities and processes of government agencies
involved in the statutory investigation of children, young people
and their caregivers where abuse or neglect is suspected.

Information Sharing and Client Privacy Statement: For children and young
people under the guardianship of the Minister
This statement is a framework for information sharing and
client privacy that relates only to children who are under
the guardianship of the Minister. It applies to government
agencies, carers and non-government organisations providing
services and/or care to children and young people under the
guardianship of the Minister.

Health and Families SA, Keeping Them Safe: Child protection information sharing protocol
This framework for information sharing relates to children and
young people who are ‘at risk’ or when practitioners have a
reasonable belief that, without assistance of some kind to
the child or family, the child or young person might be at risk
of future physical or emotional harm. It applies to selected
employees of the Department of Health and of Families SA.

Family safety framework information sharing protocol
This is a trial information sharing protocol for high risk cases of
domestic violence and is used by state government agencies
and women’s domestic violence services.

Enabling practices and structures
Information sharing is supported by agency and organisation
protocols for:
- seeking consent for the sharing of information at the
  start of the client’s involvement with the agency or
  organisation and on an ongoing basis
- explaining why confidentiality may be breached
- seeking information from adult clients about whether
  they are parents or care providers to children and young
  people.

Information sharing is supported by agency and organisation
structures that include:
- clear roles and responsibilities in job and person
  specifications where information sharing is explicit
- induction on these guidelines and the agency’s or
  organisation’s information sharing appendix, reinforcing
  the importance of timely responses and follow through
  of decisions
- induction of staff and volunteers on the agency’s relevant
  code of conduct and/or professional practice guidelines
- opportunities for interagency training on information
  sharing
- training in cultural and disability awareness
- collecting and sharing statistical data
- interagency meetings scheduled regularly, attended
  consistently, based on uniform government regions
  and, where relevant, combining provider of services
to children, young people and adults and, where
  appropriate, the clients themselves
- methods of alerting government to service gaps for
  adults, children and young people.

The above protocols and structures demonstrate to staff and
volunteers that information sharing is directly supported by
their agency or organisation and is:
- a legitimate and acknowledged part of their work
- an activity for which they can expect advice and support
- a shared responsibility with other providers.
What information sharing is not discussed in this section?
This section does not cover information sharing:

- when a provider is obliged to give information through a statutory obligation or court order (non-negotiable, unless privilege is sought through the court process)
- when the information sought does not identify a person.

What this section does discuss
This section discusses each of the nine steps outlined below. The steps apply whether providers are seeking information or providing information. Most of the discussion that follows concentrates on the more challenging situations where consent to share information is not given and where providers have to judge levels of risk to help them choose between what may look like conflicting needs or obligations. This is particularly explored under steps 5 and 6. A flow chart summarising the sequence of steps is provided at the end of this section.

1. **Has the identity of the person seeking information been verified?**
   If the individual who is seeking information is not known to the provider, verification of who they are and for whom they work will be needed. Providers should use the methods for identity verification recommended in their agency or organisation, some of which might include using government staff listings or global e-mail lists, official fax forms, calling the individual back at the organisation’s number in the telephone directory and/or ringing a senior person in the organisation to verify the individual’s role.

   If someone’s identity needs to be verified, a record of how it is done must be kept.

   If a provider believes someone has deliberately misrepresented himself/herself in seeking information, the police should be contacted because the action may represent an offence.  

2. **Is there a legitimate purpose for sharing the information?**
   The aim of information sharing under these guidelines is to help protect children, young people and their families from immediate or anticipated serious threats to their wellbeing or safety and to do so with the client’s consent, wherever it is safe and possible to do so. To decide if the purpose is legitimate, providers should ask themselves if it will help:
   - to give a more effective service
   - alert a provider to an individual’s need for a service
   - avoid duplication or compromising of services

1. **Has the identity of the person seeking information been verified?**
2. **Is there a legitimate purpose for sharing the information?**
3. **Is the information confidential?**
4. **Has consent been given?**
5. **Is it safe to seek consent?**
6. **Is there sufficient reason to share without consent?**
7. **Is a notification to the Child Abuse Report Line required?**
8. **Are information sharing processes appropriate?**
9. **Has the information sharing decision been recorded?**
If the answer is ‘yes’ to any of these questions then the purpose can be seen to be legitimate.

