

Information sharing

GUIDELINES FOR PROMOTING THE SAFETY AND WELLBEING OF CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES



Government of South Australia



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Association of Major Community Organisations

Attorney-General's Department— Crown Solicitor's Office

Attorney-General's Department— Office for Women

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Department for Families and Communities

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South Australia Police

The authors acknowledge the following two publications as providing important conceptual and factual information:

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

Office of Health Reform and Families SA Child Protection Directorate (2006) *Keeping them safe. Health and Families SA child protection. Information sharing protocol. Practice guidelines*, Government of SA

PLEASE NOTE

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

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foreword

These guidelines are designed to give providers of services to children, young people and their families confidence in sharing information appropriately with each other. The need for sharing information arises when they believe a child or young person is in immediate danger—from others or as a result of their own actions—and when they believe adverse outcomes can be predicted unless service provision is coordinated.

The South Australian government's Keeping Them Safe program states: 'The key to success is to intervene early, when children are beginning to experience difficulty, share the warning signs, collaborate and take action before the problems become entrenched'.¹ These guidelines reflect that philosophy by providing a mechanism for information sharing that will support all agencies and organisations wanting to provide more integrated support to children, young people and their families.

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

It is important to remember, however, that there are many different cultural aspects to the South Australian community. These guidelines rely on providers approaching family cultural contexts with sensitivity. When it comes to information

sharing about individuals and their families, providers need to consider how this might be interpreted by others. They need to prevent situations being—or being seen as—the subject of 'gossip', and they need to recognise that by being helpful they can unintentionally make a person feel shamed.

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

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

1. Government of South Australia (2004) *Keeping Them Safe. The South Australian Government's Child Protection Reform Program*, Government of SA, p 12



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introduction

Who are the guidelines for?

The guidelines' purpose is to support a wide range of government and non-government service providers and volunteers who include, but are not limited to, those working in health, education, policing, juvenile justice, disability, housing, mental health, family violence, drug and alcohol, corrections and investigations and screening units.

They apply to the public sector ², and to certain non-government organisations that have contracts with government and have agreed contractually to share information about risks to children and young people.

This includes people who:

- provide services wholly or partly to children and young people
- provide services wholly or partly to adults who are
 - parents
 - pregnant
- provide services wholly or partly to adults doing paid or volunteer work with children and young people.

These guidelines do not, however, apply to service providers within the judiciary, the Courts Administration Authority, Legal Services Commission or any other provider of legal advice or representation.

Why do we need guidelines?

An aim of the Keeping Them Safe program is '... to remove barriers to information exchange (such as misconceptions about legal constraints) and share information better to achieve better integration of services.'³

Guidance on sharing information has not always been readily available, easily understood or well promoted. These guidelines

help remove the necessity for distinct information sharing agreements and protocols between agencies and organisations by providing a set of overarching principles and practices that are complementary to existing memoranda of understanding. This reduces the risk of conflicting information sharing practice between groups of providers and increases the likelihood that the actions taken on behalf of children and young people are based on the fullest understanding of their circumstances and needs. In this way, agencies and organisations limit the possibility of working at cross-purposes to each other or missing vital details that could expose children and young people to new or increased harm.

Why are providers of services for adults included?

These guidelines are about '... marshalling the resources available to us in all agencies to an approach that is less incident driven and more centred on both child and family'.⁴

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

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

2. As defined in the Public Sector Management Act - namely all public sector agencies and public employees.

3. Government of South Australia (2004) *Keeping Them Safe. The South Australian Government's Child Protection Reform Program*, Government of SA, p 16

4. Government of South Australia (2004) *Keeping Them Safe. The South Australian Government's Child Protection Reform Program*, Government of SA, p 3

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

Why are volunteers included?

The state government acknowledges that 'Volunteers contribute significantly to the care and protection of children in many settings and activities ... we shall continue to recognise their role in our reform initiatives'.⁵

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

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

What are the main principles underpinning the guidelines?

- Gaining a client's consent for information sharing is the ideal and recommended practice, except where to do so would place a person at increased risk of harm.
- Children's and young people's right to safety overrides an individual's right to privacy.
- Working in partnership with parents to provide safe and supportive family environments directly protects children's and young people's wellbeing.
- The safety and wellbeing of children and young people are the primary considerations when making information sharing decisions.

- When information is shared about people, it is done so respectfully in both verbal and written communication.
- 'Respecting cultural difference' means having the same aims for people's wellbeing and safety but finding appropriate ways of achieving them.⁶
- An adult's wellbeing needs must not compromise a child's rights to safety and wellbeing.
- Where there are conflicting wellbeing and/or safety needs between children and young people in the same environment or family, decisions about information sharing will be guided by balancing the interests of individuals and of groups.

How do the guidelines connect with mandatory reporting responsibilities?

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

What are the grounds for information sharing?

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

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

5. Government of South Australia (2004) *Keeping Them Safe. The South Australian Government's Child Protection Reform Program*, Government of SA, p 15

6. See further discussion in the Explanation of Terms.

How should these guidelines be used?

The guidelines provide a step-by-step guide to professional practice in information sharing. They can be used to assist in the induction of new staff and volunteers and as a professional reference for existing staff and volunteers. Agencies with existing information sharing protocols with other single agencies can use the guidelines to expand their information sharing practice in a consistent way with other government and non-government partners.

How are they organised?

