



1.

Information Sharing Guidelines for promoting safety and wellbeing

Contents

1. Purposes of the Guidelines, how they should be used and who should use them.....	1
2. How to share information.....	6
3. ISG in practice.....	15
How to get help	22
4. Case studies.....	24
5. Support for information sharing.	44
6. Explanation of terms	46
7. Bibliography	52
8. ISG appendix.....	53

1. Purposes of the Guidelines, how they should be used and who should use them

This document updates earlier versions of the Information Sharing Guidelines for Promoting Safety and Wellbeing (ISG). The ISG provide a mechanism for information sharing when it is believed a person is at risk of harm and adverse outcomes can be expected unless appropriate services are provided. In 2013, Cabinet endorsed the ISG to apply to all government agencies and relevant non-government organisations. The ISG may be used in the absence of other applicable information sharing directives.

Guidance on sharing personal information has not always been readily available, easily understood or well promoted. The Information Sharing Guidelines (ISG) are intended to address that need. With issues such as child protection, homelessness, mental illness, family violence, drug and alcohol abuse or gambling often coexisting, information sharing can ensure that an informed interagency and multi-disciplinary response is provided. The ISG provide a consistent state-wide approach to appropriate information sharing practice wherever there are threats to safety and wellbeing. They aim to:

- reduce the risk of different service providers adopting conflicting information sharing practices
- increase the likelihood that the actions taken are based on a complete understanding of clients' circumstances and needs

- respect the privacy of individuals to the extent possible when furthering the aims above.

In this way, agencies and organisations limit the possibility of working at cross-purposes to each other or missing vital details that could expose clients to harm.

Who are the ISG for?

The ISG support a wide range of South Australian government agencies and non-government organisations (NGOs) acting under a contract with the state government, including (but not limited to) those working in health, education, policing, juvenile justice, disability, housing, mental health, family violence, drug and alcohol services, Aboriginal community controlled services, multicultural services, aged care, correctional services, and investigations and screening units.

The ISG apply to people doing paid or volunteer work in these sectors who provide services partly or wholly to:

- children and young people
- families
- pregnant women and their unborn children
- adults.

The ISG do not apply to some service providers such as the Courts Administration Authority, the Crown Solicitor's Office, the Office of the Director of Public Prosecutions, the Legal Services Commission, and members and officers of courts and tribunals.

What principles underpin the ISG?

- The safety and wellbeing of people are the primary considerations when making information sharing decisions.
- Information sharing decisions are made on a case-by-case basis using best interest principles and are supported by sound risk assessment.
- Gaining a client's consent for information sharing is the ideal and recommended

practice, except where to do so would place a person at risk of serious harm or where it is not practicable or reasonable to do so.

- Working in partnership with parents and other adults to provide safe and supportive family environments directly protects children's and young people's wellbeing.
- When information is shared about people, in both verbal and written communication, it is done so respectfully.
- 'Respecting cultural difference' means having the same aims for people's wellbeing and safety but finding appropriate ways of achieving them.
- An adult's wellbeing needs should not compromise a child's safety and wellbeing.

What are the grounds for information sharing?

Sufficient reason for sharing information exists if the person disclosing the information believes, on reasonable grounds, that the disclosure is necessary to:

- divert a person from offending or harming themselves
- protect a person or groups of people from potential harm, abuse or neglect
- protect service providers in situations of danger
- help service providers more effectively address risks to safety and wellbeing
- alert other service providers to a person's need for assistance.

A client's informed consent to share information must be sought in all situations where it is considered reasonable and practicable to do so. The decision to share without consent must be based on sound risk assessment and approved by the appropriate officer in your agency or organisation.

Disclosure of information without consent is permitted if it is not safe or possible to seek consent or consent has been refused and the disclosure is reasonably necessary to prevent or lessen a serious threat to the life, health or

safety of a person or group of people. In certain circumstances, disclosure may be authorised or required by law and consent is not required.

Information may be shared about all people when there is a risk of harm to themselves or others. The level of risk of harm and how it impacts obtaining consent will determine whether information is shared with or without consent.

When may information be shared?

Information may be shared when it is believed a person is at risk of harm (from others or as a result of their own actions) and adverse outcomes can be expected unless appropriate services are provided.

Adverse situations may include family violence, poverty, drug and alcohol addiction, physical and intellectual disabilities, homelessness, mental illness and an environment of criminal activity. The level of adversity experienced by people can be, but is not necessarily, sequential. This means it does not always begin at a low level and gradually become more extreme. The experience of adversity can change or emerge suddenly. For example, an adult with a mental illness who lives independently, receives regular support services and maintains medication regimes may not be at risk of harm. However, they could suddenly face extreme adversity and pose a serious risk of harm to themselves and/or others if they terminate contact with service providers

and cease taking medication deemed necessary for their health and safety.

For families, 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 is most likely to experience harm or serious harm as a consequence of adversity. For example, a baby in the care of an isolated and unemployed single parent with a pattern of alcohol abuse is likely to experience neglect or harm and, in the absence of family or support services, could be considered at risk of serious harm. A high school age 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 or serious harm is different. When determining adversity, service providers should make decisions about a person's circumstances based on evidence and be guided by appropriate frameworks rather than personal values or morals. Seeking advice from colleagues and following relevant risk assessment tools safeguards against unnecessary disclosure and breaches of privacy. This is particularly important where a person may make choices about behaviour or lifestyle that the worker may disagree with or would not engage in themselves. As long as the individual's decisions are informed and do not place themselves or others at risk of serious harm, their choices about information sharing and receipt of services must be respected.

About whom may information be shared?

Information may be shared about all people when there is a risk of harm to themselves or others. The level of risk of harm will determine whether information is shared with or without consent. Information sharing may concern:

- unborn children, children and young people to the age of 18, and adults of any age
- any siblings of the above
- any family members of the above

- any other person who currently is or previously has been in close association with those in the above categories
- any person who may pose a risk to themselves or to public health or safety.

The use of organisational risk assessment tools, policies and procedures will help to determine the level of adversity being faced. It can also help to determine if it is reasonable and practicable to seek consent for information sharing.

How should the ISG be used?

The ISG describe the state-wide policy framework for appropriate information sharing practice. They should be read in conjunction with agency and organisation-specific policies and procedures contained in the organisation's ISG appendix (Section 8).

The process to be followed is set out in the ISG decision making steps and practice guide (Section 2), which summarises the thinking, decision making and action to be undertaken when information sharing is needed.

In using the ISG, service providers must also comply with legislative prohibitions or conditions on the disclosure of information outlined in each agency's ISG appendix (Section 8).

How do agencies and organisations adopt the ISG?

The ISG are supported by the ISG appendix (Section 8) developed by individual agencies and organisations. This is a procedure written by each organisation for staff explaining how to implement the ISG. Each appendix will differ in size and content, depending on the nature of the agency or organisation, but it should include the following common components:

- appropriate information sharing processes (legislative requirements, related policies and procedures)
- ISG decision making steps and practice guide
- protocols for gaining consent and for discussing limited confidentiality
- lines of approval and supervision
- documentation practice and record keeping
- cultural guidance
- sample case studies.

Staff must be inducted and trained in the use of the ISG as they would any other organisational procedure.

What assistance is available to help organisations implement and use the ISG?

The ISG provides general policy advice to agencies and organisations and should not be constituted as legal advice. Agencies and organisations may need to seek formal advice on the application of the ISG or other confidentiality obligations to their particular situation.

For advice about the ISG, contact the Office of Data Analytics on
(08) 8429 5945

1800 952 511 (toll free outside metro area)

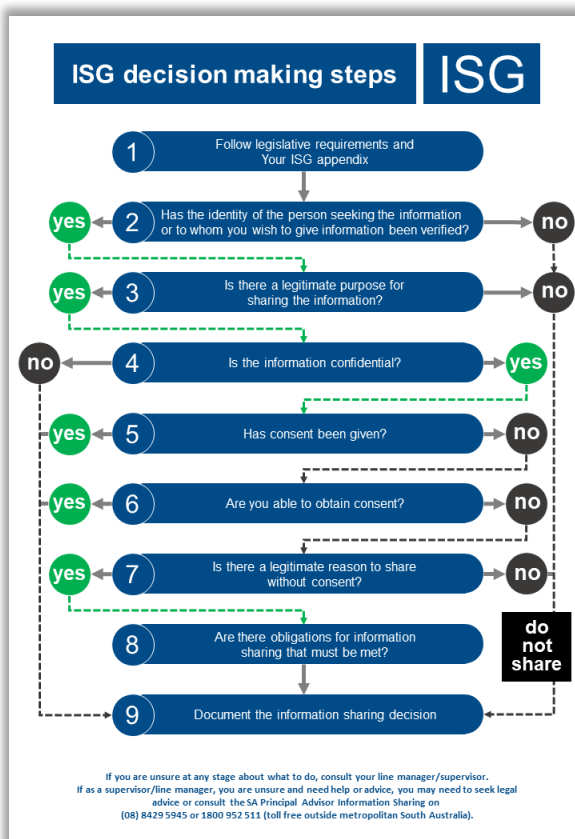
Email: isg@sa.gov.au

A range of resources is available from:
www.dpc.sa.gov.au/responsibilities/information-sharing-guidelines

ISG practice guide

ISG

- 1 Before proceeding, check your ISG appendix for guidance:**
 - Share information in a manner that is consistent with legal obligations and organisational policies and procedures
 - Follow the ISG STAR principles to information sharing Secure, Timely, Accurate and Relevant
 - Collaborate with other providers to coordinate services and manage/mitigate risk.
- 2 If you do not know the person seeking information or to whom you wish to provide information, you need to verify who they are and for whom they work before sharing information**
- 3 You have a legitimate purpose for information sharing if you believe it is likely to:**
 - divert a person from offending or harming themselves
 - protect a person or groups of people from potential harm, abuse or neglect
 - protect service providers in situations of danger
 - help service providers more effectively address risks to safety and wellbeing
 - alert other service providers to an individual's need for assistance.
- 4 Generally, information is considered confidential when the person providing it believes it won't be shared with others**
Assume that people will consider most information about themselves and their families to be confidential unless they have indicated otherwise.
- 5 Seeking informed consent is the first approach**
This means the person understands the purpose for the information sharing, with whom it will be shared, and what might happen as a result of sharing. If informed consent has been obtained, information can be shared.
- 6 It may be unreasonable to obtain consent if you are concerned that in doing so, the person might:**
 - move themselves or their family out of the organisation's or agency's view
 - stop using a service seen to be necessary for the client or their children's safety or health
 - coach or coerce a person to 'cover up' harmful behaviour to themselves or others
 - abduct someone or abscond
 - harm or threaten to harm others
 - attempt suicide or self-harm
 - destroy incriminating material relevant to a person or group's safety.It may be impracticable to obtain consent if, for example, after reasonable attempts, you cannot locate the client. Discuss your concerns with a colleague/supervisor.
- 7 There is a legitimate reason to share information without consent if it is believed that failure to share information will lead to risk of serious harm**
Disclosure of information without consent is permitted if:
 1. it is authorised or required by law; or
 2. (a) it is unreasonable or impracticable to seek consent; or consent has been refused; and (b) the disclosure is reasonable necessary to prevent or lessen a serious threat to the life, health or safety of a person or group of people.The decision to share without consent must be based on sound risk assessment and approved by the appropriate officer in your agency or organisation.
- 8 Situations where you must share information:**
 - e.g. you hold a suspicion, on reasonable grounds, that a child or young person has or is being abused or neglected; you must report this to CASL (13 14 78).
 - e.g. you believe a person poses a serious risk to themselves or others, consider if you should notify SA Police (13 14 44) or Mental Health Triage Services (13 14 65).
- 9 Keep records – particularly in relation to consent issues**
As a minimum, document when sharing information is refused or occurs with consent. Follow your organisation's instructions about recording other significant steps.