3. Is the information confidential?
Generally, the term ‘confidential’ applies to information that is provided by an individual who believes it will not be shared with others.

The assumption of confidentiality underlies all professional/client relationships, including doctor and patient, youth worker and young person, school counsellor and student, parole officer and client, drug and alcohol counsellor and client, mental health worker and client, and so on.

It is best to assume that clients will view most information about themselves, their families and friends as confidential unless otherwise indicated during discussion.

The agency’s or organisation’s appendix will provide specific information about confidentiality and the importance of explaining its limitations to clients.

How to respect a client’s trust regarding confidentiality
Trust is very important to the success of all relationships, so the overriding of a person’s confidentiality must occur only when the client or another person, including a child or young person, is considered to be ‘at risk’. Best practice is for a provider to:

- be clear at the start that some circumstances necessitate sharing confidential information with other people and, wherever it is safe, to seek a client’s consent to do so
- work hard to help clients appreciate why the provider’s actions are necessary—particularly with adult clients when the concerns relate to the children and young people they care for or work/volunteer with
- act promptly when the provider first has concerns, so that the client is more likely to feel supported by the actions

4. Has consent been given?
Gaining a child’s or young person’s consent for information sharing requires different considerations to those associated with gaining an adult’s consent. However, there are some general principles of good practice that apply equally to both groups and these are summarised below. Consent can be ‘explicit’, meaning agreement is given verbally or in writing, or it can be ‘implied’, meaning information sharing is inherent to the nature of the service sought. An example of implied consent is agreeing to be hospitalised where personal health information will need to be shared with many different staff. Once providers have informed consent, they may share information with all parties to whom the consent relates.

General considerations
These guidelines promote and advocate the value of gaining informed consent for information sharing at the earliest possible point in an individual’s engagement with a service and on an ongoing basis. Informed consent means that the individual understands the purpose of the request and the likely outcomes of giving consent. Ideally, this will be in written form. Respectful ways of gaining and monitoring informed consent are to:

- help clients understand why information sharing is important, whom it is designed to support and the intended outcomes
- explain what circumstances may arise where information may be shared without the client’s consent
- be honest and explain that acting without consent is almost always to protect the client or his/her family members from harm (the more trust that exists in the relationship, the easier it will be for the client to have faith in the provider’s judgment about this)
- revisit a client’s consent if the information sharing under consideration differs from the original examples discussed or if a significant amount of time has passed since consent was first given
- tailor the approach for clients with compromised intellectual capacity and clients from culturally and linguistically diverse backgrounds.

16. This guidance is about consenting to information sharing, not medical treatment.
Additional considerations applying to children and young people

The first consideration is determining whether a child or young person has given informed consent to information sharing. Providers are encouraged to base this assessment on evidence of the individual child’s or young person’s capacity, maturity and intelligence. Providers will be assisted in this assessment if the following checks are made after the sharing request has been explained to a child or young person. The provider should ask the child or young person to explain in his/her own words:

- what the request is and why it has been made
- what the child or young person thinks will happen if he/she does consent and if he/she doesn’t consent
- why he/she has either given or withheld consent.

The clarity and consistency of the answers children and young people give to these questions will provide a guideline for assessing whether or not their consent is genuinely informed. Using this form of checking allows the provider to focus on the developmental age of the child or young person rather than relying on his/her chronological age.

What if a child or young person can not give informed consent?

If a provider judges that a child or young person is not able to give informed consent, the provider should:

- seek the consent of a parent, where it is safe to do so (see step 5)
- consider sharing information without consent (see the advice in step 6).