These guidelines are supported by an appendix developed by individual agencies and organisations. Each of these appendices will differ in size and content, depending on the nature of the

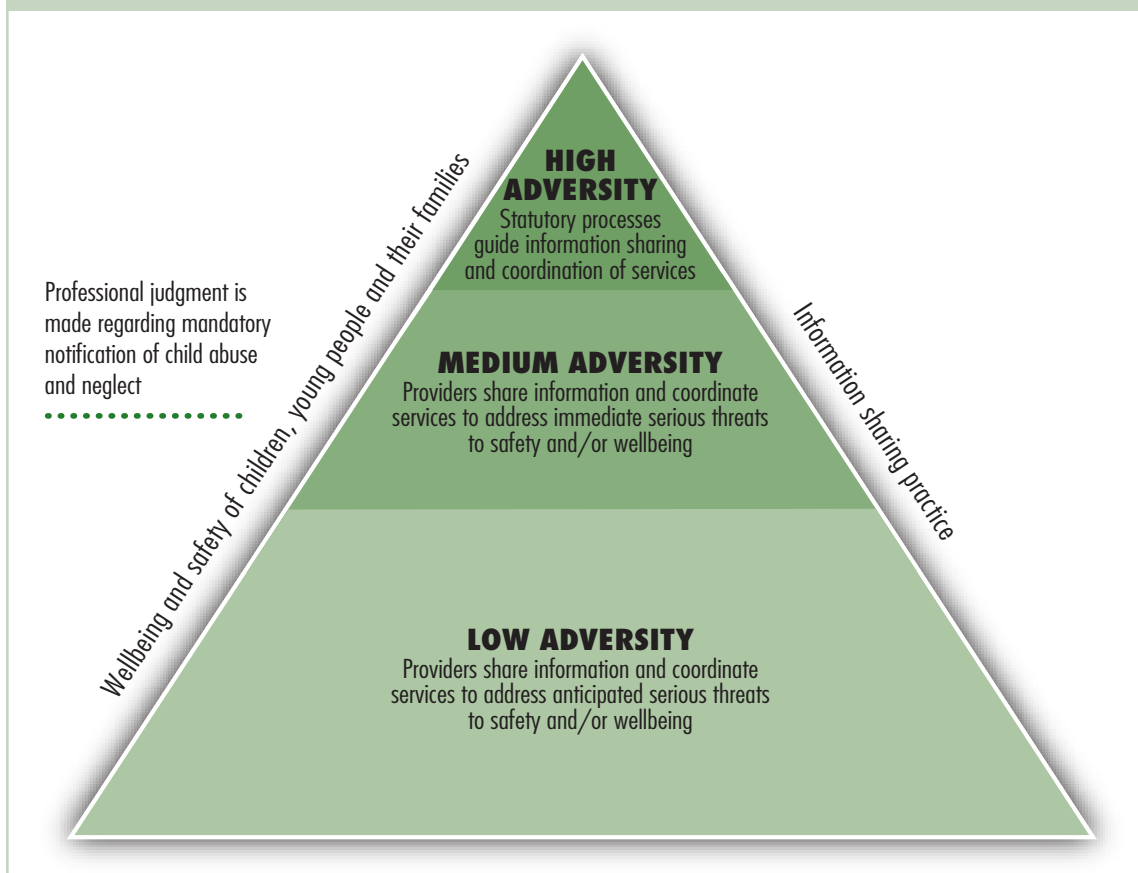
agency or organisation but will include the following common components to further support providers and volunteers in their information sharing practice:

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

INFORMATION SHARING GUIDELINES

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

Information is shared without consent only when the individual/group is considered 'at risk' (see definition on p 23).



support for information sharing

Enabling legislation/directions

These guidelines were developed by an interagency group at the request of the Minister for Families and Communities. Under Section 8 of the Children's Protection Act 1993, the Minister has an obligation to promote coordinated strategies involving government and other bodies to tackle the problem of child abuse and neglect.

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

Relevant policies and principles

Information Privacy Principles Cabinet Instruction

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

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

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

- the record subject has consented to the disclosure
- the person disclosing the information believes on reasonable grounds that the disclosure is necessary to prevent or lessen a serious and imminent threat to the life or health of the record subject or of some other person

- disclosure is required or authorised by law
- disclosure is reasonably necessary for the enforcement of criminal law, or a law imposing pecuniary penalty.

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

Child safe environment standards^{12 13}

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

Office of the Chief Information Officer: Information and communications principles¹⁴

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

Uniformly applied state government regions

Twelve regional boundaries have been established and apply to all South Australian government agencies and departments. They provide improved consistency, collaborative planning, reporting and service delivery and encourage closer community

10. Government of South Australia (1989, amended 1992) *Cabinet Administration Instruction No 1 of 1989, Premier and Cabinet Circular 12*, Government of SA

11. Terry Ryan, Presiding Member Privacy Committee of South Australia, 2 May 2008.

12. Department for Families and Communities at <www.familiesandcommunities.sa.gov.au>.

13. See also Explanation of Terms.

14. See Office of the Chief Information Officer at <www.cio.sa.gov.au> for *ICT principles* (accessed October 2007).

linkages, liaison and working relationships between all the levels of government, local community organisations and members of the public.

Complementary information sharing protocols

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

Interagency Code of Practice: Investigation of suspected child abuse and neglect

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

Information Sharing and Client Privacy Statement: For children and young people under the guardianship of the Minister

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

Health and Families SA, Keeping Them Safe: Child protection information sharing protocol

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

Family safety framework information sharing protocol

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

Enabling practices and structures

Information sharing is supported by agency and organisation protocols for:

- seeking consent for the sharing of information at the start of the client's involvement with the agency or organisation and on an ongoing basis
- explaining why confidentiality may be breached
- seeking information from adult clients about whether they are parents or care providers to children and young people.

Information sharing is supported by agency and organisation structures that include:

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

The above protocols and structures demonstrate to staff and volunteers that information sharing is directly supported by their agency or organisation and is:

- a legitimate and acknowledged part of their work
- an activity for which they can expect advice and support
- a shared responsibility with other providers.

how to share information

3

What information sharing is not discussed in this section?