2.

2. How to share information

This section contains the **ISG decision making steps** and **ISG practice guide**. This is the process all agencies and organisations follow when sharing personal information.

- whether agencies and organisations are seeking or providing information
- where informed consent is sought and granted, and
- where it is appropriate to share information without consent.

The following guidance about best practice in sharing information is applicable to all situations, irrespective of whether the person has given consent or not.

1. Follow legislative requirements and your ISG appendix

Service providers need to ensure they follow their agency's or organisation's ISG appendix. This will outline agency specific information including approval processes and record keeping, and give advice about risk assessment tools and resources.

Agencies and organisations are bound by different pieces of legislation that, in certain circumstances, may prevent or restrict disclosure of information. For example, you may be able to share general information about a person's situation to mitigate risk and enhance service planning, but you may not be able to share specific detail such as the identity of others involved.

There are also occasions where, irrespective of consent being given or withheld, there may be legal obligations to actively share information. For example, under section 11 of the Children's Protection Act 1993 certain people, such as teachers, police officers and medical professionals, must notify the Child Abuse Report Line (CARL) if they suspect child abuse or neglect. Information sharing is also necessary to support criminal investigations and prosecution where there is suspected unlawful activity or where there are risks to public health and safety. For example, section 85C(ba) of the Correctional Services Act 1982 provides for the disclosure of information that relates to a prisoner, probationer or parolee, in order to avert serious risk to public safety. Where information sharing is required by law, consent is not needed.

Legislative provisions concerning information sharing and confidentiality do not necessarily mean you are not able to use the ISG. Rather the ISG should be used in a manner that is consistent with those legal obligations. Your agency's or organisation's ISG appendix will explain if there are any such laws that apply (Section 8).

Follow the STAR principles:
Secure, Timely, Accurate, Relevant.

STAR principles

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, and this could include several servers. Instead, providers could consider

calling the agency or organisation first, to establish the identity of the client and then emailing unidentified information (e.g. using initials only).

Timely: It is clearly not appropriate to delay sharing information that may help to prevent or limit serious threats to people's wellbeing or safety. Agencies and organisations must work to remove cultural or logistical barriers to timely information sharing. Providers must be clear with each other when their information sharing request is an emergency, and they must ensure that such situations have also been recorded with SA Police, the Mental Health Triage Service and/or CARL, as appropriate.

Accurate: Accuracy of information is vital. 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 so the limitations to the information are not lost over time.

Relevant: 'Relevant' information is the information needed to meet the objectives of information sharing, no more. 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 amalgamate their services for a common client, to receiving hard copies of confidential personal records. The information shared must be appropriate to the purpose and not include unnecessary detail. Service providers are more likely to give and receive what is purposeful (and avoid wasting time in repeat requests) if they talk about exactly what is needed at the start.

Plan ongoing communication and coordination with other providers

Ensure communication is ongoing. In most processes of information sharing (e.g. risk assessment and case management), continuing communication should occur between the providers concerned so that judgements can be made about whether the

risks to safety and wellbeing are being addressed on an ongoing basis.

2. Has the identity of the person you wish to provide information to or those seeking information been verified?

You should not provide information to another agency unless you believe there is a justified reason and you have verified the identity of the person requesting information or the person you wish to provide information to. This is a necessary risk management strategy to prevent someone pretending to be a worker to obtain personal information about a client — for example, an aggrieved partner attempting to locate their spouse and children who have fled from family violence.

If the worker who is seeking information is not known to you, verification of their identity and employer will be needed. Use the methods for identity verification recommended in your agency or organisation. These might include using government staff listings, global email lists or 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, you must keep a record of how it is done.

If you believe someone has deliberately misrepresented themselves in seeking information, contact SA Police and/or the Office of Public Integrity.

3. Is there a legitimate purpose for sharing the information?

The aim of information sharing under the ISG is to help protect everyone — children, young people, their families, and adults — from current or anticipated threats to their life, health, safety or wellbeing, and wherever it is reasonable and practicable, to do this with their consent

To decide if there is a legitimate purpose for seeking or providing information, service providers should ask themselves if they believe it will help:

- divert a person from offending or harming themselves
- protect a person or groups of people from potential harm, abuse or neglect
- protect service providers in situations of danger
- help a service provider more effectively address risks to safety and wellbeing
- alert another service provider to an individual's need for assistance.

If the answer is 'yes' to any of these questions, then the purpose for sharing information is legitimate.

Your agency or organisation may also have risk assessment frameworks, policies and procedures to guide you in your work and help you identify vulnerability and risk.

When making a professional judgement about the level of adversity being experienced, or whether there are threats to safety or wellbeing in a particular case, it is important to assess both the risk and protective factors present. Central to this judgement is determining how the person may be affected by their circumstances and whether intervention

is in their best interest.

4. Is the information confidential?

Generally, the term 'confidential' applies to information that is provided by a person who believes it will not be shared with others.

The assumption of confidentiality underlies many 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 people will view most information about themselves, their families and friends as confidential unless otherwise indicated during discussion with service providers.

Your agency's or organisation's ISG appendix provides specific information about confidentiality and the importance of explaining to clients the limitations that apply. The following clause can be used by agencies and organisations implementing the ISG during client induction to a service or program, and/or on intake and consent forms, and should also form the basis of any discussion with clients to ensure they understand the limits of confidentiality and circumstances where their information may be shared without their consent:

This agency/organisation will work closely with other agencies to coordinate the best support for you and others. This means your informed consent to share information about you will be sought and respected in all situations unless:

- (1) disclosure is authorised or required by law, or
- (2) (a) it is unreasonable or impracticable to seek consent; or consent has been refused; and
 - (b) the disclosure is reasonably necessary to prevent or lessen a serious threat to the life, health or safety of a person or group of people.

Respecting a client's trust regarding confidentiality

Trust is important to the success of all client relationships. Overriding a person's confidentiality wishes, therefore, must occur only when the client or another person is considered to be at risk of serious harm. Best practice is for providers to:

- be clear at the start that some circumstances necessitate sharing confidential information with other people and, wherever it is reasonable and practicable, to seek a client's consent to do so
- work hard to help clients appreciate why the disclosure is 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 they first have concerns, so that the client is more likely to feel supported by the actions
- keep the client informed of and involved in everything the provider is trying to achieve, unless that information will place the client or others at risk of harm.

5. Has consent been given?

The ISG promote and advocate the value of gaining informed consent for information sharing at the earliest possible point in a person's engagement with a service. The key elements of consent are:

- the individual is adequately informed before giving consent
- the individual gives consent voluntarily
- the consent is current and specific
- the individual has the capacity to understand and communicate their consent.

General considerations

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. An example of implied consent is agreeing to be hospitalised where personal health information will need to be shared with many different staff.

'Informed consent' means that the person understands the purpose of the request and the likely outcomes of giving consent. Ideally, this will be in writing. 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 person's consent
- be honest and explain that acting without consent is almost always to protect the client, their family members or members of the community from serious harm (the more trust that exists in the relationship, the easier it will be for the client to have faith in the provider's judgement about this)
- revisit 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 to ensure good communication with people with compromised intellectual capacity or clients from culturally and linguistically diverse backgrounds.

Once providers have informed consent, they may share information with all parties to whom the consent relates, unless legislative confidentiality provisions direct otherwise.

What role do parents or carers play when information is shared about their children and young people?

The ideal approach is to involve parents and carers when information is being shared about children and young people. However, some children and young people 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, parental involvement 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 parental 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/carers
- if a child or young person is judged to have given informed consent to information sharing, then their consent should be respected. Where a parent or carer disagrees, further assessment should be undertaken to determine what is in the child's or young person's best interests. (Note: It is wise in these cases to involve a senior staff member in the management and documentation of this situation.)

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 child's or young person's ability to understand both the information given to them and the implications of consent. A useful way of determining whether they have fully understood the request is for the provider to ask them to explain in their own words:

- what the request is and why it has been made

- what the child or young person understands will happen if they do or do not 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 help determine whether or not their consent is genuinely informed. Using this form of checking allows the provider to focus on the capabilities of the child or young person rather than relying on their chronological age.

What if a child or young person cannot give informed consent?

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

- seek the consent of a parent, carer or guardian, where it is safe to do so (see Step 6)
- consider sharing information without consent (see Step 7).

Seeking consent and sharing without consent for adults with diminished decision making capabilities

Some adults may not always be able to give informed consent for their information to be shared. This may occur as a result of physical illness, substance use or abuse, frailty, age, disability, acute distress or mental illness.

In these situations it is important to consider who else may need to be included in the discussion and decision making. For example, an interpreter or case worker may help to clarify for the client what is happening and why information needs to be shared, or an appointed guardian or medical agent may be able to give consent on their behalf.

It may still be necessary to share without consent if there is reasonable suspicion of harm and considerations of Steps 3, 7 and 8 of the ISG process apply.

6. Are you able to obtain consent?

A person's informed consent to share information must be sought in all situations where it is considered reasonable and

practicable to do so. However, service providers should not seek consent if it would place a child, young person or adult at increased risk of serious harm. Risk assessment tools can help determine if it is safe or reasonable to seek consent at this time.

Below are examples of situations where people may face increased risk of serious harm if consent is pursued. The person may:

- **cease to access a service seen to be necessary for their own or their children's safety or health**
- **move themselves and their family out of the agency's view**
- **encourage covering up harmful behaviour to themselves or others**
- **abduct someone or abscond**
- **harm or threaten to harm others**
- **attempt suicide or self-harm**
- **destroy incriminating material relevant to a person's safety.**

Recognising that these risks are present does not necessarily mean that a service provider will feel comfortable about not seeking consent. This dilemma is lessened if there has already been a discussion with the client about the possibility that information may need to be shared without consent where there are serious threats to safety and wellbeing.

There may also be occasions where it is not reasonable or practicable to seek consent. If, for example, the client cannot be located after reasonable attempts it will be necessary to decide if there is sufficient reason to share without consent (Step 7).

Seek informed consent to share information wherever it is considered

reasonable and practicable to do so.

What do I do if I ask but the client refuses to give consent?

