Community Centres SA Inc.

Information Sharing Guidelines Appendix

Introduction

Community and Neighbourhood Centres (centres) provide a wide range of services to members of the community, through targeted services and community based activities. This means, at times staff may be alerted to circumstances where an individual, family or group of people may be in situations that place them at risk of harm or that pose a risk to the health, safety or wellbeing of others. Where there is a reasonable suspicion of harm, or potential harm, information may need to be sought from or provided to another organisation so that services can be effectively coordinated to lessen threats to safety and wellbeing.

The *Information Sharing Guidelines for Promoting Safety and Wellbeing* (ISG) are overarching principles and practices for information sharing for both government agencies and non-government agencies in South Australia.

The ISG provide clear and consistent steps to determine if information sharing is appropriate while maintaining the balance between the right to safety and wellbeing and their rights to privacy.

Context

This document is a template procedure that can be adapted by individual centres in order to guide and support staff and volunteers to follow the ISG and consider whether it is necessary to share information. A *Guide to Writing an ISG appendix* is a useful resource; together with this document, it can assist individual centres to ensure their own information sharing procedures are accurate and sufficient (see http://www.ombudsman.sa.gov.au/isg/)

This document forms an appendix to and should be read in conjunction with the *Information Sharing Guidelines for Promoting Safety and Wellbeing* (ISG), available from http://www.ombudsman.sa.gov.au/isg/ Regard must also be given to the Community Centres SA and to the individual centre's privacy policy/statement. Community Centres SA privacy policy/statement is readily available on the website (see Privacy Policy on footer),and can be available at reception, via publications and provided to individuals.

As with any other organisational policy and procedure, staff training on how to use this ISG appendix is required.