This section does not cover information sharing:

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

What this section does discuss

This section discusses each of the nine steps outlined below. The steps apply whether providers are seeking information or providing information. Most of the discussion that follows concentrates on the more challenging situations where consent to share information is not given and where providers have to judge levels of risk to help them choose between what may

look like conflicting needs or obligations. This is particularly explored under steps 5 and 6. A flow chart summarising the sequence of steps is provided at the end of this section.

1. Has the identity of the person seeking information been verified?

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

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

If a provider believes someone has deliberately misrepresented himself/herself in seeking information, the police should be contacted because the action may represent an offence.¹⁵

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

The aim of information sharing under these guidelines is to help protect children, young people and their families from immediate or anticipated serious threats to their wellbeing or safety and to do so with the client's consent, wherever it is safe and possible to do so. To decide if the purpose is legitimate, providers should ask themselves if it will help:

- to give a more effective service
- alert a provider to an individual's need for a service
- avoid duplication or compromising of services

1. Has the identity of the person seeking information been verified?
2. Is there a legitimate purpose for sharing the information?
3. Is the information confidential?
4. Has consent been given?
5. Is it safe to seek consent?
6. Is there sufficient reason to share without consent?
7. Is a notification to the Child Abuse Report Line required?
8. Are information sharing processes appropriate?
9. Has the information sharing decision been recorded?

- divert a child or young person from offending or harming themselves
- protect groups of children and young people from potential harm
- protect community members from potential harm
- protect providers in situations of danger
- protect a child or young person from being abused or neglected.

If the answer is 'yes' to any of these questions then the purpose can be seen to be legitimate.

3. Is the information confidential?

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

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

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

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

How to respect a client's trust regarding confidentiality

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

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

- keep clients informed of and involved in everything the provider is trying to achieve, unless that information will place the clients or others at risk of harm.

Identifying what circumstances might place people at risk of harm and where information may be shared without consent is discussed under steps 5 and 6.

4. Has consent been given?¹⁶

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

General considerations

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

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

¹⁶ This guidance is about consenting to information sharing, not medical treatment.

or unborn. This dilemma for providers is lessened if they have already discussed with their client the possibility that they may need to share information without consent for the protection of the client or the children and young people parented by the client.

6. Is there sufficient reason to share without consent?

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

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

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

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

Some scenarios are provided below to help illustrate this process.

Scenarios

Scenario 1 — Sharing is justified

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

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

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

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

Scenario 2 — Sharing is not justified

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

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

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

Scenario 3 — Sharing is justified

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

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

17. 6. (2) (b) (ii) Children's Protection Act 1993.

unable to persuade the parents that support can be provided in such a way that the girl's privacy within her peer group is not compromised.

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

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

Scenario 4 — Sharing is justified

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

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

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

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

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

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

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

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

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

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

Providers must record any advice received.

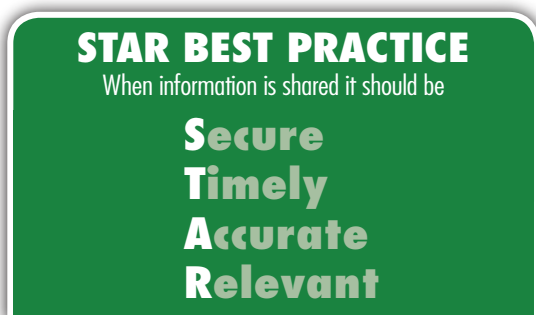
8. Are information sharing processes appropriate?

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

¹⁸. See description of 'mandated notifier' in the Explanation of Terms.



Using STAR



Secure

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

Timely

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

Accurate

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

Relevant

'Relevant' information means that it is only what is needed in order for the purpose of the information sharing to be met. Depending on the purpose, this can range from a yes/no

response to whether someone is accessing a particular service, to detailed verbal advice about how providers can complement their services for a common client, to receiving hard copies of personal confidential records. Whatever is shared must be proportionate to the purpose and not provide unnecessary detail. Providers are more likely to give and receive what is purposeful, and thus avoid wasting time in repeat requests, if they talk about exactly what is needed at the start. Providers should guard against the temptation to share more than is necessary simply because they have developed familiar interagency relationships.