What role do parents play when information is shared about the children and young people they care for?

The ideal approach is to involve parents when information is being shared about children and young people. Parental understanding and support for children and young people is invaluable to their wellbeing and safety, regardless of their age. However, some will express a wish for their circumstances to be kept confidential from their parents.

Because of its importance to children’s and young people’s wellbeing and/or safety, the aim of involving parents should be incorporated into a provider’s work in the following ways.

- Respect children’s and young people’s reasons for not wanting their parents involved in information sharing decisions. However, do not let their initial reluctance mean that the topic is never discussed again.
- Use opportunities as they arise with children and young people to discuss parent involvement and the beliefs about why and how it can help.
- Avoid making children and young people feel that their right to help or support via information sharing is conditional on the consent of their parents.
- If a child or young person is judged to have given informed consent to information sharing, then his/her consent should be respected even where a parent disagrees (it is wise in these situations to involve a senior staff member in the management and documentation of this situation).

5. Is it safe to seek consent?

The following guidance assists providers when making decisions about when it is unsafe to seek consent. This guidance applies whether the consent is being sought from a client (child, young person or adult) or the parent of a client. It applies at any time where seeking consent is being considered.

Providers should not seek consent if to do so would place a child, young person or adult at increased risk of harm. If this was the case, providers need to consider whether a mandatory notification to the Child Abuse Report Line is appropriate, as well as proceeding with information sharing with other relevant providers.

Below are examples of situations where individuals may be placed at increased risk of harm if seeking consent is pursued. The client may:

- move himself/herself and his/her family out of the agency’s view
- cease to access a service seen to be necessary for the client’s or his/her children’s safety or health
- coach or coerce family members to ‘cover up’ harmful behaviour to himself/herself or others
- abduct someone or abscond
- assault or threaten to assault others
- attempt suicide
- destroy incriminating material relevant to a child’s or young person’s safety.

Recognising that these risks are present does not necessarily mean that a provider will feel comfortable about not seeking a client’s consent, particularly if the information being shared relates to the client’s capacity to care for his/her children, born
or unborn. This dilemma for providers is lessened if they have already discussed with their client the possibility that they may need to share information without consent for the protection of the client or the children and young people parented by the client.

6. Is there sufficient reason to share without consent?

Providers need to consider this question if they have assessed that there is a legitimate purpose for sharing information but they do not have consent or they consider it unsafe to seek it.

Generally speaking, sufficient reason will exist if the provider believes that a child or young person or a group of children or young people is ‘at risk’ in facing an immediate or anticipated serious threat to wellbeing and/or safety. For the purposes of these guidelines, the term ‘at risk’ is to be understood as the definition provided in the Explanation of Terms.

Questions that may help focus providers’ judgment in considering this question are:

- If information is not shared, will a child or young person (or group of children or young people) be more likely to engage in offending?
- If information is not shared, will a child or young person (or group of children or young people) be at increased risk of harm from others or from themselves?

Some scenarios are provided below to help illustrate this process.

**Scenarios**

**Scenario 1 — Sharing is justified**

The police are aware that a male with a history of child sexual assault convictions has begun to cohabit with a single mother of two girls, aged 8 and 12. Police do not have the male’s consent for information sharing. The mother may or may not be aware of the male’s history. She may or may not be leaving her children in the unsupervised care of the male.

In this situation, it is reasonable for the police to believe that if information is not shared with the mother the children will be ‘at increased risk of harm from others’. This circumstance is also one where the police have an obligation to make a mandatory report because ‘a person with whom the child resides ... has killed, abused or neglected some other child or children and there is a reasonable likelihood of the child in question being killed, abused or neglected by that person’. 17

So, in this circumstance, the police have sufficient reason to share information with the mother regarding the perceived risks to her children and to make a mandatory notification.

Taking this action provides both agencies with a basis on which to make reasonable judgments about the mother’s capacity or willingness to structure a family environment that is protective of her children.