There are 6 components to this document

Part 1 Process and protocols to be followed when sharing or seeking information

Part 2 Lines of approval and supervision

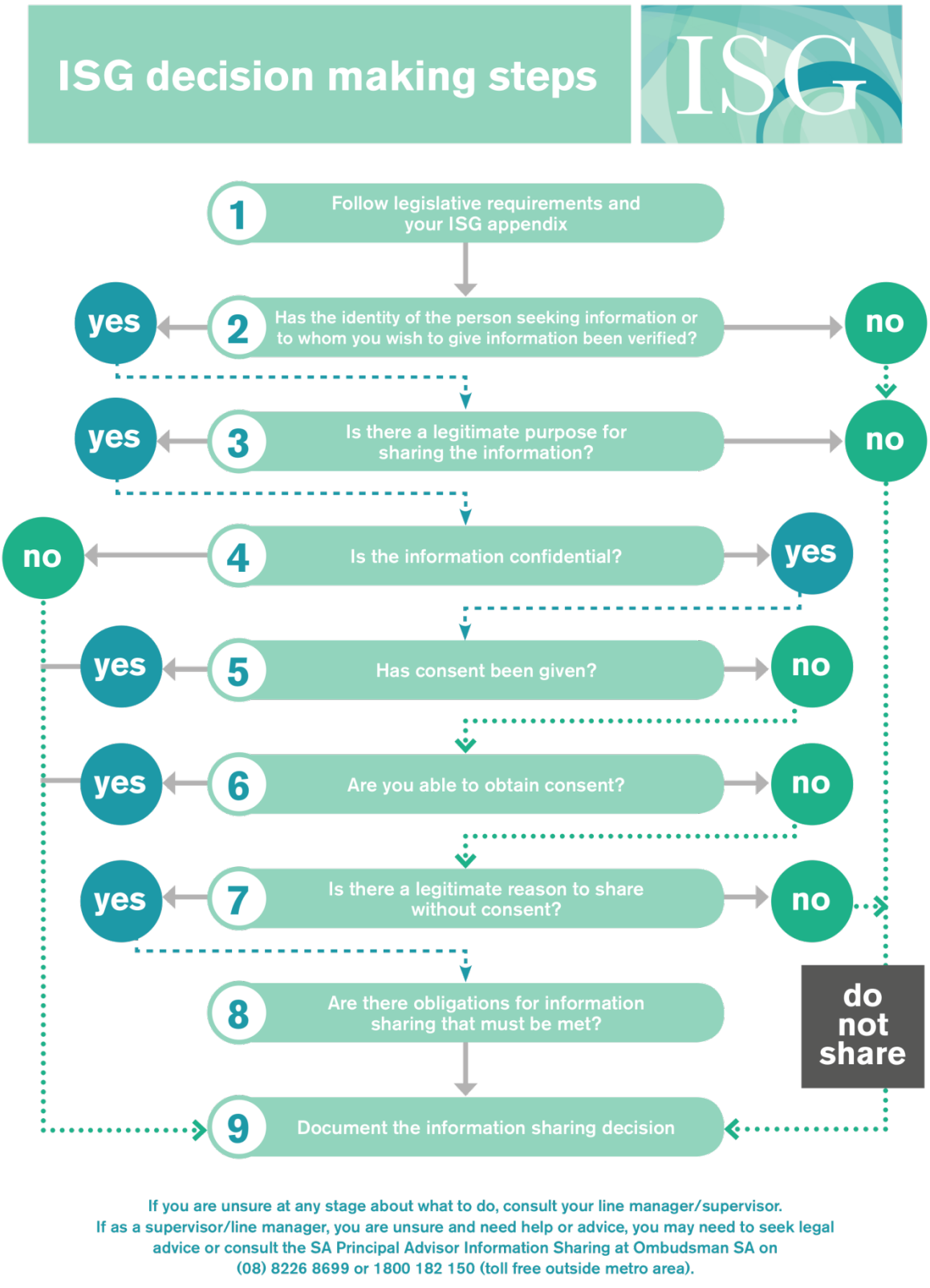
Part 3 Documentation practice

Part 4 Examples of Case Studies

Part 5 Cultural Guidance

Part 6 Relevant policy links – connecting the ISG to your specific centre policies

Part 1- The Process - this flow chart and corresponding explanations outline the process to follow when making decisions about seeking or providing personal information (ISG page 10 &11)



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 and need help or advice, you may need to seek legal advice or consult the SA Principal Advisor Information Sharing at Ombudsman SA on (08) 8226 8699 or 1800 182 150 (toll free outside metro area).

ISG practice guide

1 Before proceeding, check your ISG appendix for guidance:
- share information in a manner that is consistent with legal obligations and organisational policies and procedures
- follow the ISG STAR principles to make information sharing Secure, Timely, Accurate and Relevant
- collaborate with other providers to coordinate services and manage/mitigate risk.

2 If you do not know the person seeking information or to whom you wish to provide information, you need to verify who they are and for whom they work before sharing information

3 You have a legitimate purpose for information sharing if you believe it is likely to:
- divert a person from offending or harming themselves
- protect a person or groups of people from potential harm, abuse or neglect
- protect service providers in situations of danger
- help service providers more effectively address risks to safety and wellbeing
- alert other service providers to an individual's need for assistance.

4 Generally, information is considered confidential when the person providing it believes it won't be shared with others

Assume that people will consider most information about themselves and their families to be confidential unless they have indicated otherwise.

5 Seeking informed consent is the first approach

This means the person understands the purpose for information sharing, with whom it will be shared, and what might happen as a result of sharing. If informed consent has been obtained, information can be shared.

6 It may be unreasonable to obtain consent if you are concerned that in doing so, the person might:
- move themselves or their family out of the organisation's or agency's view
- stop using a service seen to be necessary for the client or their children's safety or health
- coach or coerce a person to 'cover up' harmful behaviour to themselves or others
- abduct someone or abscond
- harm or threaten to harm others
- attempt suicide or self-harm
- destroy incriminating material relevant to a person or group's safety.

It may be impracticable to obtain consent if, for example, after reasonable attempts, you cannot locate the client. Discuss your concerns with a colleague/supervisor.

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

Disclosure of information without consent is permitted if:
(1) it is authorised or required by law, or
(2) (a) it is unreasonable or impracticable to seek consent; or consent has been refused; and
(b) the disclosure is reasonably necessary to prevent or lessen a serious threat to the life, health or safety of a person or group of people.

