

# information sharing

Information sharing is a key component of the Government of South Australia's strategy to improve the effectiveness of its services and to ensure that it is a leading government in the world. This strategy is based on the following principles:

- To ensure that information is shared in a timely and effective manner.
- To ensure that information is shared in a secure and confidential manner.
- To ensure that information is shared in a way that is consistent with the Government's values and principles.
- To ensure that information is shared in a way that is consistent with the Government's legal obligations.
- To ensure that information is shared in a way that is consistent with the Government's financial obligations.

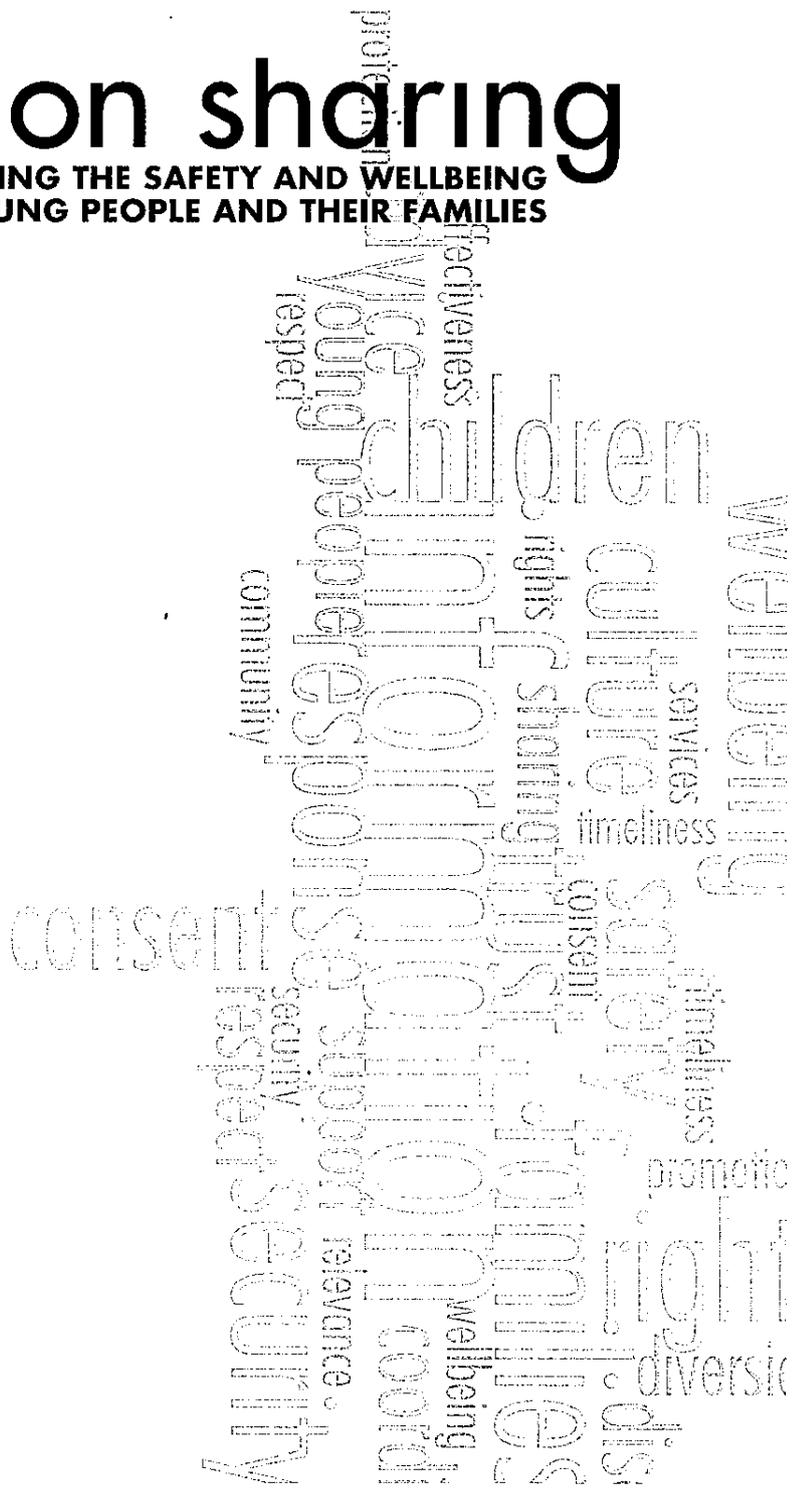


Government  
of South Australia



# information sharing

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



## **ACKNOWLEDGMENTS**

*This document was developed by an interagency committee with representation from:*

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 of Education and Children's Services (Chair)  
 Department for Families and Communities  
 Department of Health  
 Department of Premier and Cabinet—Aboriginal Affairs and Reconciliation Division  
 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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## INFORMATION SHARING: GUIDELINES FOR PROMOTING THE SAFETY AND WELLBEING OF CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES

# 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'.<sup>1</sup> 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 <sup>2</sup>, 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.'<sup>3</sup>

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'.<sup>4</sup>

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



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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'.<sup>5</sup>

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.<sup>6</sup>
- 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.