**Scenario 2 — Sharing is not justified**

A youth worker has seen a 16-year-old boy on two occasions at a drop-in health service. The boy is seeking advice about a persistent acne problem and is seeking help in convincing his parents to agree to him accessing prescription medication. He has not consented to information being shared with others. He has not disclosed any difficulties or concerns about his relationships with his peers or with adults, only his parents’ caution about medication.

The counsellor at the school where the boy attends is aware of the boy’s use of the drop-in centre and the name of the youth worker but he has not been told the boy’s reasons for accessing the service. The counsellor believes he can provide better support to the student if he knows what issues the boy is facing and seeks this information from the youth worker. The boy is coping well at school, both academically and socially.

The youth worker uses the focusing questions to decide that if information is not shared by him it is reasonable to believe that neither the boy nor others ‘will be at increased risk of harm’ or be ‘more likely to engage in offending’. So, in this example, there is not sufficient reason to share information without consent.

**Scenario 3 — Sharing is justified**

An adolescent client has told a mental health professional that she has considered suicide. She has not given consent for information to be shared with anyone other than her parents. Her depression worsens and she stops attending sessions. All efforts by the mental health professional to re-engage the client are unsuccessful.

The mental health professional believes the adolescent is at increased risk of attempting suicide and suggests to the parents that the girl’s school be informed of her vulnerability so that additional monitoring and support can be provided. The parents are unwilling to inform the school because they fear their daughter will become more depressed if she thinks her peers know about her problems. The mental health professional is

17. 6. (2) (b) (d) Children’s Protection Act 1993.
unable to persuade the parents that support can be provided in such a way that the girl’s privacy within her peer group is not compromised.

Is there sufficient reason to share information when to do so will conflict with both the client’s and the parents’ wishes? The provider has to weigh up the possible impact on the client, the parents and, in this case, the school population. By using the focusing questions, it becomes clear to the mental health professional that if information is not shared the adolescent will ‘be at increased risk of harm from others or themselves’. In addition, there is the potential impact on the rest of the student population, some of whom will be at ‘increased risk of harm’ if the adolescent attempts or completes suicide and an atmosphere of contagion develops.

In this case, there is sufficient reason to share information without consent so that the school can be aware of the need for protective monitoring and support of the girl and members of the broader school community.

Scenario 4 — Sharing is justified
A 14-year-old boy was arrested for driving a stolen vehicle into a shop window where cigarettes and alcohol were subsequently stolen. The boy then drove off at high speed, driving through a number of red lights and in areas where there were pedestrians attempting to cross the road. The boy was with others of a similar age as well as older people.

The police held serious concerns about the boy’s likelihood of re-offending, given his criminal associations, and considered him to be ‘criminogenically’ at risk. Police did not consider it safe to seek the boy’s consent to share information with other agencies as he had a history of running away.

Police believed that if information was not shared with other agencies the opportunities for intervening with the boy were diminished. By exchanging information with the Youth Justice Program of Families SA, an interagency approach could be adopted that would consider all aspects of the boy’s circumstances. In this way, he was likely to have an increased chance of accessing and benefiting from rehabilitative opportunities.

In this case, there is sufficient reason to share information without consent so that coordinated services can contribute to the boy’s and the community’s safety.

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**Should the client be informed that information has been shared without his/her consent?**

Clients should not be informed of information sharing if to do so would create further risks to them or to others. However, there will be some circumstances where the risk is no longer present subsequent to the information sharing and discussion between the provider and client may significantly enhance the longer term protection of a child, young person or family member. Providers should exercise their professional judgment in each circumstance and use the expertise of senior colleagues.

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Many providers are currently making these kinds of decisions quickly and professionally. For this reason, providers are encouraged to seek the advice of colleagues and supervisors and to utilise the considerable practice wisdom available in agencies and organisations.