Plan ongoing communication and coordination with other provider/s

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

9. Has the information sharing decision been recorded?

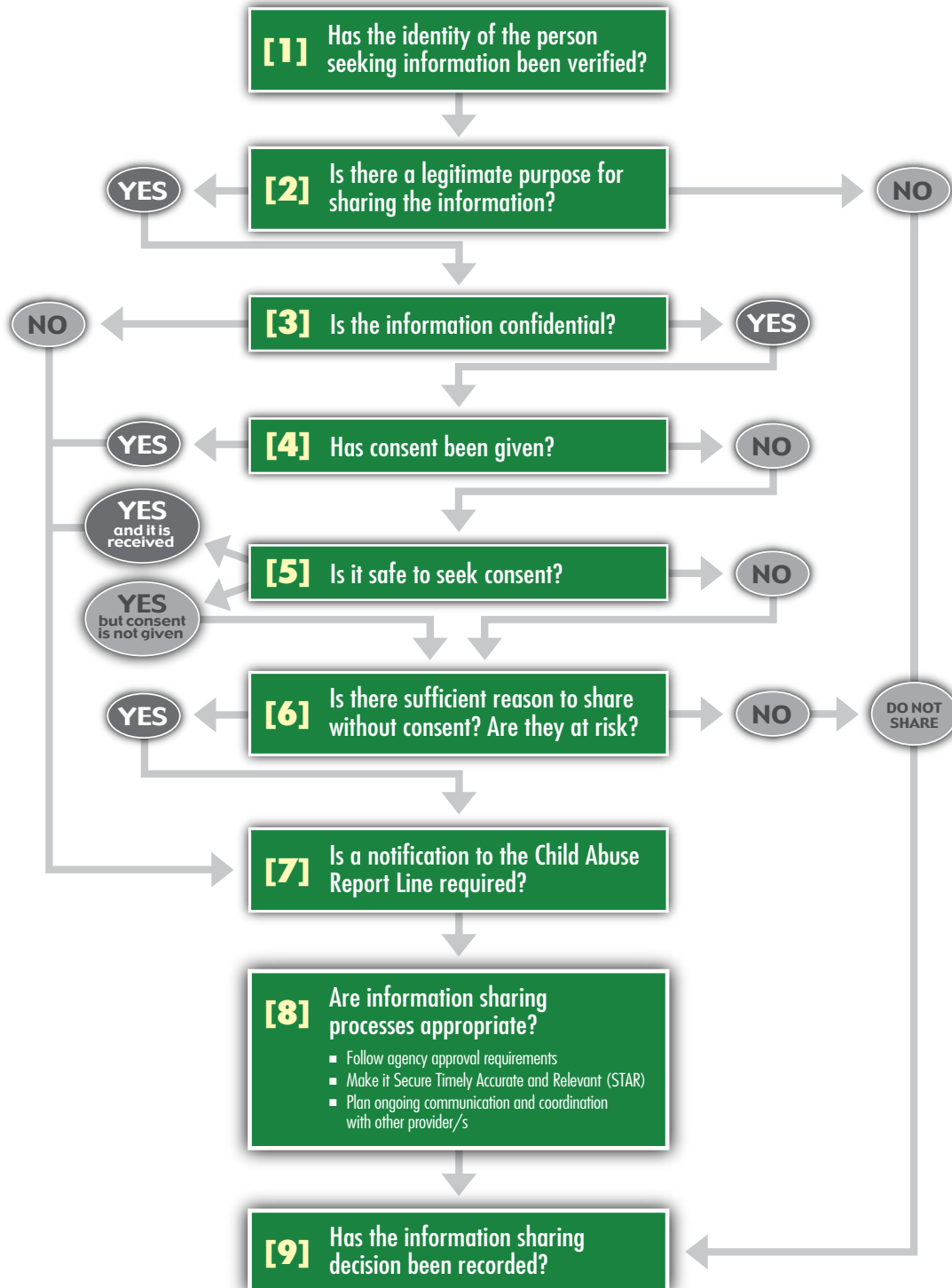
It is important to record information sharing decisions at all significant steps in the process. This includes:

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

Agencies and organisations will provide details about recording and documentation requirements in their appendix to these guidelines.

DECISION MAKING STEPS FOR INFORMATION SHARING

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



If you are unsure at any stage about what to do, consult your line manager/supervisor. If, as a supervisor/line manager, you are unsure or you need help with dispute resolution, consult the Principal Advisor (Information Sharing) in the Office of the Guardian for Children and Young People on 8226 8570.

how to get help

4

What to do when there is disagreement between agencies/organisations about an information sharing request

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

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

Despite goodwill and genuine efforts to appreciate different perspectives, providers will sometimes disagree about how much information they should share with another agency or organisation. In these situations, providers should seek the

advice of the senior personnel nominated within their agency or organisation to provide assistance with information sharing (see the agency/organisation appendix).

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

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

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

Principal Advisor (Information Sharing)
Office of the Guardian for Children
and Young People
Ph: 8226 8570



explanation of terms

Adversity

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

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

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

Adverse outcomes

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

At risk

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

- (aa) *there is a significant risk that the child will suffer serious harm to his or her physical, psychological or emotional wellbeing against which he or she should have, but does not have, proper protection; or*
- (a) *the child has been, or is being, abused or neglected; or*
- (b) *a person with whom the child resides (whether a guardian of the child or not) —*
 - (i) *has threatened to kill or injure the child and there is a reasonable likelihood of the threat being carried out; or*
 - (ii) *has killed, abused or neglected some other child or children and there is a reasonable likelihood of the child in question being killed, abused or neglected by that person; or*
- (c) *the guardians of the child —*
 - (i) *are unable to care for and protect the child, or are unable to exercise adequate supervision and control over the child; or*
 - (ii) *are unwilling to care for and protect the child, or are unwilling to exercise adequate supervision and control over the child; or*
 - (iii) *are dead, have abandoned the child, or cannot, after reasonable inquiry, be found; or*
- (d) *the child is of compulsory school age but has been*

persistently absent from school without satisfactory explanation of the absence; or

(e) the child is under 15 years of age and is of no fixed address.

In addition to the legislative definition above, children and young people of any age may be considered 'at risk' due to circumstances that include but are not limited to:

- risk of homelessness
- disconnection from community
- running away behaviour
- offending
- substance abuse
- suicidal ideation
- self-harming behaviour
- mental illness
- sexual vulnerability or exploitation.

Child safe environment standards

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

Children and young people

Unborn children¹⁹, babies, children and young people up to the age of 18 years.

Client

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

Confidential

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

Criminogenic

Producing or tending to produce crime or criminality.

Early intervention

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

Harm

Physical, developmental or psychological injury or impairment.

Information

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

Informed consent

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

Intervention

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

Mandated notifier

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

Section 11 (2) lists the people who are mandated notifiers as follows:

- medical practitioner
- pharmacist
- registered or enrolled nurse
- dentist
- psychologist
- police officer
- community corrections officer (an officer or employee of an administrative unit of the Public Service whose duties include the supervision of young or adult offenders in the community)
- social worker

¹⁹. See explanation of 'unborn child'.

Service provision

A range of professional and non-professional services and supports intended to protect and promote the wellbeing and safety of children, young people and their families.

Serious threat

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

Significant risk

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

Unborn child

A foetus in utero. Use of this term in these guidelines refers to situations where, having chosen to continue a pregnancy, a

female's adverse circumstances place her unborn child at risk of immediate or anticipated harm.