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

8 Situations where you must share information:
- eg you hold a suspicion, on reasonable grounds, that a child or young person has or is being abused or neglected, you must report this to CARL (131 478).
- eg you believe a person poses a serious risk to themselves or others, consider if you should notify SA Police (131 444) or Mental Health Triage Services (131 465) (formerly known as ACIS).

9 Keep records – particularly in relation to consent issues

As a minimum, document when sharing information is refused or occurs without consent. Follow your organisation's instructions about recording other significant steps.

Step 1 (ISG page 12)

Refer to the centre's privacy policy and any legislative requirements.

Before making a decision about information sharing, you need to consider how the circumstances of the situation relate to your centres privacy policy and any other requirements.

Relevant Legislation

- Commonwealth Privacy Act 1988
- Information Privacy Principles 1992 (SA)

Most centres will be covered under the Commonwealth Privacy Act and if not, can rely on the Information Privacy Principles (IPPs) set by the Department of Premier and Cabinet to guide decision making as to what is acceptable in terms of the collection, storage and disclosure of personal information.

Such principles include the following:

- reasonable steps are taken to ensure that before personal information is collected, or as soon as practicable after it is collected, the person is told of the purpose for which the information is collected;
- if the information is authorised or required to be collected;
- unless publicly available, personal information must be securely stored to protect against loss or misuse;
- access must be given to a person's personal information to that person
- personal information that is stored should be corrected where it is inaccurate, out of date, or would provide a misleading impression
- personal information should only be used for the purpose for which it was collected;
- personal information should not be used for another purpose or disclosed to a third party for another purpose unless:
    - such release is reasonably expected;
    - the use and disclosure was consented to by the person;
    - it is believed that disclosure on reasonable grounds is necessary to prevent or lessen a serious threat to life or health or safety of the person or to another person;
    - the use is required by law;
    - the use is necessary for enforcement of criminal law;
    - the disclosure of personal information is part of an investigation into unlawful activity; and
    - it is believed the disclosure relates to information about an individual that suggests that the person has engaged in or may engage in illegal conduct or serious misconduct in relation to a person.

Apart from requirements to keep records under the ISG, you may have other requirements (e.g. as a condition of funding)

The mandatory notification requirements of the *Children's Protection Act 1993* apply to Centre employees and volunteers (and their managers/supervisors) who are engaged in the actual delivery of health, welfare, education, sporting or recreational, child care or residential services wholly or partly for children.

For the purpose of this ISG Appendix, the term 'Client' 'includes a person who participates in activities conducted by the centre.

Other centre policies that are relevant to the Information Sharing Guidelines are listed in part 6 of this appendix.

When sharing information use the STAR principles:

Secure

Information should be stored securely according to centre record keeping principles. Email should not be used for disclosing sensitive information unless de identified. Staff should telephone the agency or organisation first to establish the identity of the client and then email either unidentified information or by using initials only.

Timely

Staff must be clear when the information sharing request has an emergency status and if so, it is not appropriate to delay information.

Accurate

Staff must make all efforts to ensure that the information they share is up to date and accurate. If up to date information cannot be provided this must be declared and staff must make clear the limitations of the information.

Relevant

"Relevant" information means that it is only what is needed in order for the purpose of the information sharing to be met. Whatever is shared must be proportionate to the purpose and not provide unnecessary detail.

Step 2 (ISG page 12)

Validate the identity of the person seeking the information

Requests for information sharing will possibly have a level of urgency and come via the phone. Unless you have an existing working relationship with the person making a request for information that ensures you know who they are and that they work in the organisation they claim to, you will need to verify their identity. To verify the identity of a caller, ask the person to hang up, look up their organisation phone number and ring the general number and ask to speak to that person.

Once the identity of the caller has been verified, you may wish to ask them to make a request in writing using (for example) on official letterhead, as an email attachment, or fax. Information should be de identified to protect the privacy of all parties (for example using initials). When information sharing takes place by telephone or face to face, appropriate file notes should be made (see step 9).