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

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

### **What are legitimate purposes for information sharing?**

The purposes of information sharing are to:

- help a provider give a more effective service
- alert a provider to an individual's need for a service
- avoid duplication or compromising of services
- divert a child or young person from offending or harming himself/herself
- protect groups of children and young people from potential harm<sup>7</sup>
- protect community members from potential harm<sup>8</sup>
- protect providers in situations of danger
- protect a child or young person from being abused or neglected.

### **About whom may information be shared?**

Information may be shared about:

1. unborn children<sup>9</sup>, children and young people to the age of 18 who are considered to face an immediate or anticipated serious threat to their safety and/or wellbeing
2. any siblings of the above

3. any family members of the above

4. any other person who currently is or previously has been in close association with those in category 1.

### **What if there is disagreement about information sharing requests?**

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

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

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

### **What key professional practices are required for information sharing?**

The principles commonly cited in professional codes of conduct, such as integrity, respect and accountability, are essential to any successful agency and organisation work. In the area of information sharing, providers are expected to demonstrate sound professional practice in the way they use information received from other providers. If providers think information should be used in a way that is different from what was originally agreed to, they should renegotiate this with the providing agency or organisation. This is an important act of respect to the client about whom the information relates, as well as an important aspect of professional practice between providers.

7. Information sharing is sometimes required so that proper consideration is given to the safety of others when responding to concerns about children's and young people's safety.

8. Information sharing is sometimes required so that proper consideration is given to the safety of service providers when responding to concerns about children's and young people's safety.

9. See definition of 'unborn child' in the Explanation of Terms.



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**How should these guidelines be used?**

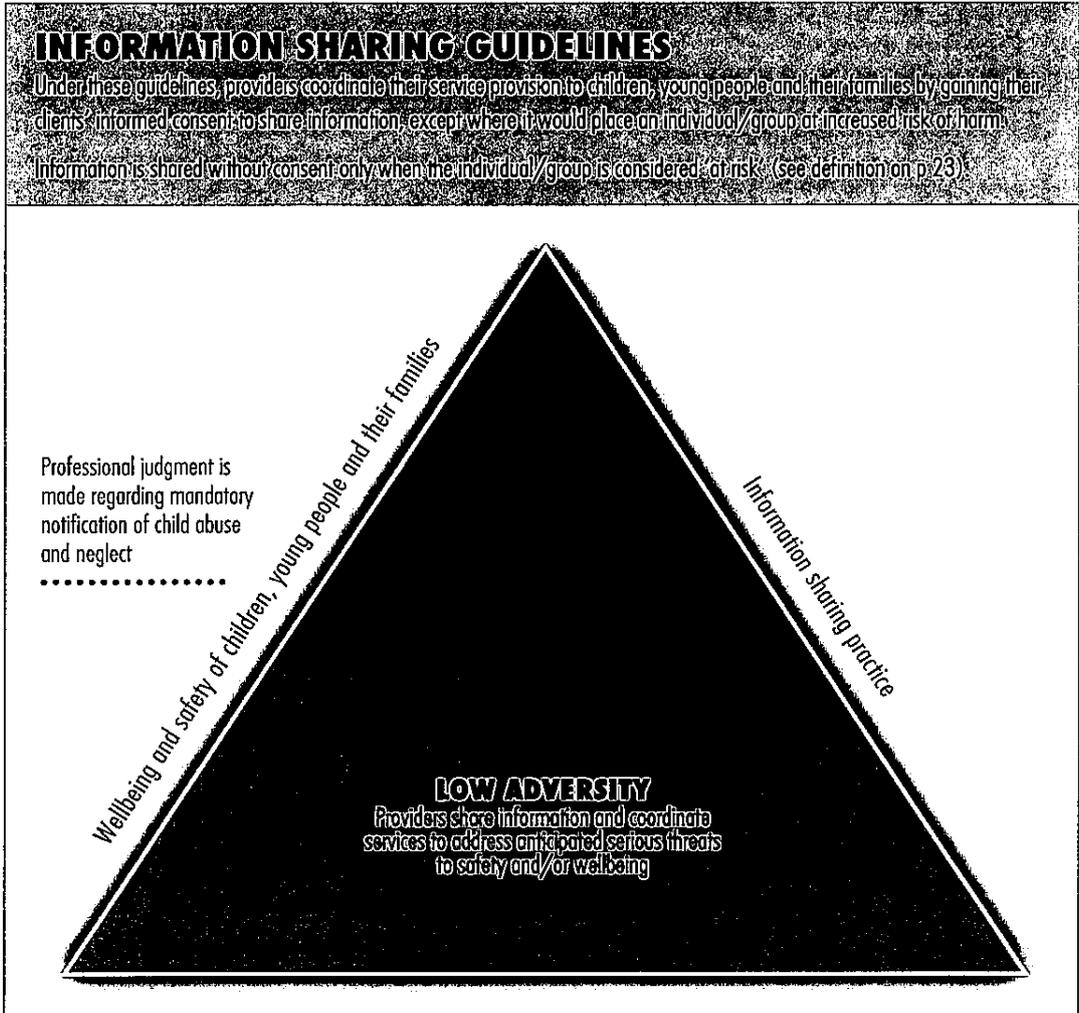
The guidelines provide a step-by-step guide to professional practice in information sharing. They can be used to assist in the induction of new staff and volunteers and as a professional reference for existing staff and volunteers. Agencies with existing information sharing protocols with other single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