Volunteer

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

Vulnerable

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

Wellbeing

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

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agency/organisation appendix

- Cultural guidance
- Example case studies
- Lines of approval/supervision
- Documentation practice
- Protocols for gaining consent from clients and for discussing limited confidentiality

7

This appendix explains the use of the ISG in DECS. Specifically it provides advice on

- | | |
|--|------|
| 1. Consent and limited confidentiality | p.2 |
| 2. DECS positions involved in using the ISG and required approvals | p.3 |
| 3. Volunteers | p.8 |
| 4. Record keeping | p.8 |
| 5. Internal dispute resolution | p.9 |
| 6. Cultural guidance on information sharing | p. 9 |
| 7. Case studies | p.10 |

Background

Information sharing is central to the way education and care staff work with children, young people and their families. In DECS, information is shared within sites, between sites, across sectors, with parents/caregivers and with other services, professionals and agencies. The ISG provides a structured way of doing this work that is consistent across all the agencies and organisations that play a part in supporting children, young people and families.

The principles of the ISG are reflected in the day-to-day work of DECS staff. In particular these principles are:

- when information is shared about people it is done so respectfully in both verbal and written communication
- children's and young people's right to safety overrides an individual's right to privacy
- gaining a client's consent for information sharing is the ideal and recommended practice, except where to do so would place a person at increased risk of harm
- when information is shared it should be – Secure, Timely, Accurate and Relevant (STAR).

The main purpose of the ISG is to assist agencies to coordinate their efforts to help children, young people and families when it is first identified that their wellbeing or safety is threatened.

All DECS staff play a critical role in this early intervention process. Classroom and preschool teachers, child care workers, OSHC/Vacation Care staff, Family Day Care providers, school support officers and volunteers see children and young people, and often their family members, every day. It is through their concerns about children and families that issues are brought to the attention of those whose job it is to help coordinate responses. Principals, deputy and assistant principals, directors, counsellors and regional support services teams have an important role in contributing to that coordination of interagency help.

In central and regional offices, staff involved in data management, support services, investigations, screening, legal advice, licensing and registration will also play a key role in ensuring that information sharing across agencies and organisations contributes to the safety of individuals and of site communities.

The ISG is one tool to assist DECS staff to meet their general duty of care to children and young people.

Cabinet approved the ISG in August 2008 for implementation across SA. Current information about its statewide implementation and the involvement of Government and non government agencies is available through the Office of the Guardian for Children and Young People at www.gcyp.sa.gov.au

Assumptions

In accessing this Appendix it is essential that the staff member

- has read the attached ISG document, and
- has undertaken the one day pre-service employee training, *Responding to Abuse and Neglect Education and Care Training* – previously titled Mandatory Notification Training – and the three yearly update training of the same title.



2. DECS positions involved in using the ISG and required approval if information is shared without consent

The following chart lists those positions that are expected to directly contribute to information sharing and the line manager/supervisor/coordinator positions from whom they may need to seek approval for information sharing when *consent has not been given*. (See third column below.)

It is important to recognise that

- Most information sharing occurs with the consent of the individuals concerned.
- Most supervision of information sharing decisions occurs through routine professional discussion and consultation between colleagues and line managers.

School / preschool / children's services positions	Line manager / Supervisor/ Coordinator	Is approval from line manager required if information sharing is to occur without consent?
Principals	Regional Directors/ Assistant Regional Directors	No
School Counsellors	Principals	Yes
Deputy/Assistant Principals Coordinators with student wellbeing focus ICAN /FLO Coordinators	Principals	Yes
Teacher mentors	Principals	Yes
Classroom teachers	Principals	Yes
Preschool directors	Regional Directors/ Assistant Regional Directors	No
Preschool teachers	Preschool Directors	Yes
Aboriginal Community Education Officers	Principals	Yes
Bilingual School Support Officers	Principals	Yes
Out Of School Hours Care/Vacation Care Directors	Principal or delegated line manager	Yes
Out Of School Hours Care /Vacation Care Children's Services Professionals	OSHC/Vacation Care Director	Yes
Community Development Coordinator Children's Centre	Policy and Program Officer Community Development	Yes



Aboriginal Education and Employment Services	Line Manager/Supervisor/Coordinator	Is approval from line manager required if information sharing is to occur without consent?
Aboriginal Community Education Development Coordinator	Executive Director AEES	Yes
Family and Community Coordinator	Executive Director AEES	Yes
Statewide Manager Community Education	Executive Director AEES	Yes
Aboriginal Education Coordinator Manager	Executive Director AEES	Yes
Early Childhood Services	Line Manager/Supervisor/Coordinator	Is approval from line manager required if information sharing is to occur without consent?
State Manager Children's Services Regulation and Standards	Executive Director ECS	No
Project Coordinator Licensing and Standards	State Manager Children's Services Regulation and Standards	Yes
Manager Licensing and Standards	State Manager Children's Services Regulation and Standards	No
Senior Project Officers and Project Officers Licensing & Standards	Manager Licensing and Standards	Yes
Manager Standards and Investigations	State Manager Children's Services Regulation and Standards	No
Senior Project and Project Officers Standards & Investigations	Standards and Investigations Manager	Yes
Manager Family Day Care	Director Early Childhood Programs and Service Development	No
Policy Officers Family Day Care	Manager Family Day Care	Yes
Family Day Care Operations Coordinator	Manager Family Day Care Operations	No
Family Day Care Fieldworkers	Family Day Care Operations Coordinator	Yes
Family Day Care Provider	Family Day Care Operations Coordinator	Yes
Senior Policy Officer Out Of School Hours Care	Director Early Childhood Programs and Service Development	No
Advisor Out of School Hours Care	Senior Policy Officer Out Of School Hours Care	No
Manager Preschool and Centre Based Care	Director Early Childhood Programs and Service Development	No
Project Officer Preschool and Centre Based Care	Manager Preschool and Centre Based Care	Yes