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**7. Is a notification to the Child Abuse Report Line required?**

These guidelines encourage providers to coordinate their work so that adverse outcomes for children, young people and their families are prevented or lessened. However, at any stage of information sharing and service coordination, a provider’s concern about a child or young person may change to a belief, on reasonable grounds, that a child or young person has been or is being abused or neglected. Once a provider holds such a suspicion or belief, she/he must report this to the Child Abuse Report Line (CARL) on 13 1478.18

When providers make a report to the Child Abuse Report Line, this does not mean that the planned information sharing or existing coordination of services should stop unless this is the advice given by CARL staff. Providers should include, in their report to CARL, the support they and other providers are planning or have in place for the individual concerned.

Providers must record any advice received.

**8. Are information sharing processes appropriate?**

The following advice about best practice in sharing information is applicable to all situations, irrespective of whether the client has given consent or not. The first step for providers is to ensure they follow their agency’s or organisation’s approval requirements, as outlined in the appendix.

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18. See description of ‘mandated notifier’ in the Explanation of Terms.
Using STAR

**STAR BEST PRACTICE**

When information is shared it should be

Secure

Timely

Accurate

Relevant

Secure

Files, records, emails, faxes, transcripts and notes must be shared and stored securely according to each agency’s or organisation’s requirements. Generally, email should not be used for disclosing sensitive information. This is because each server that an email passes through will retain a copy of the email (this could include several servers). Instead, providers should consider ringing the agency or organisation first to establish the identity of the client and then emailing unidentified information or using initials only.

Timely

It is clearly not appropriate to delay the sharing of information that has been sought with the purpose of preventing or limiting serious threats to people’s wellbeing and/or safety. Agencies and organisations must work to remove cultural or logistical barriers to timely information sharing. Providers will be clear with each other when their information sharing request has an emergency status and it can be assumed that such situations will also have been recorded either with police and/or the Child Abuse Report Line.

Accurate

Accuracy of information is vital and is one of the ways providers show respect for their clients. Providers are responsible for making all efforts to ensure that the information they share is up to date and accurate. If they cannot provide up-to-date information, they must declare this and make very clear the limitations on the usefulness of historic information. Where this is the case, it should be done in writing (which does not include email) so the limitations to the information are not lost over time.

Relevant

‘Relevant’ information means that it is only what is needed in order for the purpose of the information sharing to be met. Depending on the purpose, this can range from a yes/no response to whether someone is accessing a particular service, to detailed verbal advice about how providers can complement their services for a common client, to receiving hard copies of personal confidential records. Whatever is shared must be proportionate to the purpose and not provide unnecessary detail. Providers are more likely to give and receive what is purposeful, and thus avoid wasting time in repeat requests, if they talk about exactly what is needed at the start. Providers should guard against the temptation to share more than is necessary simply because they have developed familiar interagency relationships.

**Plan ongoing communication and coordination with other provider/s**

In most processes of information sharing, a continuing communication should occur between the providers concerned so that judgments can be made about whether the purpose for the sharing has been achieved. For example, with the consent of the parent concerned, a provider may inform a preschool director that the parent is receiving intensive support for a serious gambling and alcohol problem. The provider’s purpose is to alert the director to provide additional support to the child and to pay attention to signs of distress or neglect. Plans should be made for these two providers to discuss the child’s progress and wellbeing as one way of assessing the effectiveness of the provider’s work with the parent. If this further discussion is not planned and acted on, the purpose of the information sharing may not be met.

9. Has the information sharing decision been recorded?

It is important to record information sharing decisions at all significant steps in the process. This includes:

- whether consent was sought
- reasons for overriding the client’s wishes or for not seeking consent
- advice received from others (including staff at the Child Abuse Report Line)
- reasons for not agreeing to an information sharing request
- what information was shared.

Agencies and organisations will provide details about recording and documentation requirements in their appendix to these guidelines.
DECISION MAKING STEPS FOR INFORMATION SHARING

The following flow chart does not apply to information sought via court orders or investigations by the child protection agency. In these situations information must be provided automatically.