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.

**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



# 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 Instruction<sup>10</sup> 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).'<sup>11</sup> All other principles of the IPPs are strongly promoted and supported through the requirements of these guidelines.

### Child safe environment standards<sup>12 13</sup>

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 principles<sup>14</sup>

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](http://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](http://www.cio.sa.gov.au)> for *ICT principles* (accessed October 2007).



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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



## 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.<sup>15</sup>

### 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?

15. Criminal Law Consolidation Act 1935 Division 5 — Deception



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- 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?<sup>16</sup>**

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.

<sup>16</sup> This guidance is about consenting to information sharing, not medical treatment.

**INFORMATION SHARING: GUIDELINES FOR PROMOTING THE SAFETY AND WELLBEING OF CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES****Additional considerations applying to children and young people**

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

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

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

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

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

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

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

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

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

- Respect children's and young people's reasons for not wanting their parents involved in information sharing decisions. However, do not let their initial reluctance mean that the topic is never discussed again.

- Use opportunities as they arise with children and young people to discuss parent involvement and the beliefs about why and how it can help.
- Avoid making children and young people feel that their right to help or support via information sharing is conditional on the consent of their parents.
- If a child or young person is judged to have given informed consent to information sharing, then his/her consent should be respected even where a parent disagrees (it is wise in these situations to involve a senior staff member in the management and documentation of this situation).

**5. Is it safe to seek consent?**

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

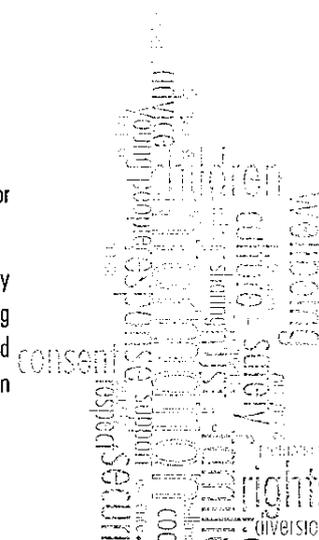
Providers should not seek consent if to do so would place a child, young person or adult at increased risk of harm. If this was the case, providers need to consider whether a mandatory notification to the Child Abuse Report Line is appropriate, as well as proceeding with information sharing with other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

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

The client may:

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

Recognising that these risks are present does not necessarily mean that a provider will feel comfortable about not seeking a client's consent, particularly if the information being shared relates to the client's capacity to care for his/her children, born



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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'.<sup>17</sup>

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.

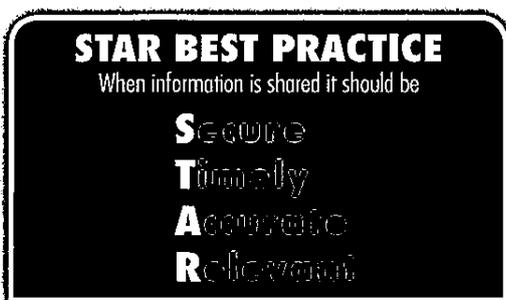
**Scenario 3 — Sharing is justified**

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

<sup>17</sup> 6. (2) (b) (ii) Children's Protection Act 1993.