Family Service Coordinator	Director Early Childhood Development Strategy	No
Community Development Coordinator	Director Early Childhood Development Strategy	No
Manager Children's Centers	Director Early Childhood Development Strategy	No
Learning Together Manager	Statewide Manager Learning Together & Learning Together @ Home	No
Learning Together @ Home Fieldworker	Learning Together Manager	Yes
Curriculum Services	Line Manager/Supervisor/Coordinator	Is approval from line manager required if information sharing is to occur without consent?
Apprenticeship Broker	Manager Trade Schools for the Future	Yes
ICAN State Manager	Director ICAN and Mentoring	No
Mentoring State Manager	Director ICAN and Mentoring	No
Community Liaison Officer	ESL and NAP Curriculum Manager	Yes
ESL and NAP Curriculum Manager	ESL and NAP Program Manager	No
ESL and NAP Guidance Officer	ESL and NAP Program Manager	Yes
School and Regional Operations	Line Manager/Supervisor/Coordinator	Is approval from line manager required if information sharing is to occur without consent?
School Care Manager	Director School Effectiveness and Support	No
Critical Incident Project Officer	School Care Manager	Yes
School and Regional Operations Officers	Director School and Regional Operations	Yes
Manager Criminal History Screening Unit	Director School and Regional Operations	Yes
Child and Student Wellbeing Officers	Assistant Director Child and Student Wellbeing	Yes
Disability and Statewide Programs Officers	Assistant Director Disability and Statewide Programs	Yes
International Education Services	Line Manager/Supervisor/Coordinator	Is approval from line manager required if information sharing is to occur without consent?
Executive Manager International Student Services	Director International Education Services	No
Manager International Programs	Director International Education Services	No

3. Volunteers

Volunteers play a significant role in supporting a wide range of DECS programs. Some of these programs, such as mentoring, provide volunteers with important insights into the general wellbeing of children, young people and families. While volunteers are not authorised to share information with other agencies* or organisations they nevertheless make an important contribution to that process by advising staff when their insights cause them to be concerned about the safety or wellbeing of children, young people or families.

As part of their induction to a site, all volunteers must be made aware of the confidentiality of such concerns and be introduced to the staff member with whom their concerns should be raised.

* Except if making a mandatory notification through the site leader

4. Record keeping

The ISG do not require the use of separate record keeping files. Existing service related / child related information management systems are used to record details of information sharing decisions and actions. Records of all information sharing actions are important and will be an integral part of the follow up, referrals and interagency records of key staff.

Records of information sharing are essential

- when information is shared without consent, or
- when information sharing requests are refused by you, or to you.

Information sharing situation	What to record	Where to record
1. Information is shared <u>with consent</u>	Copies of written consents Verbal consent with recognised risk*, record <ul style="list-style-type: none"> • who gave it, when & to whom • what the consent related to • information provided or received 	<ul style="list-style-type: none"> • Notes need to be kept in confidential child-related or service-related DECS file systems (as opposed to personal file systems) so that the information "follows" the child / young person.
2. Information is shared <u>without consent</u> (by you or to you)	<ul style="list-style-type: none"> • why obtaining consent was not considered possible • your line manager's approval, if required • what is shared, when & by whom • the agency and the office or officer involved. (receiving and providing) • outcomes 	<ul style="list-style-type: none"> • Systems should be secure, for example, lockable hard files or limited access/ password protected electronic files. • Examples of appropriate record systems - Schools: EDSAS (Students Personal Notes Part 2) Regional Support Services: Single File Preschools: Child file OSHC/Vacation Care: Confidential section of the Child/Family File
3. Information sharing <u>request is refused</u> (by you or to you)	<ul style="list-style-type: none"> • the purpose (the immediate or anticipated risk the request was intended to address) • reason given for refusal • notification to line manager • outcome of any subsequent follow up from line manager 	<ul style="list-style-type: none"> • If unsure where to store information sharing records in your work situation, ask your line manager

* Verbal consent with recognised risk – where the staff member considers that the circumstances of the verbal consent carry a degree of risk. For example the parent or child/young person may have a history of unpredictable behaviours or frequent changes of mind, or the informed consent relates to highly sensitive information, for example, offence history, serious mental health problems, financial or family circumstances.

Principles of good record keeping

- be factual and record only what is relevant (restrict yourself to answering the points in the record keeping chart provided above)
- identify the people whose actions or views you are recording, for example 'Sue Smith youth worker at Second Story, Hyde St, provided...'
- when recording opinion or hearsay identify it as such, for example, 'It was Sue Smith's view that ...' or 'My judgment that seeking consent is unsafe is based on...'
- be respectful and specific in noting individual's problems, for example, "Mother demonstrates very concerning behaviours at the site including arriving in pyjamas, forgetting to collect child on 3 occasions, stating that she will kill herself" rather than, "most days she is either off with the fairies or suicidal."
- ensure notes are dated and signed (or able to be attributed to an employee)
- record decisions and actions when you are both providing **and** seeking information without consent.

5. Internal dispute resolution

The ISG describe a process for dispute resolution when agreement cannot be reached between agencies and organisations. The process outlined below should be followed if a staff member believes that appropriate information sharing is being impeded by the decisions of a colleague or line manager within DECS. This is most likely to occur when a staff member and line manager disagree about whether there are sufficient grounds for sharing information without consent.