Generally, if a client withdraws consent or refuses to give consent for their information to be shared, their wishes must be followed (for example see case study 20). However, when working with clients with high and complex needs, you may find circumstances frequently change; and levels of adversity can fluctuate and client participation in service planning and delivery can be proactive and engaging one moment and then shift to resistant and uncooperative the next.

Where there is evidence that adversity is escalating and there are serious threats to life, health or safety, you should not be surprised if you seek consent and it is refused (for example see case study 16).

It is not uncommon for a person to refuse consent for their information to be shared with others if they wish to continue or cover up their behaviour. For example, it would be very unlikely that a domestic violence perpetrator or an adult who is abusing or neglecting their child would give consent for information sharing or encourage service intervention. In fact it is often the case that, where at-risk or unlawful behaviour is occurring, clients will withdraw from services to cover their tracks. In these circumstances, obtaining consent may be unsafe, impracticable, unreasonable or impossible, but you are obliged to share information in order to prevent serious harm or possibly death, and consent is not required.

Should the client be informed that information has been shared without their 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 after information has been

shared because a service response has been successful and subsequent discussion between the provider and client may significantly enhance the longer term outcomes. Service providers should exercise their professional judgement in each circumstance, apply relevant risk assessment tools and draw on the expertise of senior colleagues.

7. Is there a legitimate reason to share without consent?

Service providers need to consider this question if they have decided that there is a legitimate purpose for sharing information but they do not have consent or they consider it unreasonable or impracticable to seek it

There is a legitimate reason to share information without consent if it is believed failure to share information will lead to risk of serious harm.

Disclosure of information without consent is permitted if: (1) it is authorised or required by law, or

- (2) (a) it is unreasonable or impracticable to seek consent; or consent has been refused; and
- (b) the disclosure is reasonably necessary to prevent or lessen a serious threat to the life, health or safety of a person or group of people.

The decision to share without consent must be based on sound risk assessment and approved by the appropriate officer in your agency or organisation.

Questions that may help focus a provider's judgement in considering this question are:

- What might be the consequence for the client and others if no one shares information or coordinates services?
- If information is not shared, will a person or group of people be more likely to engage in offending?
- If information is not shared, will a person or group of people be at increased risk of serious harm from others or from themselves?

When making these decisions, consult with managers and utilise risk assessment tools. This will ensure conclusions are not subjective but are evidence based. Decisions to share without consent or refuse a request to share information from another agency or organisation must also be approved by an appropriate supervisor or manager. This should be set out in your agency or organisation's ISG appendix. Section 4 contains case studies to help illustrate this process.

Decisions to share without consent or refuse a request to share information with another organisation must be based on sound risk assessment and approved by an appropriate supervisor or manager.

8. Are there any obligations for information sharing that must be met?

The ISG encourage providers to work together and coordinate services so that potential adverse outcomes are prevented or lessened, and to do that from an early intervention perspective. However, in high risk cases where there is risk of serious harm, and help is needed urgently to protect safety, information must be shared without delay and consent is not required.

If at any stage of information sharing and service coordination a provider's concern

about a child or young person leads them to suspect, on reasonable grounds, that a child or young person has been or is being abused or neglected, they must report it to CARL on 1 31 478. When providers make a report to CARL, it does not mean that the planned information sharing or existing coordination of services should stop. 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.

When working with other agencies and organisations to support clients with high and complex needs and fluctuating levels of risk and a threshold of serious risk of harm is reached, the instructions of the lead agency (e.g. SA Police) must be followed to ensure there is no compromise to investigation, operation and possibly prosecution.

Where there is suspicion that there is a serious and imminent risk of injury or death through domestic or family violence, a referral to a Family Safety Framework strategy meeting is necessary. In these circumstances SA Police should be notified, either by contacting the local Family Violence Investigation Section in metropolitan areas or by phoning the local police station. Where there are concerns that an offence has been or may be committed, this information must be disclosed to SA Police. For police assistance or attendance, phone 131 444.

Where emergency support is required to support an at-risk mental health client, a call to the Mental Health Triage Service may be required on 13 14 65.

If you suspect, on reasonable grounds, that a child or young person has been or is being abused or

neglected you must report it to CARL on 131 478.

9. Document the information sharing decision

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

- seeking and gaining consent
- reasons for overriding the client's wishes or for not seeking consent
- who approved the disclosure without consent or refusal to share information
- advice received from others (including staff at CARL, SA Police or the Mental Health Triage Service)
- reasons for not agreeing to an information sharing request
- what information was shared, with whom and for what purpose
- any follow-up action required.

Agencies and organisations should provide details about recording and documentation requirements in their ISG appendix.

The following table outlines general considerations.

Information sharing situation	What to record
1. Information is shared with consent (by you or to you)	Copies of written consents and file note of verbal consent recording: <ul style="list-style-type: none"> • who gave it, when and to whom • what the consent related to • information sought, provided or received • outcomes and follow-ups
2. Information is shared without consent (by you or to you)	Record: <ul style="list-style-type: none"> • why obtaining consent was unreasonable or impracticable • line manager's approval, if required • what is shared, when and by whom • the agency and the office or officer involved (receiving and providing) • outcomes and follow-ups
3. Information sharing request is refused (by you or to you)	Record: <ul style="list-style-type: none"> • the purpose (the immediate or anticipated risk the request was intended to address) • approval from line manager • outcomes and follow-ups

3.

3. ISG in practice

Ten top tips for early intervention through information sharing

1. Whether you are sharing information or being asked to share with someone else, be familiar with the ISG decision making steps flow chart and practice guide and your agency's or organisation's ISG appendix.
2. When you become aware of risks of harm or threats to wellbeing, consider the consequences for the individuals or others involved if information is not shared:
 - Is it likely that a risk of harm may increase if services aren't coordinated now?
 - What information do you have that might initiate or improve services?
 - Might the person pose a risk to themselves, family members or others, or represent a risk to public health or safety?
 - Will a person or group be at risk of harm (from others or from themselves) if information is not shared?
3. Be open and honest with the person (or other people involved, where appropriate) from the outset. Tell them why, what, how and with whom their information may be shared. Seek their agreement, unless it is clearly unreasonable or impracticable to do so.
4. Whenever you are considering sharing without consent or refusing to share information, seek advice and permission from the senior person within your organisation with the authority to make that decision.
5. You can share information if your client has given you informed consent.
6. Base your decisions to share information on the safety and wellbeing of people
7. Check that the information you share is:
 - necessary for the purpose for which you are sharing it
 - shared only with those people who need to have it
 - accurate and up to date
 - shared in a timely fashion
 - shared securely.
8. Keep a record of your decision and the reason for it. If you decide to share, record what you shared
 - with whom
 - for what purpose
 - any follow-up action required.

If you decide not to share, record the request and the reason for not sharing.
9. You are obliged to give professional consideration to information sharing requests but, in most circumstances, you cannot be forced to share client information. Information sharing only happens when you and the others involved agree there is a legitimate purpose.
10. New information will continually emerge as you work with your client. Be mindful of your obligation and the circumstances where you must notify CARL or SA Police.

How does the ISG respect privacy if it is about sharing information?

The default position of the ISG is to always seek informed consent for information sharing, where reasonable and practicable to do so. This affords the person who owns the information the right to determine who is privy to the information and how it may be used.

By sharing relevant information you are disclosing only the information that is

necessary to respond to the suspected risk of harm. You may also often find it possible to alert a provider to concerns without inappropriately disclosing too much information or the identity of all those involved.

Seeking higher approval in your organisation for information sharing without consent also embeds a second stage of risk assessment: this ensures that a senior person will further consider the potential for seeking informed client consent and independently assess what referrals or action may need to occur to respond to risk of harm.

It is important to recognise that whilst your agency or organisation may have consent to share information, or have completed the necessary risk assessments to determine there is a justifiable reason to share information without consent, that does not automatically trigger an environment of free disclosure about the client between agencies. The ISG decision making steps and practice guide should be used to guide decision making by all parties involved, each time information is to be shared. In practice, this means that workers from different agencies could, at the same time, independently or together, be going through the steps of the ISG process to determine if information can be shared. This means all parties are assessing if there is a justifiable reason for disclosure, what the potential is for seeking consent, or if there is sufficient reason to share without consent. Follow your agency's or organisation's policies and procedures for de-identifying client information and assess each case on its merits before sharing information.

If I'm asked, can I share the same information again and again?

Be aware that circumstances for clients can change quickly and information may only be accurate and relevant (STAR principles) at the time it is initially shared. Just because information has been shared once does not mean it is appropriate for the same information to be shared repeatedly.

When a new request for information sharing is received about a client for whom information has previously been shared, you need to revisit the ISG process and determine the purpose of this new information sharing request

- Have circumstances changed significantly?
- Are other service providers involved?
- Should consent be sought from the client again?
- Is the information still relevant and accurate?

However, if the original sharing of information is for a longer term purpose (such as a client's ongoing case management), that information may continue to be shared with the relevant parties.

Can information be shared about someone who is not a client of an agency or organisation?

When working with clients and assessing or responding to risks to safety and wellbeing, you may reveal information about the people clients relate to. This additional information is often necessary to paint a complete and accurate picture of risks and protective factors. It can also identify other agencies and organisations involved, potentially leading to improved service collaboration. It is a common occurrence that a client will disclose information about their family or another person that exposes serious risk of harm and requires action. Sometimes information about a person other than the client must be shared to protect the safety of service providers or where there is a serious threat to the life, health or safety of a person or group of people (for example see the first case study in Section 4). See Section 1 regarding the grounds for information sharing and about whom information may be shared.

Additional considerations when working with Aboriginal or culturally and linguistically diverse (CALD) families and communities

Lifestyles, family structures and child rearing patterns vary across different racial, ethnic and cultural groups. In order to respond appropriately to the needs of people from diverse backgrounds, it is important to seek advice (initially within your own agency or organisation) about available resources and guidance to ensure information sharing is sensitive and responsive to culture. This will help identify alternative approaches that better meet the needs of your clients.

A good test for deciding how well you believe you understand a particular culture is to ask, 'In my dealings with this family am I confident that I appreciate and know how to respect the cultural issues that might be important to them?'. If the answer is 'no', seek advice from others.

There may be significant repercussions within a community and for workers from the same cultural background as a result of seeking consent or sharing information. The person with the authority to give consent may not be obvious; and the community's understanding of the concept of confidentiality may be influenced by cultural traditions and beliefs and might not be understood at all. People who have escaped civil war or authoritarian regimes may be understandably concerned or fearful of information sharing.

It is important that service providers take the time with clients to ensure the reason for information sharing is understood, i.e. that it is to help deal with problems (for example fighting, drinking, children and others being hurt) and that permission is being sought to talk to other workers who can help. Other family members may need to be consulted by the client, so consent may not be given immediately. It may be that the community has identified a person who is considered a safe person in whom they have sufficient trust to share information.