1. Has the identity of the person seeking information been verified?
   - YES
   - NO

2. Is there a legitimate purpose for sharing the information?
   - YES
   - NO

3. Is the information confidential?
   - YES
   - NO

4. Has consent been given?
   - YES and it is received
   - YES but consent is not given
   - NO

5. Is it safe to seek consent?
   - YES
   - NO

6. Is there sufficient reason to share without consent? Are they at risk?
   - YES
   - NO

7. Is a notification to the Child Abuse Report Line required?

8. Are information sharing processes appropriate?
   - Follow agency operational requirements
   - Make in Secure, Timely, Accurate and Relevant (STAR)
   - Plan ongoing communication and coordination with other provider/s

9. Has the information sharing decision been recorded?

If you are unsure at any stage about what to do, consult your line manager/supervisor. If, as a supervisor/line manager you are unsure, consult the Principal Advisor (Information Sharing) at OmbudsmanSA on 8226 8699.
What to do when there is disagreement between agencies/organisations about an information sharing request

The first response to a disagreement about information sharing should be to revisit the purposes for information sharing outlined on pp 13–14 of the guidelines. The purposes give providers a starting point for discussion and will help clarify where the difference of opinion lies. Providers should also use the definition of ‘at risk’ and the focusing questions (see p 16) that are designed to help them in situations when consent has not been, or can not be, sought. The more discussion there is between providers about how the request connects with these ‘checks and balances’, the greater the likelihood that an understanding will be reached about what or how much information should be shared.

Efforts to negotiate with each other are particularly appropriate in the area of information sharing. For example, the purpose of a specific information sharing request may sometimes be met without exchanging as much information as was originally sought, if providers are willing to talk about what is relevant information.

Despite goodwill and genuine efforts to appreciate different perspectives, providers will sometimes disagree about how much information they should share with another agency or organisation. In these situations, providers should seek the advice of the senior personnel nominated within their agency or organisation to provide assistance with information sharing (see the agency/organisation appendix).

Personnel nominated to provide assistance with information sharing within an agency or organisation can do a number of things in response to requests for help. They can give a direction based on the information provided, they can consult more widely with their own colleagues, and they can liaise with a senior staff member in the other agency or organisation involved in the dispute.

What if the matter can not be resolved through the above processes?

The following position has been established to provide independent advice and direction to senior staff members in any agency or organisation when all available means of resolving a dispute have been unsuccessful, or when they are uncertain about how to answer an information sharing query. In these situations they may contact:

Information Sharing Advisor
Ombudsman SA
Ph: 8226 8699
Adversity
A short- or long-term situation that may lead to a child or young person being harmed either physically or emotionally. Adverse situations include poverty, family violence, drug/alcohol addiction, physical and intellectual disabilities, homelessness, mental illness and an environment of criminal activity.

The effect of adversity depends on how actively it negatively influences a parent’s capacity to parent. Because of the specific demands of parenting in relation to infants, this age group are most likely to experience harm as a consequence of adversity. For example, a baby in the care of an isolated, single parent with a pattern of alcohol abuse will have been or is likely to have been harmed and would be considered at high risk. An adolescent in the same situation but with protective relationships with other significant adults would be unlikely to face the same level of risk. The level of adversity in each situation is the same but the potential for harm is different.

The level of adversity experienced by children, young people and adults is not sequential. This means it does not necessarily begin at a low level and gradually become more extreme. The experience of adversity can change suddenly and emerge suddenly. For example, a 10-year-old girl who has previously lived alone with her mother and faced no adversity can suddenly face extreme adversity when her mother’s new partner moves into the home and begins to sexually abuse her.

Adverse outcomes
Damaging or compromising impacts on an individual’s safety and/or wellbeing.