- Address the issue directly with the staff member concerned, referring to the purposes for information sharing (p. 13–14 ISG) and/or the focussing questions for information sharing without consent (p. 16 ISG)
- If this approach is unsuccessful approach a third party to whom the issue could be referred for further consideration
- If the matter is unresolved such that the individual has remaining concerns about the impact on a child, young person or adult, they should contact their Regional Manager Support Services or Regional Director or Assistant Regional Director who will liaise, if necessary, with the appropriate director in central office.
- If each of the above processes has been explored but the individual remains concerned

about the impact on a child, young person or adult, they should contact the Principal Advisor Information Sharing in the Office of the Guardian for Children and Young People on 8226 8570.

6. Cultural guidance on information sharing

The ISG is underpinned by the principle 'respecting cultural difference means having the same aims for people's wellbeing and safety but finding different ways to achieve them.' This does not mean that staff minimise their wellbeing and safety expectations for children and young people of particular cultural groups. Cultural factors do not excuse behaviour which disadvantages children and young people or places them at risk of harm, abuse or neglect. Instead, it means working with the strengths and support systems available within families, ethnic groups and communities to help safeguard children and young people and promote family wellbeing.

It is important to guard against cultural myths and stereotypes – both positive and negative. Anxiety about being accused of racist practice should not prevent the necessary action being taken to protect and promote the safety and wellbeing a child, young person or family.

When should staff seek guidance?

Staff should seek guidance whenever they are engaged in information sharing actions involving families whose culture is unfamiliar to them. A good test for staff in deciding how well they believe they 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 the advice of others. If no one at your site can help, consider contacting the DECS personnel listed below or one of the organisations listed on the Support Resources (Indigenous and Multicultural Support Services) section of the DECS website at www.decs.sa.gov.au/speced2/pages/childprotection/.

When seeking advice about how to share information with cultural sensitivity it is vital to protect the privacy of the particular family by discussing your concern in a way that does not identify them.

Aboriginal children, young people & families	Advice
Schools (with Aboriginal student populations)	Aboriginal Community Education Officer
Regional Offices	Aboriginal Education Coordinator (or Regional /AR Director if AEC position is unallocated)
Central Office	Aboriginal Education and Employment Services
Culturally and linguistically diverse children, young people and families	Advice
Central office	Manager ESL Programs <ul style="list-style-type: none"> • New Arrivals Programs • Community Liaison Officers

7. Case studies

Case study 1 – Information is shared without an individual's consent or knowledge

A mental health professional employed in a large non government organisation has been working with a single mother who has a four year old daughter. The mother is very isolated socially and is estranged from her immediate family members who all live interstate. The worker has ongoing concerns about the mother's management of her illness, particularly in relation to maintaining her medication regime. In addition, the worker has become increasingly concerned at the mother's refusal to enroll her daughter in preschool, despite the worker taking a number of opportunities to talk with the mother about the value of preschool. The mother consistently expresses irrational fears about the daughter's safety outside the home. The daughter is due to start school in a month but the mother does not take up the worker's offers of help to get the enrolment organised and is agitated whenever the worker raises the topic.

The worker wants to contact a relevant DECS employee to discuss the serious parenting issues that she predicts will affect the girl's enrolment, attendance and engagement with school. In discussion with her supervisor, they agree that it is not safe to seek the mother's consent due to the high risk that she will, as a consequence, refuse to continue using the service and thus place herself and her daughter at increased risk.

The worker contacts the regional DECS office to discuss her concerns. The Manager RSS needs to verify the worker's identity and does so by locating the service in the phone book and speaking with a manager in the organisation. Having verified the worker's identity the Manager RSS allocates the issue to one of the region's social workers who makes contact with the mental health worker. They agree to a plan of action involving the reception teacher, principal, the DECS social worker and the mental health worker, so that proactive steps are taken to manage the mother's fears about her daughter being in the care of others and to support the daughter who has had limited social interactions and may be developmentally delayed. Both the social worker and the mental health worker record the fact that they are coordinating their efforts without the mother's consent and agree to regularly consider the value of informing the mother of their efforts.

Jason's mum says she doesn't want the counsellor to talk to other people about her. She keeps asking if Jason has been naughty. Both the counsellor and teacher attempt to explain why they are worried about Jason's school attendance but she becomes very agitated and they decide to conclude the visit.

They reassure Jason outside the house that no one wants to take him away from his mum, that they will find another way to help and that they will talk again the next day at school.

In consultation with the principal they decide to go against the mother's wishes and speak with other agencies about the adult support they believe is required. They believe that, unless some form of coordinated support is put in place, Jason will be at increased risk of taking on unreasonable and inappropriate levels of responsibility for his mum and continuing to have his education compromised.

Through the DECS Regional Support Services, an interagency meeting is planned at which Jason's situation will be discussed and a plan developed. The counsellor lets Jason 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. She asks Jason if he'd like to help her write down a list of the things his mum needs help with and the things that worry him about his situation, so the meeting can be as helpful as possible. Jason agrees to do this.

At the meeting all the agencies present are made aware that Jason's mother has not consented to her circumstances being discussed and this is recorded.

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

Case study 4 – Information about a child is shared with the consent of her parents after their initial refusal

Samantha is in year 5 and has twice engaged in problem sexual behaviours that have been directed at younger children in the school. The second episode was very serious resulting in physical and emotional harm to the other child. The principal meets with Samantha's parents to formalise a plan for managing her behaviours. The plan includes getting their consent for the classroom teacher and counsellor to share information with the Child and Adolescent Mental Health Services worker who will be seeing Samantha on a weekly basis. The parents consent to this.

The principal then asks the parents to consent to her sharing information with the director of the Out of School Hours Care Service where Samantha attends three afternoons a week. Samantha's mother becomes very distressed and expresses her fear that her daughter will be labeled forever and be ostracized by other children. She says she won't consent to the information being shared and her husband backs her up.

The principal explains that Samantha would be most harmed if she engages in another incident of coercive sexual behaviour and that the best way for her to establish a positive reputation with her peers will be by ensuring she is protected from the opportunity to harm others. The principal explains that only information relevant to children's safety will be shared. Only the OSHC director would be told the detail of the incidents, the other staff would have instructions about where and with whom Samantha could play and how she would need to be monitored.