Workers should explain they may need to talk to other workers even if the client doesn't give their permission. It is advisable to ask if there are any individuals in particular they believe service providers should or should not speak to. This is also relevant if selecting or using an interpreter or translator. Independent professional translators are often preferred to community members as they are likely to have a better understanding of confidentiality requirements and not be bound by cultural or family obligations. Once information is shared, it is important (where safe and appropriate) to give the client or family feedback on what is planned or happening and who is involved.

In responding to the needs of people from Aboriginal and Torres Strait Islander backgrounds, agencies and organisations should seek advice from a recognised Aboriginal or Torres Strait Islander organisation. The ISG 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.

Some cultural groups have been the subject of media coverage about violent and abusive situations. This means that some individuals and some groups may be highly sensitive about providers' work. It is essential that service 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 about processes with the individuals concerned in a culturally appropriate way and respect cultural repercussions. Cultural perspectives should be respected provided that the prevention of serious harm is not compromised.

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

How can the ISG support case planning and management?

Information sharing is fundamental to effective case management. The ISG guide good information sharing practice and promote collaboration to deliver better services for clients. Sharing information about cases in a timely manner allows workers to be aware of each other's endeavours, and to assess whether their combined efforts are complementary, sufficient and protective of the individual, their family or other members of the community. Information sharing is rarely an end in itself — in fact it is often the beginning of a service response or comes into play during case planning and case management when gaps in knowledge about a person arise. The following case study illustrates the benefits of using the ISG to gather information and improve interagency collaboration and service coordination.

Information sharing is fundamental to effective referral, service planning and case management.

Case Study

Northern Footprints is an interagency forum that brings together organisations from the nongovernment sector, infant health, primary health, early childhood education and child protection for the purpose of working collaboratively to identify joint pathways for service provision and to provide support for at-risk infants and families. The majority of referrals regarding infants are from Child and Family Health Service (CaFHS) nurses, the Lyell McEwin Hospital (LMH) and the Early Child Parent Services (ECPS) via CARL.

Intake

- Jo and Pete have two young children — Susan aged 1 year, 11 months, and Pete Junior aged 1 year; Jo is due to give birth.
- Several referrals for intervention have been made for these children with a number of concerns expressed regarding parenting style and lack of attachment; the children presenting as hungry and dirty; and previous domestic violence being present in the home.
- Both parents have an intellectual disability and are clients of Disability SA. The family are quite transient.

Current concerns (referral)

- Baby Jon was born today at home by ambulance officers. It is unclear why the home birth occurred.
- Mother and baby are now at LMH and both are healthy.
- They have been at the LMH for two hours and attempts will be made for the mother to be kept in for three days.
Mother has a flat affect (according to the notifier) and is not picking up the baby and there may be concerns about lack of attachment. These concerns will continue to be monitored and recorded. [Note: a person with 'flat affect' may not show normal emotional responses to a situation that would normally elicit a response, may perhaps speak in a monotonous voice, have diminished facial expressions, and appear extremely apathetic or disconnected.]

- Father presents well and appropriately, and there are no immediate concerns at this stage except for the parents' intellectual disability.
- The notifier holds serious concerns for the infant and other children, as the parents will have three children under the age of two in their care and it is unclear how they will manage this.

Risk assessment

Through using the ISG the following additional information was provided:

- the SA Police Family Violence Unit has had contact with the family but not for the last 18 months
- the Northern Domestic Violence Service was involved with this family approximately two years ago
- mother and father have intellectual disabilities but have not had contact with Disability SA because of their transience
- the parents have previously had a child removed from their care
- the parents have provided reasons such as looking for accommodation and transport difficulties to explain why they have attended so few medical appointments; the two older children have not had any regular health checks or immunisations
- the family did have an NGO support worker in the past but this service stopped when the family moved to a different region
- health services report that the family is willing to accept support.

Case management

- After discussion between the agencies and organisations, it was decided the most appropriate service to provide assistance was ECPS.
- ECPS will take the lead in completing a full assessment of need and manage an interagency response.

Case coordination and outcomes

- An intensive home visiting service from ECPS commenced when the baby was discharged from hospital.
- Baby checks were conducted on the other two children by CaFHS.
- The parents were reconnected with Disability SA
- Transport, childcare and childcare benefits were organised for the oldest child.
- Connection with the Children's Centre was made and the family is attending an attachment therapeutic playgroup (associated with the childcare centre).
- Connection was made with another NGO program which will help Pete work toward employment opportunities.
- An NGO will facilitate internal referrals to assist the family in securing stable supported housing.

It was established domestic violence was not present as a current issue.

The ISG promote earlier and more effective intervention and improved interagency collaboration.

Why are providers of services for adults and children included?

Providers working in family violence, correctional services, disability, mental health, and drug and alcohol services are aware that their observations of the lives of their adult clients may also be observations relevant to the lives of the children and young people or other family members in their clients' care. The opposite also applies where children provide support and care to a vulnerable parent or carer.

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 an adult with children is their confidence about themselves as parents or carers. A major factor in children's and young people's wellbeing and safety is having a protective and supportive home environment. All efforts to 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 their children will be contributing to the wellbeing and safety of both carer and children.

Adults who have no direct connection to children and young people but who may pose a risk to themselves or others will also benefit from earlier and more effective risk assessment and service coordination.

Why are volunteers and students on placement included?

Volunteers make substantial contributions in state education, health, recreational and social services, as well as in many NGOs. Their work often brings them in close contact with children, young people and adults when providing support to them. The same can be said of university and TAFE students undertaking work experience placements or internships. Understanding appropriate information sharing practice is not only good professional development — it ensures opportunities for effective intervention are not lost. Students' and volunteers' observations in these kinds of roles are highly valuable and should be acknowledged and utilised.

For these reasons, it is essential that volunteers and students on placement who play a role in directly supporting clients are thoroughly inducted into the information sharing process and clearly understand how they may contribute to it. Their involvement with information sharing must be conducted under the direct supervision and support of a staff member and never undertaken without supervisor authorisation.

Information sharing by volunteers and students on placement must never be undertaken without appropriate supervision and authorisation.

How do the ISG connect with child protection and mandatory reporting responsibilities?

These guidelines do not affect a notifier's obligations to report suspicion of abuse or neglect, nor the confidentiality of the notifier's identity under the Children's Protection Act 1993. Mandatory reporting responsibilities are discussed in Section 2 under Step 8 of the ISG decision making steps and in the Explanation of Terms (Section 6).

The ISG 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 not be viewed as an alternative to information sharing between providers but as an additional avenue for information sharing when a mandatory report is required.

How do the ISG support intervention for at risk or vulnerable adults?

The ISG promote appropriate information sharing to support the provision of well-coordinated and effective services where there is risk of serious harm. Agencies should make use of organisational risk assessment tools, policies and procedures when determining whether an adult is at risk, what protective factors are in place, and whether service intervention is required. Seeking advice and following relevant risk assessment tools will safeguard against unnecessary disclosure in situations where, for example, an adult may not make the wisest lifestyle choice but has the right to make that choice and has the capacity to give or deny informed consent for information sharing or service intervention.

Situations where a person may be considered vulnerable include where they:

- are unable to safeguard their own wellbeing, property (including money or financial interests), legal rights or safety
- are engaging (or likely to engage) in conduct that causes or is likely to cause self-harm or harm to others
- are in a situation where another person's conduct is causing or is likely to cause the individual or groups of other people to be harmed or exploited
- may have permanent or temporarily impaired competency due to intellectual disability, impaired mental health or other brain injury or disease
- have a physical impairment due to illness or disability that requires assistance of others for daily care and living
- have very limited or dysfunctional family or community support
- suffer social or financial hardship, and who may be vulnerable to exploitation as a result of this hardship (social hardship includes a wide range of situations and experiences including homelessness, a history of domestic or family violence, bullying, sexual abuse, racial abuse, problem gambling, drug

and alcohol abuse, and torture or trauma)

- cannot communicate, or have difficulty communicating in English.

In all these situations a risk assessment should be carried out to determine the likelihood of the person suffering harm. Once an assessment has been completed, if necessary, case planning and case management will be enhanced by utilising the ISG process to inform safeguarding decisions. Where applicable, an appointed medical agent, advocate or guardian should be involved. If your organisation provides services to clients to whom, for example, the Health Care Act 2008, the Mental Health Act 2009 or Guardianship and Administration Act 1993 applies, consult your ISG appendix (Section 8). Service providers should seek to make decisions based on evidence and be guided by appropriate risk assessment frameworks and not personal values.

How to get help

What should be done when there is disagreement between agencies or organisations about information sharing?

The first response to a disagreement about information sharing should be to revisit the original concerns and the reason for information sharing, and follow through the steps of the ISG flow chart process. Revisiting risk assessments and discussing concerns gives service providers a starting point for discussion and will help clarify where the difference of opinion lies. To focus thinking, they should consider what the consequences might be for the client and others if information is not shared and no action is taken. Is it reasonable to suspect an individual or group may be at increased risk of harm (to themselves or others)? 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 (also see your agency/organisation ISG appendix, Section 8). If the worker making the enquiry still believes they are justified in seeking information, it is acceptable for them to ask for the enquiry to be escalated to a higher level of management within the organisation. This ensures decisions are not made in isolation; rather, they can be based on the experience or knowledge of the organisation.

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.

Consider what the consequences might be for the client and others if information is not shared.

What if the matter cannot be resolved through the above processes?

The Executive Director of the Office of Data Analytics will provide advice and support 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.

Executive Director

Office of Data Analytics on

(08) 8429 5945

1800 952 511 (toll free outside metro area)

Email: isg@sa.gov.au

www.dpc.sa.gov.au/responsibilities/information-sharing-guidelines

4.

mother's capacity or willingness to structure a family environment that is protective of her children.

4. Case studies

1. Sharing information without consent to protect a mother and children from potential harm

SA Police are aware that a male with a history of child sexual assault convictions has begun to cohabit with a single mother of two children, 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 serious 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' (Section 6(2) (b) (ii) Children's Protection Act 1993).

Under the Children's Protection Act, the police have sufficient reason to make a mandatory notification; and according to their general orders that cite both the SA Information Privacy Principles and the ISG, it is appropriate to share information with the mother regarding her boyfriend and the perceived risks to her children.

Taking this action provides SA Police and Families SA with a basis on which to make reasonable judgements about the

2. Sharing information to reduce the risk of further offending

A 14-year-old boy was arrested for driving a stolen vehicle into the window of a shop, from where cigarettes and alcohol had subsequently been stolen. To avoid arrest, the boy had driven 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 in the vehicle.

SA Police hold serious concerns about the boy's likelihood of re-offending, given his criminal associations, and consider him to be 'criminogenically' at risk. Police do not consider it reasonable to seek the boy's consent to share information with other agencies as he has already committed a crime and he has a history of running away.

Police believe that if information is not shared with other agencies and organisations, the opportunities for intervening with the boy will be diminished. By exchanging information with the Youth Justice Program of Families SA, an interagency approach can be adopted that will consider all aspects of the boy's circumstances. In this way, he is likely to have an increased chance of accessing and benefiting from opportunities for rehabilitation.