At risk
S6 (2) of the Children’s Protection Act 1993 states that a child is at risk if:

(aa) there is a significant risk that the child will suffer serious harm to his or her physical, psychological or emotional wellbeing against which he or she should have, but does not have, proper protection; or

(a) the child has been, or is being, abused or neglected; or

(b) a person with whom the child resides (whether a guardian of the child or not) —

(i) has threatened to kill or injure the child and there is a reasonable likelihood of the threat being carried out; or

(ii) has killed, abused or neglected some other child or children and there is a reasonable likelihood of the child in question being killed, abused or neglected by that person; or

(c) the guardians of the child —

(i) are unable to care for and protect the child, or are unable to exercise adequate supervision and control over the child; or

(ii) are unwilling to care for and protect the child, or are unwilling to exercise adequate supervision and control over the child; or

(iii) are dead, have abandoned the child, or cannot, after reasonable inquiry, be found; or

(d) the child is of compulsory school age but has been explained of terms
persistently absent from school without satisfactory explanation of the absence; or
(e) the child is under 15 years of age and is of no fixed address.

In addition to the legislative definition above, children and young people of any age may be considered ‘at risk’ due to circumstances that include but are not limited to:
- risk of homelessness
- disconnection from community
- running away behaviour
- offending
- substance abuse
- suicidal ideation
- self-harming behaviour
- mental illness
- sexual vulnerability or exploitation.

**Child safe environment standards**
The Children’s Protection Act 1993 requires (at section 8C (1)) that all government organisations and certain non-government organisations develop appropriate policies and procedures to establish and maintain child safe environments. These policies and procedures must reflect the standards and principles of good practice developed by the Chief Executive, Department for Families and Communities (DFC). An agency’s or organisation’s appendix to these information sharing guidelines is one way that the agency or organisation can demonstrate its progress towards establishing and maintaining child safe environments.

**Children and young people**
Unborn children, babies, children and young people up to the age of 18 years.

**Client**
A child, young person or adult who receives services from a government agency or non-government organisation.

**Confidential**
Information that is provided in confidence and is assumed by the individual who provided it that it will not be shared with others.

**Criminogenic**
Producing or tending to produce crime or criminality.

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**Early intervention**
Actions that are undertaken to prevent or lessen adversity for children, young people or adults as soon as adversity poses an immediate or anticipated serious threat to safety and/or wellbeing. ‘Early’ relates to the stage at which the actions are taken, not the age of the child or young person concerned.

**Harm**
Physical, developmental or psychological injury or impairment.

**Information**
Written or verbal reports/accounts, including fact and opinion.

**Informed consent**
Permission an individual gives to information sharing, either implied or explicit, after they have demonstrated that they understand the purpose of the request and the likely outcomes of consenting.

**Intervention**
Actions undertaken to prevent or lessen adversity for children, young people or adults. They can be actions undertaken by providers and/or clients.

**Mandated notifier**
A mandated notifier is a person who is obliged under section 11(1) and (2) of the Children’s Protection Act 1993 to notify the Department for Families and Communities (Child Abuse Report Line) if they suspect, on reasonable grounds, that a child has been or is being abused or neglected, and the suspicion is formed in the course of the person’s work (whether paid or voluntary) or in carrying out official duties.

Section 11 (2) lists the people who are mandated notifiers as follows:
- medical practitioner
- pharmacist
- registered or enrolled nurse
- dentist
- psychologist
- police officer
- community corrections officer (an officer or employee of an administrative unit of the Public Service whose duties include the supervision of young or adult offenders in the community)
- social worker

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19. See explanation of ‘unborn child’.
Respecting cultural difference
These guidelines are underpinned by the principle: ‘respecting cultural difference means having the same aims for people’s wellbeing and safety but finding different ways to achieve them’. This does not mean providers minimise their wellbeing and safety expectations for children and young people. It means thinking about these concepts from a cultural perspective and finding different ways to achieve positive wellbeing and safety outcomes for the members of all cultural groups.

In order to respond appropriately to the needs of people from culturally diverse backgrounds, it is critical that agencies and organisations respond in a culturally appropriate manner and increase their level of cultural competence.