The principal suggests the parents go home to think further about things but explains that ultimately she will need to talk with the director and her preference is to do so with their consent. The parents give consent the next day by telephone. The principal records this information along with all the actions she has taken in supporting Samantha. She is aware that although the parents have consented there are still possibilities that the situation may become contentious.



Case study 5 – The safety of a child and other individuals is seriously compromised when information is not shared about the child

A Family Day Care provider collects Phuong, a 6 year old boy, from his primary school on four afternoons a week and has the care of the boy until 6.30 pm. When the provider arrives one afternoon, Phuong is in a state of high distress. He is crying and won't say what is wrong. The provider approaches the teacher who knows her quite well. She asks the teacher what is upsetting him. The teacher says she would like to tell her but she doesn't have the parents' permission and they are not able to be contacted. The provider attempts to gain a better understanding by asking what she can expect of Phuong's behaviour and whether there is anything she should be focusing on. The teacher apologises again but says she can't say more and suggests the provider just try to distract Phuong.

As the provider is opening her car door to let Phuong in, he pulls away from her hand and runs straight across the road into oncoming traffic. A non fatal but serious accident occurs involving Phuong, a female driver and her child passenger. During the critical incident review the following circumstances were revealed.

Phuong had been caught stealing lunch from another student's bag. During the discussion with his teacher about what had happened, the teacher told Phuong she would also talk with his parents. Shortly afterwards he was caught trying to run out of the school yard and had spent the rest of the afternoon under the principal's supervision.

The teacher had respected the privacy rights of the parents ahead of responding to the potential threat to Phuong's safety. The risk of Phuong running away could be anticipated. That threat should have been addressed as a priority and alerting the Family Day Care provider was essential in doing this, even though the parents' consent could not be gained beforehand.

The teacher did not have to advise the provider of all the details of Phuong's situation, only those that were relevant to any risks to him. Knowing he had run away would have allowed the provider to be especially vigilant in transporting him.

Case study 6 – An adolescent's confidential information is shared without his consent but with his knowledge

A 16 year old boy with a background of traumatic refugee experience has been seeing the school counsellor for two and a half years over issues ranging from problems with teachers or his subjects, other students, his supported accommodation, Centrelink, medical referrals etcetera. He no longer lives with his closest family member who is an older cousin.

He has established a very positive relationship with the counsellor who, through the boy's trust, has been able to help avert a number of potentially negative school or social situations "blowing up." The boy does not have particularly trusting relationships with other adults at the school but is determined at this stage to finish school.

Recently the boy has become attached to a group of youths from a similar cultural background to his own and he has developed a particularly close bond with one of the boys. He refers to him as his "brother" and says "he is my family."

This special friend has been targeted by another group of young males who have challenged him to fight them at an appointed time and place. This group have already been involved in weapon-based fights resulting in serious injury and police charges. The boy tells the counsellor that he will support his friend at this fight and that they will get their own weapons to take. All of the counsellor's suggestions and efforts to persuade the boy to take different actions are unsuccessful. Eventually he suggests to the boy that he will have to contact the police to avert the fight. The boy is angry and says he won't see the counsellor again and that he and his friend will just fight this group at a different time. The counsellor explains that his first responsibility is to protect him from harm and that he will do this in the best way he can. He says "it's more important for me to keep you alive than keep your secret." He says that he will always be there to help him no matter how angry he feels. He says he can't ignore violence and that he must do things to stop it. He alerts his principal to the actions he is taking and they contact the Operations Manager at their local Police station. The counsellor makes a record of the actions taken.

The counsellor is aware that a number of young males face serious threats to their safety if they meet to fight. He has no choice but to alert the police and hope that the policing approach will be to divert the young men from offending, from harming each other or general members of the community.

He knows he risks losing the boy's trust, temporarily or permanently, and that ultimately the boy's engagement with school and with himself as a protective adult is also in jeopardy. The counsellor had a choice to try to protect his relationship with the boy by alerting the police *without* seeking his consent and without his knowledge. However, on this issue he believed that if he wasn't open about what he was doing, the boy would not understand that he is committed to protecting him from harm and that the community opposes violence.

Case study 7 – Information about a young male is shared without the male's consent in order to avoid escalating his offences

Tyson is a 15 year old Aboriginal male who has an extensive history of involvement with the Juvenile Justice system. Tyson has been moving between regional communities and living between friends and family. He has moved from Georgetown, Jamestown, Gladstone and Port Pirie.

Tyson is located in the main street of Port Pirie at 1.45 p.m. on a week day. Local Police stop and speak with Tyson, knowing he is under the age of compulsion and is required to be at school or in a negotiated learning program.

Police conduct a bail check on Tyson and determine he has Court bail with the conditions that he is to attend school and is under the supervision of Families SA for the duration of his bail.

Knowing the options for Tyson given his bail conditions are to be arrested for breaching his bail resulting in a possible extended detention, the patrol arranges for phone calls to be made to the school and to Families SA to determine where he is supposed to be and under whose supervision, advising all parties he is in the company of police at that time.

Police explain to DECS and Families SA that they have not asked Tyson's consent to access this information about him because they think he is likely to abscond in fear of being found to be in breach of his bail. Both Families SA and DECS know the police officer making the enquiries so identity verification isn't required. All three agencies agree that the information should be quickly provided to help avert another arrest.

Police are advised that Tyson is an ICAN Flexible Learning Option (FLO) enrolled student and is supposed to be engaged in a community based program. This enables police to use their discretionary powers to return Tyson to the program rather than arrest him.

Tyson is protected from an arrest and diverted from further offending by the police placing him with the learning program in which he is enrolled.