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.

3. Cultural considerations when sharing information

During a counselling session a client accessing psychological services within an Aboriginal organisation expresses anger at 'not being allowed to visit his children without a white person present'. The children (one aged three years and the other 18 months) are in the temporary care of another family member due to intervention by Families SA.

Intervention had been necessary because this father had driven off with the children into northern South Australia without adequate supplies of food, water or financial resources and had to be rescued after sitting by the roadside for three days, by which time the children needed urgent medical care. The father said he did this because he had very strong feelings and a yearning that he and the children's mother needed to travel back to country and raise the children in remote Australia. The father was subsequently admitted to a mental health facility and placed on a community treatment order to comply with medication and seek psychological care.

Media attention had created a lot of stress for this client, who felt as if 'everyone was looking at him and knew his business'. It was reported that he was not taking the medication prescribed by the mental health system when detained because he claimed it was 'white poison' and made him feel vulnerable to being taken over by spirits.

The counselling session ends quite abruptly with the client getting aggressive and yelling at the counsellor stating that he is going to go and get his children and 'head bush where no one

can find them and he will grow his children up the traditional way'.

The worker immediately seeks advice from their line manager about what to do and a decision is made to make a mandatory notification regarding this interaction. The risk assessment indicates the client is at a high threshold of risk. The manager agrees that it is not reasonable or practicable to seek consent for information sharing; and that the purpose of the information exchange is to ensure that the safety of the children and family carers is maximised, and that the parents get the support they require.

Information about the client not taking his medication and details of plans to remove the children from secure care and for the family to head bush again will be reported to the Mental Health Triage Service for further follow-up in relation to the community treatment order.

A record is made in the client file of the risk assessment, information shared and follow-up action.

4. Sharing information without consent to address adult mental health and child safety concerns

Fatima and her son, Ahmed, are clients of a settlement support program. Fatima is raising her child alone in Australia and is experiencing social isolation. She receives news that a close family member from her home country has died and she is overwhelmed with grief. While Ahmed is at school, Fatima talks to her case worker, Justine, and says she wants to commit suicide.

It is considered impracticable at this time to seek consent to share information with other agencies as Fatima is so anxious, is disassociated from parenting Ahmed and is threatening self-harm. The risk assessment conducted by Justine indicates high thresholds of risk. It is reasonable to expect that in her distressed condition, Fatima may be unable to give informed consent, or that raising the issue again may increase Fatima's anxiety and therefore place her at increased risk of serious harm. Justine immediately seeks support from her manager, who is delegated to approve information sharing without consent in their organisation. The manager assesses the case and immediately contacts CARL and an emergency mental health service to seek their support. Justine drives to Fatima's home with another staff member.

Fatima is supported by the emergency mental health service and her settlement support program. It is likely that she will spend at least a few nights in hospital. To ensure Ahmed can be cared for and supported while his mother is away, Justine contacts his school and the local office of Families SA. Justine only shares the information about Fatima that is necessary to ensure Families SA and

Education Department staff can support Ahmed.

Ahmed is being cared for appropriately by carers in his mother's absence and there is no suspicion of abuse or neglect at this time. Fatima's case worker fills out an ISG record keeping form and has her manager sign it, as information sharing without consent needs to be signed off by a delegated manager. The settlement support program continues to work with the emergency mental health provider, Families SA and the school to provide coordinated support to Fatima and Ahmed.

5. Sharing information to secure accommodation and respond to threats of domestic violence

Cassie is a young woman with three small children. She lives on a rented rural small holding 5 kilometres out of a large regional centre. Cassie is a long-term client of a low income support service provided by a local NGO but is erratic in attending appointments and usually just appears wanting food vouchers.

Cassie presents at the front door of the NGO in a very distressed state with her three children in tow. It is a cold, wet day and all four are bedraggled. The family are seated in an office, refreshments are brought and the children settled down quickly with toys, blankets and books.

Without the children in her presence, Cassie breaks down. Cassie's regular financial counsellor, Agnes, comes in and speaks to Cassie and finds out that her boyfriend has moved in with her. He threatened violence after Cassie discovered he had not paid rent as he had promised to do, and she is now in serious arrears and has been sent an eviction notice. When she raised this with him that morning his threats were so violent and frightened Cassie so much that she fled the house and walked the 5 kilometres to town with the children. Just telling the story upsets Cassie so much that she is crying and shaking uncontrollably. She says she can't go back home whilst he is this angry and she has nowhere else to go.

6. Sharing information to support offender rehabilitation and protect victims of crime

A Department for Correctional Services education coordinator makes an appointment with the principal of an adult senior secondary college to discuss the enrolment of a young man who is coming up for parole and is likely to be released into home detention. It is agreed that the young man's rehabilitation is likely to be greatly supported if he can participate in parttime study once any community risks have been identified and assessed. The education coordinator explains that a check has been made to ensure that the young man's victim is not currently attending the college.

The principal explains that he would like the young man to consent to sharing information about the nature of his offences and his rehabilitation so that the principal can assess any potential risk his enrolment might represent for other students or staff at the college. He explains that the college enrolls a broad and diverse mix of people, some of whom are particularly vulnerable, and classes are held both day and night.

The young man and the education coordinator attend an enrolment interview that has been arranged with the principal rather than the college's student services staff. The young man shares information about his offences with the principal. The principal agrees that he can enrol and explains some of the student support services available to him on the campus. It is agreed that if the young man or the education coordinator becomes aware that someone connected to his victim is enrolled at the college, the principal must be informed so that a new assessment of

risks associated with his enrolment can be made to protect all parties.

The principal explains to the young man that he will record the details of the enrolment risk assessment in a confidential file. He organises for the young man to have an appointment with one of the counsellors at the site so that he can access the full support available to him in returning to study.

7. Information sharing is not justified and is refused to protect privacy

Susan has been the victim of domestic violence and accesses an NGO service for both practical and therapeutic support.

She has a nine-year-old daughter, Kelly, for whom she is the primary caregiver, and both are currently residing in Housing SA accommodation. An upgrade has been made to the security in Susan's home and she is provided with a counsellor, Marie, for further support. Susan has not consented to information being shared with others.

Over a number of sessions with Marie, Susan reveals that she has returned to studies, and that she is enjoying studying again and is achieving successful academic grades. Susan also reveals that she has started seeing an academic tutor to enhance future employment prospects once her studies have been completed. She has told her tutor that she sees a counsellor at the NGO service but has not disclosed the nature of this contact.

Several weeks later the tutor contacts the NGO service seeking information about the reason and nature of the organisation's contact with Susan, as the tutor believes they can provide better assistance if they have more detail about other support she is accessing. Marie follows the ISG flow chart and decision making guide and decides there is no justified reason to share information. It is decided that neither Susan nor her daughter will face increased risk of harm to themselves or others if this information is withheld.

In this instance there is not sufficient reason to share information without consent. Whilst it is possible that by working together Marie and the tutor

could better support Susan, it should be her decision and her informed consent should be sought for any information about her circumstances to be shared. Marie suggests the tutor raise the issue with Susan.

8. Sharing information to support a victim of crime and his children

A single father who was the victim of an armed hold-up at his place of employment accesses counselling through an NGO. His three children are all under the age of 10 years and he is the sole caregiver and provider for the children. This client has consented for information to be shared with only Housing SA and his employer. Whilst the client has nominated these two options for sharing relevant information he is also aware that, under the ISG, information sharing can occur without his consent when there is risk of serious harm. This is highlighted on the NGO's consent forms and has been explained to the client in detail.

Recently the client has described depressive thoughts to his counsellor and has reported an increase in alcohol consumption to cope with his anxiety and sleep disruption. The counsellor tries to address these issues with the client with little success; and over a number of sessions, the worker notices a visible decline in the client's appearance. Suicidal thoughts are now a daily occurrence for the client and he has reported not taking the children to school for the last few weeks as he feels he can't 'leave the house and feel safe'. The worker does a suicide risk assessment with the client and discusses the welfare of the children in his care.

After considering the ISG flow chart and practice guide and the issues of non-attendance at school by the children and increased risk of suicide by the father, the worker determines it is unreasonable to seek the father's consent and that there is sufficient reason to share information without it. Subsequently, CARL, adult

mental health services and the school principal are engaged by the worker to assist. Whilst the mental health service will assess and treat the father's mental health and continue to monitor his situation, Families SA and the school are best placed to monitor the safety and wellbeing of the children.

9. A request for information sharing is refused to protect privacy

Jim, a client with a minor intellectual disability, has started dating and is considering a sexual relationship with his new partner, Anne. They go to the local GP Plus Health Care Centre to discuss contraceptive options with the clinic's GP. Jim receives outreach support from a disability community support worker, Fiona. Whilst Jim and Anne are at the appointment they are spotted by Fiona's manager, the coordinator of the disability service, who later contacts Fiona to find out why Jim was attending the clinic. The coordinator suggests that Fiona call the clinic to find out why Jim was there because they need to know if there are any health issues that might be impacting on him and, as a consequence, what changes may be required to his care plan.

Fiona is concerned they haven't got Jim's consent to do that and suggests they go through the ISG steps and their organisation's ISG appendix first. After consulting the ISG, Fiona and her manager decide to contact Jim to seek his consent for information sharing. He tells them he is fine and his visit to the clinic with Anne is a private matter and does not give consent for them to contact the clinic.

By using their risk assessment framework and the ISG, Fiona and her manager determine that there is no evidence that Jim is at increased risk of harm and therefore information sharing without his consent is not justified. The refusal to share information is recorded on the information sharing documentation form and filed electronically. Jim's privacy is protected and Fiona has demonstrated appropriate concern and correct application of the ISG.

1 0. Failure to share information contributes to the harm of a child

Jaydn is 10 years old, has a disability and has been a frequent user of a respite facility, with his parents having used the service for the last three years. Jaydn has always been well behaved and his parents have been actively involved in and great supporters of the respite service.

When Jaydn's father passed away, there were initially no noticeable signs of change in Jaydn's behaviour or health, despite some expected grieving. In later visits, however, Jaydn is quieter than usual, unwilling to mix with others and seeming to be extremely tired, wanting to sleep through most of the day. He also appears to be losing weight. When asked by staff why he's so sleepy he indicates that he stays up late every night playing video games. Mum is often in her room crying and he misses out on dinner and just locks himself in his room and plays his games.

Jaydn's attendance at scheduled visits becomes sporadic with frequent absences, late drop-offs and late pick-ups. Jaydn's mother has become disengaged from staff and they are concerned over her appearance: unwashed, pale and lethargic, with open sores on her face and arms. A staff member approaches the mother and asks if she can help her with contacting a support network with a view to obtaining counselling and some assistance at home. The mother refuses, telling the staff member to go away and mind her own business.

Despite believing it would be the right thing to do, the staff member chooses not to follow the matter up with any authorities or agencies as she believes

it's the mother's personal decision to make and she will respect the mother's privacy.