**INFORMATION SHARING: GUIDELINES FOR PROMOTING THE SAFETY AND WELLBEING OF CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES****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:

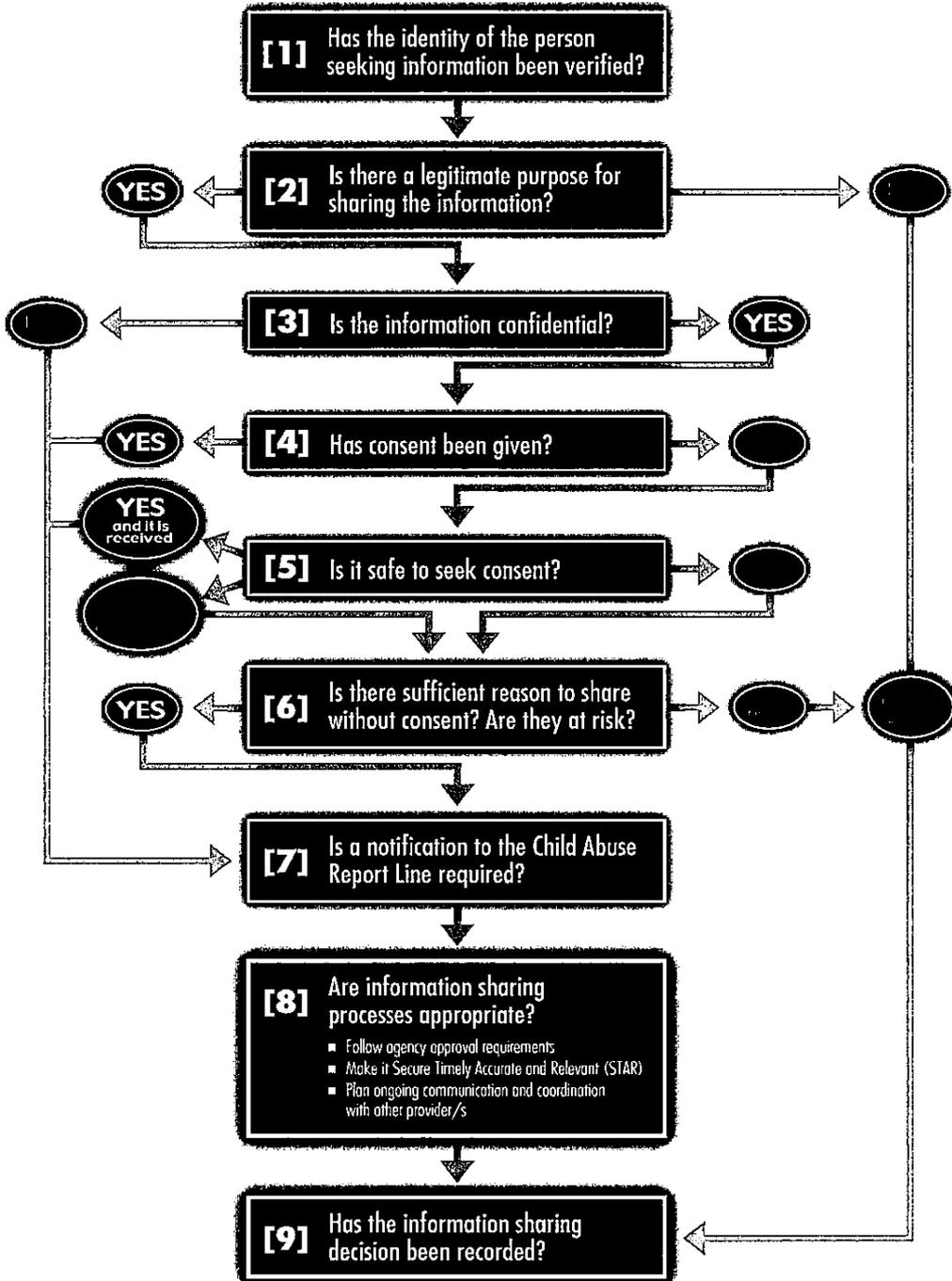
- whether consent was sought
- reasons for overriding the client's wishes or for not seeking consent
- advice received from others (including staff at the Child Abuse Report Line)
- reasons for not agreeing to an information sharing request
- what information was shared.

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

**INFORMATION SHARING: GUIDELINES FOR PROMOTING THE SAFETY AND WELLBEING OF CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES**

**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 Information Sharing Advisor in the Office of the Guardian for Children and Young People on 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*



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

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

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

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

**Child safe environment standards**

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

**Children and young people**

Unborn children<sup>19</sup>, 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

<sup>19</sup> See explanation of 'unborn child'.



**INFORMATION SHARING: GUIDELINES FOR PROMOTING THE SAFETY AND WELLBEING OF CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES****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.