Agencies and organisations must take advice and guidance from those who are experienced in these matters and adopt alternative approaches in order to best meet the needs of the child or young person and his/her family. In responding to the needs of people from Aboriginal and Torres Strait Islander backgrounds, agencies and organisations should seek this advice from a recognised Aboriginal organisation or a recognised Torres Strait Islander organisation. These guidelines rely on providers approaching family cultural contexts with sensitivity. When sharing information about individuals and their families, providers need to consider how this might be interpreted by others; they need to prevent situations being, or being seen as, the subject of ‘gossip’; and they need to recognise that by being helpful they can unintentionally make a person feel shamed.

Aboriginal and Torres Strait Islander people have been the subject of media coverage about violent and abusive situations. This means that some individuals and some groups will be highly sensitive about providers’ work. It is essential that providers give clear indications of what information might be shared and with whom. The aims of information sharing are more likely to be achieved when providers talk in a culturally appropriate way about processes with the individuals concerned and respect cultural repercussions.

Providers should access the recommended sources of cultural guidance provided in their agency’s or organisation’s appendix.

Safety
The condition of being and feeling safe. Freedom from the occurrence or risk of physical or psychological injury, danger or loss.

INFORMATION SHARING: GUIDELINES FOR PROMOTING SAFETY AND WELLBEING

- minister of religion
- a person who is an employee of, or volunteer in, an organisation formed for religious or spiritual purposes
- teacher in an educational institution (including a kindergarten)
- an approved family day care provider
- an employee of, or volunteer in, a government department, agency or instrumentality or a local government or non-government organisation that provides health, welfare, education, sporting or recreational, child care or residential services wholly or partly for children, being a person who
  - is engaged in the actual delivery of those services to children
  - holds a management position in the relevant organisation, the duties of which include direct responsibility for, or direct supervision of, the provision of those services to children.

The person must notify the Department for Families and Communities of that suspicion as soon as feasible after he/she forms the suspicion. The Child Abuse Report Line is 13 1478.

Non-government organisation (abbreviated in most instances as ‘organisation’)
A private institution of any size that is independent of the government but that may receive state or federal funding. This includes a non-government school or education association/authority and any non-government body with a role in providing services wholly or partly to children, young people or adults or approving/licensing/registering others to do so.

Parent/s
In these guidelines, the term ‘parent’ is used to mean all individuals who have responsibility for parenting children and young people. It includes biological parents, step-parents, extended family members such as grandparents, people who have adopted, and the wide range of registered and informal care providers who undertake this important role.

Provider
An adult working or volunteering in government agencies or non-government organisations that provide services wholly or partly for children, young people or adults.

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Providers should access the recommended sources of cultural guidance provided in their agency’s or organisation’s appendix.

Safety
The condition of being and feeling safe. Freedom from the occurrence or risk of physical or psychological injury, danger or loss.
Service provision
A range of professional and non-professional services and supports intended to protect and promote the wellbeing and safety of children, young people and their families.

Serious threat
Something that is having, or will have, a seriously detrimental impact on wellbeing and/or safety.

Significant risk
The high likelihood that a child or young person will be harmed. Significant risk does not rely on whether an actual event of harm has taken place or whether the threat of an incident of harm has been made but refers to the likelihood of harm occurring.

Unborn child
A foetus in utero. Use of this term in these guidelines refers to situations where, having chosen to continue a pregnancy, a female’s adverse circumstances place her unborn child at risk of immediate or anticipated harm.

Volunteer
An individual who undertakes defined activities of his/her own free will without payment, without a desire for material or financial gain, and without external social, economic or political pressure.

Vulnerable
A condition of being susceptible to emotional, developmental or physical harm. A situation where one or a number of factors are causing adversity. ‘Vulnerability’ indicates the level of susceptibility.

Wellbeing
Wellbeing refers to an individual’s physical, social and emotional welfare and development.