Jaydn does not attend respite care for the next few weeks despite his bookings. Staff are later advised that Jaydn is now living with an uncle: his mother had locked herself in her room and left Jaydn to fend for himself for several days. With no food and an inability to look after himself he was found by neighbours under a tree in his front yard, undernourished and in soiled clothing. Ambulance and police were called. His mother is now in hospital and Jaydn is being cared for by his uncle.

In this case, there was sufficient reason to share information without the consent of the mother. If the staff member had shared information with an appropriate agency, help could have been provided and the situation avoided for both Jaydn and his mother. The consequences of failing to share information have been significant. This inaction has contributed to the harm of a child and serious mental health issues for the parent. Furthermore, in this circumstance CARL should have been contacted as there were signs of Jaydn being neglected due to his mother's depression. That notification may also have resulted in a referral to mental health services for the mother.

11. Sharing information to respond to family violence and a risk of homelessness

Rebecca is seven months pregnant and lives in a cabin at a caravan park with her boyfriend, Todd. Todd has a recent conviction for assaulting Rebecca's previous partner. He is controlling, jealous and aggressive. One day, when Todd sees the male caravan park owner chatting to Rebecca he becomes angry and verbally abusive and threatens the caravan park owner. As a result Rebecca and Todd are evicted from the park.

Both attend the local NGO homelessness service seeking accommodation and financial help. Todd tells the intake and assessment worker that they were evicted from the caravan park because they missed a week's rent. When the worker attempts to engage in conversation with Rebecca, Todd repeatedly interrupts and speaks on her behalf.

The worker requests consent from both to share information with Housing SA, Centrelink, the local health service and financial counselling service. Todd only agrees to sign a consent form for an exchange of information with Housing SA and directs Rebecca not to sign at all. She does as she is told.

When Todd goes to the counter to fill out the intake forms, Rebecca divulges information about his aggressive and jealous nature and says that she has been having some pregnancy related health issues but that Todd prevents her from visiting a doctor. She says she needs help and gives consent for information to be shared.

In consultation with the line manager it is agreed that full disclosure will be made firstly to Housing SA. This is necessary to protect Housing SA officers who could be placed at risk if Todd becomes aggressive

with them. It is also decided that Rebecca's situation will be disclosed to the local Health Care Clinic as Rebecca and the life of the unborn child are potentially at risk without medical assessment. These information sharing decisions are recorded in the case file.

Working together, Housing SA, the homelessness service and the health clinic are able to develop a strategy to engage with Rebecca whilst reducing the risk of aggression from Todd.

Suitable accommodation and health support are provided. Rebecca also receives information about local domestic violence services. As trust grows between the couple and the homelessness service, other services are slowly but more effectively engaged, and referrals and information sharing occur with consent.

12. Information sharing ensures elderly clients receive the help they need to live independently

Mary is a 78-year-old woman who uses the council bus driven by volunteers at a local community centre to do her weekly shopping. When the driver goes to pick Mary up one day he observes that her husband, Ted, is tied to a chair in the house. Mary says if she doesn't do this she cannot go shopping, as she worries that her husband will wander off and hurt himself or burn the house down while she is away.

The volunteers observe Mary has been losing weight and often talks about how hard things are now that Ted is so frail and he can't remember things. Recently the bus had broken down on the way to the shopping centre, meaning Mary's husband was tied to his chair for several hours and required medical attention. Mary lied to the doctor about why Ted was dehydrated and unwell.

Mary is advised that the community centre may be able to provide some company for Ted while Mary shops and that there may be assistance through the council or local health service that would further support her. She says, 'Don't be silly, I can manage', but appears to be very shaky and on the verge of tears. When the volunteer pushes the issue Mary becomes quite upset and does not want to talk about the subject anymore; she says, 'Don't say anything, 'they' will put us in a nursing home, I would rather die!' The volunteer reports this information to her manager, Gill, who consults with a friend who works in an aged care assessment team without disclosing Mary's identity. When the case is laid out the evidence is clear and Gill decides it is impracticable to seek consent. She believes it is important to go against Mary's wishes as Ted is very vulnerable and at risk of serious harm if this continues. She contacts the council

and the local health service to make a referral.

The health service staff visit Mary and reassure her that they are there to help; a dementia care package is set up, which provides support for Mary and Ted in practical and emotional ways. The community centre continues to provide transport

In this case, there is sufficient reason to share information without Mary's consent, to reduce the risk of harm to her husband and for them to receive appropriate support.

13. to prevent potential offending behaviour

A Department for Correctional Services volunteer driver, Angelo, escorts prisoners from the Adelaide Pre-release Centre to their homes for home visits. One day, he takes Shane to his house to visit his girlfriend, Jackie, and their 10-year-old son, Troy. Angelo overhears Shane telling his son that he too will be as tough as his daddy one day and will be hanging out with his uncles in Yatala. Shane's cousin is visiting, and he laughs and agrees. They joke with Troy about a previous crime committed by one of their uncles.

Angelo is concerned that Troy is surrounded by pro-criminal influences. Angelo isn't sure if he needs to make a report to CARL. However, he is concerned that Troy is possibly being groomed into offending behaviour.

Angelo speaks with Christine, the manager of the volunteer unit of Correctional Services, and asks for her advice. Christine explains that Troy is not in a situation requiring a mandatory notification, as the child is not in danger of abuse or neglect. However, the ISG gives prominence to sharing information from an early intervention perspective to protect safety and wellbeing. Given the family's criminal history and recent discussion with Shane and his cousin and how involved in the discussion Troy was, they are concerned Troy may be at risk of offending. Christine agrees that Shane shouldn't be getting into this sort of discussion either. She decides the incident should be reported to Shane's case management coordinator, George, at the prison.

George explains that it is the offender's responsibility to promote pro-social behaviours while on home visits, and that this is an important element in the rehabilitation process prior to release from prison. The ISG point out it is important to

think about the safety and wellbeing of others, not just the client, so George feels they have a responsibility to protect Troy from being encouraged to participate in offending behaviour or adopt pro-criminal beliefs. The conversation that took place on the last home visit is not considered at all appropriate, and certainly not with a child, and needs to be addressed.

George explains that he will enter the details in Shane's case notes regarding his behaviour. Angelo is concerned for his own safety if Shane is aware he has 'ratted' on him. George explains that rather than confronting Shane, in their weekly meetings he will focus on encouraging Shane to adopt prosocial role modelling behaviours. In this way Angelo's position is not compromised and he can continue to accompany Shane on his home visits and continue to monitor communication between Shane and Troy.

The ISG have been a useful tool to guide information sharing between staff and volunteers in different sections of the same organisation. By talking through his concerns with George, Angelo has also helped George to understand what more he can do to support Shane in his rehabilitation.

Christine is still concerned about Troy and his exposure to negative influences and how that might affect his behaviour. She discusses this with George who decides to call Troy's school principal. George has had previous discussions with Troy's school principal when Jackie first informed him that Troy's father was in prison. Jackie had asked George to explain to the principal about the pre-release program and what contact Troy would have with his dad. During that discussion, the principal undertook to keep an eye on Troy to make sure he was coping as this was such a difficult time for the family.

During the telephone call, George does not disclose specific information about Shane but confirms home visits are

progressing as previously discussed. The principal advises George he still has regular contact with Troy and will continue to keep an eye on him to make sure he is alright even after his dad is released. No further discussion takes place.

Before implementing the ISG, George's primary concern would have been his client, Shane; he wouldn't automatically have thought about the safety and wellbeing of other people Shane was associated with. Contact with the school principal satisfies George that Troy's wellbeing and behaviour is being monitored. This assurance happens without unnecessary information about Shane being disclosed. Apart from supporting Troy, this information will enable the school to also potentially protect the wellbeing of other students and prevent Troy from promoting offending behaviour or portraying prison as being glamorous. In this case the ISG STAR principles are useful in guiding practice.

14. Information sharing allows mental health and disability services to work together

Russell, a disability support service worker, has been providing assistance to Mark, a client with schizophrenia for the past two years, helping him with shopping on Thursday mornings and with transport to social activities including a gardening club on Monday afternoons.

For two years, Mark displayed no erratic behaviour. He was always pleased to see Russell and enjoyed his interactions with others at the shops and the gardening club. However, one Thursday morning Russell notices Mark's behaviour is very different. He is angry, the house is in disarray (which is really unusual) and he needs to be encouraged to go and do the shopping. While at the shops, Mark appears agitated and aggressive and has an argument with another shopper in the supermarket car park, which includes pushing the other shopper's trolley away. Russell tries to talk to Mark about what's going on but he refuses to speak and shoves him away too. When Russell drops him at home he runs inside and slams the door.

Russell expresses his concerns about Mark to the client service manager at the end of his shift. The client service manager and Russell consider what the consequences might be if she does not share this information with Mark's mental health agency. She consults the ISG and the organisation's ISG appendix, then talks to the general manager who agrees it seems impracticable to seek consent and there is a justified reason for alerting the other agency of their concerns. Apart from potential harm he might do to himself, there is potential for Mark to become increasingly aggressive and possibly harm a member of staff, or someone else. Although Mark has been doing very well, a couple of years ago he changed medication and became violent with one of his neighbours, resulting in

him being admitted to a mental health facility for a short time. Given the dramatic change in Mark's behaviour and his unwillingness to talk about what is happening, the decision is made to exchange information without seeking his consent

The mental health agency is informed. It becomes evident Mark missed his last appointment and, given his behaviour, could possibly be off his medication. By sharing this information both agencies can work together to support Mark and be fully informed of each other's perspective and action.

1 5. Sharing relevant information to protect service providers from potential harm

Susan, aged four, has cerebral palsy and is capable of very little verbal communication. She lives at home with her mother, Veronica, and her father, Allan, and receives home based therapy services. There is a recorded history of domestic violence, and on two occasions the team have arrived at the family home while a dispute between mother and father was occurring, in one case resulting in injury to staff. The police have been called to the house and the family are known to them.

When things are going well between Veronica and Allan, they are able to engage with Susan's service providers and do the best they can to care for her. The NGO supporting Susan has put in place a two-person visit policy with this family to ensure staff safety. There have been no direct threats to Susan although she is present during the disputes, usually in her bedroom.

The family announce to the team that they are moving to another region for a 'fresh start' and a new job for dad, and would like some help finding suitable services near their new home.

The family service coordinator, Sam, discusses options for new service providers in that area and Veronica asks him to contact appropriate organisations for the family. A referral is made for Susan to be assessed for therapy. Sam talks to Veronica about the need to disclose to the new service provider the issue of domestic violence and seeks consent to do so. Veronica asks that Sam not mention this as there have been no further issues and she would like to start afresh and not have their history dug up — she refuses to give Sam approval.

Sam decides there is not sufficient reason to share the family history without consent, but it is appropriate to advise the

other service provider of the two-staff visiting policy his organisation has in place with this family. This follows the ISG STAR principles and means that only 'relevant' information is shared to enable a suitable risk mitigation strategy to be put in place. Sharing this limited amount of information will ensure that the new service is aware of potential risks for their staff. Without divulging detailed personal information, it will also flag the possibility of more complex family issues and the need for a full intake assessment to be conducted.

1 6. Sharing information without consent ensures a client receives appropriate support to deal with family and domestic violence

Andy is a mental health worker visiting Diane, at home. Diane has a long history of hospital admissions for mental illness, including two suicide attempts.

During the home visits, Diane's partner, Craig, refuses to leave the room, stating that as her carer he needs to know what is happening. Andy has noted that Diane continuously looks at her partner before answering any questions and that it is not uncommon for Craig to speak for Diane. At a recent visit, Andy noted that Diane had large bruises on her arms, a black eye and a cut to her head. Diane said that she had fallen over in the dark and hit some furniture because she forgot to turn on the light. Diane has used other reasons for visible bruises in the past.

Andy has received a phone call from Diane's sister, Sarah, stating that Diane is often hit by Craig and is not allowed to leave the house. Sarah states that Diane is alone when Craig is completing his Community Service Order from a previous conviction but that he rings to check on her. Sarah reports that Diane's most recent admission to hospital for a broken arm was the result of an attack by Craig, but that Diane denied this to police and discharged herself from hospital.

Sarah reveals that if she visits Diane when Craig is out, Diane cannot let Sarah into the house because Craig locks the doors and Diane does not have keys. Sarah fears for Diane's life. She says that Diane has reported that Craig has taken to holding her head under water. Sarah says that Diane wants to leave but is too scared because she thinks that Craig will find her.

At his next visit Andy asks Diane if she would like contact with a women's health service. Craig replies that Diane already has a doctor and that he takes her to

appointments whenever necessary, and he refuses to give consent for their information to be shared. Diane does not respond. Andy observes that Diane is very subdued and dishevelled and will not look at him. Craig is keen for the visit to be over and asks Andy to leave because they have another appointment

Andy talks to his supervisor about Diane and seeks permission to contact the women's domestic violence services because he is concerned about Diane's safety and wellbeing. Andy believes that Diane is at increasing risk of harm by Craig and may even harm herself. The supervisor believes it is impracticable and unreasonable to seek consent. He endorses Andy's request to contact the domestic violence service without Diane's consent because they are concerned that the risk of harm to Diane may be rising.

The domestic violence service has a record of Diane from a previous hospital admission, where she disclosed physical violence, but did not want support and discharged herself. The services exchange information and agree on a plan for joint protective monitoring. Andy agrees to complete an assessment form for the interagency Family Safety Framework strategy meetings at the domestic violence service's request. Additional information is added to the assessment by the domestic violence service. The family safety meeting devises a plan of action that includes the police, correctional services, mental health workers and the domestic violence service agreeing to work together and establish a reporting-back mechanism for all agencies.

17. Sharing information supports interagency planning and case management

Edward is 12 years of age and has begun to miss school. Edward's mother, Ruth, has an intellectual disability and receives a pension. Her de facto partner, who was living with her at the time, brought Edward into a local NGO for counselling at the request of the school counsellor.

When Edward is asked by Robyn, the NGO counsellor, why he is not going to school regularly, he says that he needs to help his mother a bit. When Robyn suggests they talk with his mother's partner about how things are affecting his schooling he bursts into tears and says that his mother's partner has left and won't be living with them anymore. He then describes the jobs he has been doing for his mother. When asked about other family members who could help, he says his uncle is in prison and his grandmother lives in Port Augusta and won't travel to Adelaide. It does not appear that Ruth receives any support from other agencies.

When Robyn suggests they talk with the school counsellor about visiting his mother at home, Edward is extremely upset and says that his mother won't understand and that she will think he's done something wrong. He then completely breaks down, saying he's scared that people will take him away from his mother. Robyn reassures Edward that she and the school counsellor will do everything they can to organise the right kind of help so that he can keep going to school and his mother can get the help she needs.

The two counsellors agree that they need to see and speak with Ruth before making further decisions. They tell Edward they will make a home visit together with him after school that day and then make a plan with him. During the visit they ask Ruth if they can organise for someone to come and talk with her about getting help so that Edward won't miss school. Ruth says she doesn't want the counsellors to talk to other people about her. She keeps asking if Edward has been misbehaving. Both the counsellors attempt to explain why they are worried about Edward's school attendance but she becomes very agitated and they decide to conclude the visit. They reassure Edward outside the house that no one wants to take him away from his mother, that they will find another way to help and that they will talk again the next day at school.

In consultation with their respective managers and the school principal, both counsellors decide it is impracticable to seek consent and they will go against Ruth's wishes and speak with other agencies about the support they believe is required. They feel that, unless some form of coordinated support is put in place, Edward will be at increased risk of taking on unreasonable and inappropriate levels of responsibility for his mother and will continue to have his education compromised; more significantly, both Edward and Ruth may experience neglect or serious threats to their wellbeing if things continue.

Through the regional education support services, an interagency meeting is planned at which Edward's situation will be discussed and a plan developed. Robyn lets Edward know that they are having the meeting, explains what they will be trying to do and why they are doing this against his mother's wishes, but it is

in their best interests. She asks Edward if he'd like to help her write down a list of the things his mother needs help with and the things that worry him about his situation, so the meeting can be as helpful as possible. Edward agrees to do this.

Disability SA is contacted through the interagency process and a service coordinator is appointed to support Edward's mother. The three workers can now liaise with each other to ensure their combined efforts are supporting both family members.

1 8. Adult service providers failing to think about the safety and wellbeing of children can end in tragedy

Sandra is released on parole after one year in prison for breaking and entering and larceny convictions. She goes to live with her de facto, John, the father of her child, Lizzy, who was born while Sandra was in custody. Sandra is to report to Correctional Services on a regular basis. The correctional services officer notices over time that Sandra's behaviour is becoming erratic and he refers her to a mental health service.

Initially the mental health service officer is not concerned about Sandra's behaviour. However, over a six-month period, Sandra becomes more and more erratic and the officer becomes more concerned about her mental health. Sandra's relationship with John is deteriorating and Sandra misses appointments and often changes residence. The mental health officer makes concerted efforts to engage and support Sandra. However, Sandra and Lizzy disappear from the unit they have been staying in with John. Both are found dead in the bush a day later. Sandra had shot both herself and Lizzy.

While the mental health officer may have been treating Sandra in an appropriate manner, they failed to ask themselves what consequences Sandra's mental health was having on Lizzy, nor was any effort made to ensure the baby had adequate protection.

When implementing the ISG, all service providers with adult clients need to consider the safety and wellbeing of the children, young people and other family members their clients relate to. Sharing information with other service providers and practitioners in order to support families and intervene early may prevent such tragic outcomes.

19. Sharing information to protect an individual and group of young people from harm

An adolescent client, Jenny, has told a mental health professional, Catherine, 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 with Catherine. All efforts by Catherine to re-engage Jenny are unsuccessful.

Catherine believes Jenny is at serious risk of attempting suicide and suggests to her parents that the family GP and the school principal be informed of her vulnerability so that additional monitoring and support can be provided. Catherine shows them the suicide risk assessment she has carried out on Jenny. Despite the evidence, 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. Catherine is unable to persuade the parents that only the school principal will be told and that support and monitoring can be provided in such a way that Jenny'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? Catherine has to weigh up the possible impact on Jenny if information is not shared and opportunities to maximise her safety are not put into place. By using the ISG flow chart and practice guide it becomes clear to Catherine that it is reasonable to disclose information. In this case, there is sufficient reason to share information without consent so that the principal can be aware of the need for protective monitoring and support for

Jenny. Combined with provisions for disclosure in the Children's Protection Act 1993, the Mental Health Act 2009 and the early intervention focus of the ISG, Catherine is able to share information to protect Jenny. She notifies the family's GP and the school principal of her concerns.

20. Consent to share information is refused and the client's wishes must be followed

When in his thirties, James had a job, a girlfriend, Karen, and a house. Over time problems developed in his relationship with Karen and he became increasingly unhappy with the way he was treated by his boss. Even though he wasn't happy at work, at the end of his shift he often didn't want to go home because that was even more stressful. James started drinking heavily and as a consequence he got the sack, then Karen left him and he was soon homeless.

James spent three years sleeping rough and struggling to beat his addiction to alcohol. With the help of Dave, a case worker from a homeless shelter, James started to take control of his life again. With his drinking under control, and with support from Dave, James moved into public housing. He started collecting and selling bottles and cans and saved enough money to furnish his flat.

James had eight neighbours, five of whom he said were 'trouble'. They began asking James for money, cigarettes, food or anything else they needed. At first it wasn't a problem, but then it became constant, day in and day out, and then some of his family started coming around to borrow money. There were often loud arguments between his neighbours and James craved some peace and quiet.

James walked about 30 kilometres every day collecting bottles and cans and he started to enjoy the time he was out more than the time at home. With people constantly popping in, James started to become really annoyed; these intrusions and feeling confined to one place started to make him depressed and he thought about hitting the bottle again. James decided that the two years he had lived in the unit dealing with his neighbours, his family, and the responsibility of his

tenancy were more stressful than being homeless.

James made a decision to take charge of his life again and actively chose to become homeless. His Housing SA worker, Stephen, was concerned and tried to convince him not to give up the unit and asked if he could talk to an NGO about his circumstances so that they could provide assistance. James did not consent for his information to be shared. He made it clear that he was making a conscious decision that was right for him. James explained he believed his job of collecting recyclables was good for him and the environment and it provided an income; he wasn't drinking; and the walking he did every day meant that he was fit and well and it made him happy. He had bought an old station wagon and that would be his home from now. James understood how difficult this was for Stephen to understand but made it clear — 'as long as I don't hurt myself or anyone else I have a right to make decisions about how I live my life and I choose to live this lifestyle'.

In this case, James is capable of giving or withholding informed consent and he does not pose a risk of serious harm to himself or others. James has refused consent for his information to be shared and his wishes must be followed.

5.

5. Support for information sharing

Interagency code of practice: Investigation of suspected child abuse or neglect

This Interagency Code of Practice is an investigative framework outlining the roles, responsibilities and procedures to be followed by agencies involved in the statutory investigation of suspected child abuse or neglect. The code focuses on the prevention of abuse and neglect and the minimisation of further harm, and guides inter-sectorial cooperation and communication. The code contains specific direction for the scope of information exchange between particular stakeholders at certain stages of assessment, investigation and prosecution. Where the Interagency Code of Practice applies, agencies must follow directions for what information is shared, when, in what format and to whom it is disclosed.

Managing allegations of sexual misconduct in SA education and care settings

This guideline provides advice for leaders in government and non-government education and care settings when responding to allegations of sexual misconduct by adults against children and young people. It outlines the actions to be taken and matters to be considered at different stages of the response. In particular, it guides the process for identifying those people who have a legitimate interest in being informed of sexual misconduct matters at different points in the investigation and prosecution process.

The ISG reflect information sharing

and record keeping policies, principles and protocols for agencies and organisations that provide a wide range of services to the South Australian community.

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 NGOs providing services and/or care to such children and young people.

Family Safety Framework (FSF) information sharing protocol

This is an information sharing protocol for high risk cases of domestic violence and is used by state government agencies and NGO women's domestic violence services. The framework seeks to ensure that services to families most at risk of violence are provided in a more structured and systematic way. This is achieved through agencies and organisations using the ISG process to share information about high risk families. The FSF provides for a consistent understanding and case management approach to domestic and family violence that has a focus on women's and children's safety and the accountability of perpetrators.

Multi-Agency Protection Service (MAPS)

Led by SA Police, the Multi-Agency Protection Service (MAPS) is an integrated, multi-agency initiative taking a holistic approach to risk management to protect vulnerable people, such as victims of domestic violence and children, by:

- providing a thorough risk assessment of matters of domestic violence and child protection through a multiagency approach
- sharing information to improve service delivery across all relevant agencies
- providing a collaborative approach to the protection of domestic violence victims and children
- reducing duplication of responses to domestic violence and child protection, leading to efficiency gains across government agencies
- identifying the most appropriate agency or agencies to take action to protect those exposed to domestic violence and child protection issues
- providing a multi-agency summary document to the identified appropriate agency to support timely and efficient outcomes.

Agencies represented in MAPS are:

- SA Police
- Department for Education and Child Development
(incorporating Families SA)
- SA Health
- Department for Communities and Social Inclusion
- Department for Correctional Services.

Privacy complaints

The SA Ombudsman can investigate complaints about an act (or omission) relating to:

- a matter of administration on the part of a state government department, local council or statutory authority, or a person engaged in the work of these agencies

- the performance by an organisation of functions conferred under a contract for services with the Crown or these agencies.

If a person believes their privacy has been breached, they should complain directly to the agency or organisation in the first instance. If the agency or organisation is unable to help, in most cases the person can complain to the SA Ombudsman (see www.ombudsman.sagov.au). However, before investigating the complaint, the Ombudsman must ensure that the complaint could not be investigated by another body (such as the Privacy Committee, the Health and Community Service Complaints Commissioner, or the Commonwealth Privacy Commissioner, for example).

6.

6. Explanation of terms

Abuse — types of

Physical abuse — the infliction of pain or injury, physical coercion, or physical or drug induced restraint.

Psychological or emotional abuse — the infliction of mental anguish.

Financial or material abuse — the illegal or improper exploitation or use of funds or resources.

Sexual abuse — non-consensual sexual contact of any kind.

Neglect — the refusal or failure to fulfil a caregiving obligation. This may or may not involve a conscious and intentional attempt to inflict physical or emotional distress.

Adversity

A short or long-term situation that may lead to a person being harmed either physically or emotionally. Situations leading to adversity may include poverty, family violence, drug and alcohol addiction, physical and intellectual disabilities, homelessness, mental illness and an environment of criminal activity.

Adverse outcomes

Damaging or compromising impacts on an individual's safety and/or wellbeing.

Agency

An administrative unit of government comprising departments, sections or divisions.

At risk

Risk is the possibility or probability that an event will occur. Risk can be cumulative. Being 'at risk' means the possibility or probability of suffering harm or loss or being in danger. 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
- domestic and family violence
- sexual vulnerability or exploitation.

(See also 'Reasonable suspicion of harm', 'Significant risk' and 'Harm — Forms of)

Child at risk

The Children's Protection Act 1993 (section 6(2)) 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 enquiry, be found; or

(d) the child is of compulsory school age but has been 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.

Child safe environment standards

The Children's Protection Act 1993 requires (at section 8C(1)) that all government organisations and certain NGOs 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 Education and Child Development.

Children and young people

Unborn children (see 'Unborn child'), babies, children and young people up to the age of 18 years.

Client

A child, young person or adult who is a consumer of services from a government agency or NGO.

Confidential/Confidentiality

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 criminal behaviour or offending.

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 — forms of

Harm — physical, developmental or psychological injury or impairment, whether temporary or permanent Harm can be the result of both intentional and reckless behaviour.

Cumulative harm — the compounded experiences of multiple episodes of abuse or layers of neglect For children, cumulative harm refers to the effects of patterns of circumstances and events in their life which diminish their sense of safety, stability and wellbeing.

Serious harm — is not minor or trivial. It is harm that may produce serious threats to safety or wellbeing.

Information

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

Information Privacy Principles

The SA Information Privacy Principles (IPPS), a Cabinet

Instruction, apply to South Australian Government agencies. The IPPs regulate the collection, use, storage and disclosure of personal information.

Impracticable

Not practicable; incapable of being put into practice with the available means: impossible to do or carry out

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 that consent

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 person who is obliged under the Children's Protection Act 1993 to notify CARL 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.

The person must notify CARL (131 478) of that suspicion as quickly as feasible.

Section 1 1 (2) of the Act 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
- 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 nongovernment 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.

Non-government organisation (NGO) (referred to in most instances as 'organisation')

An NGO is 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 the ISG, the term 'parent' is used to mean all individuals who have responsibility for caring for 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 role.

Practicable

Capable of being done, or put into practice; feasible.

Protective factors

Conditions or variables that enhance the likelihood of positive outcomes and lessen the likelihood of negative consequences from exposure to risk.

Provider (or service provider)

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

Reasonable

Showing reason or sound judgement; acceptable because it is logical, fair or sensible.

Reasonable suspicion of harm

Where a person exercising a considered and reasonable assessment of information available at the time forms a view that an individual, the subject of the information, is at risk of harm. Where a person in the same circumstances and armed with the same facts could reasonably form the view that a 'suspicion of harm exists'.

Respecting cultural difference

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 their clients — it means thinking about these concepts from a cultural perspective and finding different ways to achieve positive wellbeing and safety outcomes for children and adults of all cultural groups.

Risk assessment

In accordance with the ISG, agencies should make use of organisational risk assessment tools, policies and procedures when determining if a person or group is 'at risk' or 'vulnerable' and if service intervention is required. Service providers should seek to make decisions based on evidence and be guided by appropriate frameworks rather than personal values. This will safeguard against unnecessary disclosure of personal information.

Risk assessment tools differ widely depending on the agency, the client group and the particular domain or risk that is being assessed. Risk assessment tools commonly apply criteria, checklists and standards to measure or identify a risk profile or rating. Low, medium, high and extreme ratings will initiate a different urgency and type of service response.

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 health, education, wellbeing and safety of all members of the community.

Serious threat

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

Significant risk

The high likelihood that a child, young person or adult will be harmed. Significant risk does not rely on whether actual harm has been inflicted or whether the threat of harm has been

made but refers to the likelihood of harm occurring.

Unborn child

A foetus in utero. In these guidelines, an unborn child is considered at risk of harm where, having chosen to continue a pregnancy, a female finds herself in adverse circumstances that place her unborn child at risk of immediate or anticipated harm.

Unreasonable

Not reasonable or rational; not guided by reason or sound judgement; not in accordance with practical realities, as in attitude or behaviour; inappropriate.

Violence — forms of

Emotional violence — manipulation, humiliation, lying, ridicule, withdrawal, shaming, punishment, blame. All forms of violence are implicitly emotionally violent

Physical violence — any actual or threatened attack on another person's physical safety and bodily integrity; also physical intimidation such as making threatening gestures or destroying property, and harming or threatening to harm pets or possessions.

Sexual violence — any actual or threatened sexual contact without consent. Note that some forms of sexual violence are criminal acts, for example, sexual assault and rape; many other forms — such as using degrading language — are not.

Social violence — any behaviour that limits, controls or interferes with a person's social activities or relationships with others. Includes controlling a person's movements and denying access to family and friends, excessive questioning, monitoring movements and social communications (including phone use, emails, texts or social networking), and being aggressive toward others (e.g. men who are viewed as 'competition').

Financial violence — any behaviour that limits access to a fair share of the family's resources. Includes incurring debts in the victim's name, spending money without their knowledge or consent, monitoring their spending, and expecting them to manage the household on an impossibly small amount of money and/or criticising and blaming them when they are unable to do so.

Spiritual violence — any behaviour that denigrates a person's religious or spiritual beliefs, or prevents them from attending religious gatherings or practising their faith. Includes forcing them to participate in religious activities against their will.

Volunteer

An individual who undertakes defined activities of their 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.

Vulnerable adult

The term vulnerable adult usually applies within health, aged care, disability or mental health service environments. Generally a vulnerable adult is a person unable to protect themselves from abuse or exploitation. This may result in guardianship, supported living or safeguarding arrangements. A vulnerable adult is one who is:

- unable to safeguard their own wellbeing, property (including money, shares or other financial interests), legal rights, safety or other interests; and, either

- engaging (or likely to engage) in conduct that causes or is likely to cause self-harm or harm to other; or
- where another person's conduct is causing or is likely to cause the person or groups of other people to be harmed or exploited.

Wellbeing

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

7.

7. Bibliography

Australian Government (1988) Privacy Act 1988

Australian Government (2012) Privacy Amendment (Enhancing Privacy Protection) Act 2012, No. 197

Department for Education and Skills (2006) Information sharing: Practitioners' guide. Integrated working to improve outcomes for children and young people, Her Majesty's Government, UK.
www.ecm.gov.uk/informationsharing
 Government of South Australia (1935) Criminal Law Consolidation Act 1935

Government of South Australia (1989, amended 2013) Cabinet Administrative Instruction No 1 of 1989 Premier and Cabinet Circular 12

Government of South Australia (1993) Children's Protection Act 1993

Government of South Australia (2004) Keeping them safe: The South Australian Government's Child Protection Reform Program Government of South Australia (2005) Information Sharing and Client Privacy Statement: For children and young people under the guardianship of the Minister

Government of South Australia (2008) Health Care Act 2W8

Government of South Australia (2008) Information sharing guidelines for promoting the safety and wellbeing of children, young people and their families

Government of South Australia (2009) Intervention Orders (Prevention of Abuse) Act 2009

Government of South Australia (2009) Mental Health Act 2009

Government of South Australia (2012) Child Safe Environments- Principles of Good Practice

Government of South Australia (2013) Interagency code of practice: Investigation of suspected child abuse or neglect

Government of South Australia (2013) Managing allegations of sexual misconduct in SA education and care settings Government of South Australia (2014) Multi-Agency Protection Service (MAPS)

National Centre for Education and Training on Addiction (2013) Can I ask? An alcohol and drug clinician's guide to addressing family and domestic violence, <http://ncetaflinders.edu.au/files/2713/6615/8232/EN4882013White.pdf>

8.

8. ISG appendix

This section can be used to attach an agency's or organisation's ISG appendix; detailing relevant legislation, policies and procedures for information sharing.

For advice about developing an ISG appendix see:

www.dpc.sa.gov.au/responsibilities/information-sharing-guidelines

DOCUMENT CONTROL:

Approved by: Evan Hill

Title:

Contact person:

Telephone:

Division: ODA

Date of approval:

Revision number: 0.0

Date of review:

Next review date: Under review as at
10/09/2020