When making a request in writing on behalf of (*insert name of centre)* the official letterhead must be used and must be countersigned by the most senior staff person or their delegate. All documentation must be kept securely and confidentially using the centre's official record keeping system.

If you believe someone has deliberately misrepresented themselves in seeking information, the SA Police must be contacted as it may represent an offence.

Step 3 (ISG page 13)

Is there a legitimate purpose for the sharing of information?

The aim of sharing information under these guidelines is to help protect children, young people, their families and members of the community from current 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 help decide if the purpose is legitimate, the staff member should ask themselves if it will help:

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

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

Step 4 (ISG page 14)

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 underpins all interactions with our clients.

Clients must be informed of confidentiality limitations - this means it is explained to them when it may be necessary to share their information with or without their consent. The following should be used in discussion when advising clients of their right to privacy and explaining the duty of care incumbent on centre staff.

> *"This centre will work closely with other agencies to coordinate the best support for you and your family. Your informed consent for the sharing of information will be sought and respected in all situations unless:*
>
> - *we are obliged by law to disclose your information regardless of consent*
> - *it is unreasonable or impracticable to gain consent; or consent has been refused and the disclosure is reasonably necessary to prevent or lessen a serious threat to the life, health or safety of a person or group of people."*

This statement is used by organisations on client privacy information brochures and on intake and enrolment forms. Each centre should decide how and when this statement should be used (for example some might use signage within the centre)

Step 5 (ISG page 14)

Has consent been given?

Consent can be 'explicit' – meaning agreement is given verbally or in writing or it can be 'implied', which means information sharing is inherent in the nature of the service sought.

Gaining a client's informed consent for information sharing should occur at the earliest possible point in a client's engagement in the service. 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 where an effort is made to:

- help clients to understand why information sharing is important, whom it is designed to support and the desired 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 always to protect the client or others from harm
- 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 children, clients with compromised intellectual capacity and clients from culturally and linguistically diverse backgrounds.

Step 6 (page 16)

Are you able to obtain consent?

Consent to share information should always be sought, when reasonable and practicable to do so.

Consent should not be sought if to do so will place a child, young person or adult client or a staff member at increased risk of harm.

Circumstances may arise where it is not possible to seek consent for information to be shared, for example when the client cannot be located. Where this occurs, a record should be made outlining the circumstances, who approved the information sharing without consent, the information that is shared, with whom, for what purpose and any potential follow-up action required, and taken.

Recognising that serious risks are present does not necessarily mean that the worker will feel comfortable about not seeking a client's consent to share their information. This dilemma for the worker 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, children and young people or others (as outlined in Step 3 above).

Step 7 (ISG page 17)

Is there sufficient reason to share without consent?

Conducting a risk assessment and discussing concerns with a supervisor or manager will help determine if there is a legitimate purpose for sharing information without consent. Generally speaking, sufficient reason will exist if the staff member believes on reasonable grounds that a child, young person, individual or group are at risk of harm and information

sharing is necessary to prevent or lessen serious threats to safety and wellbeing (see ISG pages 16 to 19).

Groups or individuals 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
- perpetrating or experiencing violence.

Staff should recognise the different thresholds for disclosure that apply to children and adults. As soon as staff **suspect on reasonable grounds** that a child has been or is being abused or neglected, a notification to the Child Abuse Report Line (CARL) **must** be made. When working with **adults**, the threshold test for disclosure without consent is much higher; information should only be shared without consent if risk assessment indicates there is a **serious risk of harm** and adverse events can be anticipated if services are not coordinated.

Step 8 (ISG page 17)

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

Staff are 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 staff member's concern about a child or young person may change to a belief that a child or young person has been or is being abused or neglected. This **must** be reported to the centre's staff member responsible for child safety who will make a report to the Child Abuse Report Line (CARL) on 131478

A report to CARL does not mean that the planned information sharing should stop unless advice is given by CARL staff to do so. Staff must make a report to CARL and record any advice received.

If you believe your adult client poses a serious and/or imminent risk to themselves or others, consider who you should notify, for example SA Police (131444), or Mental Health Assessment and Crisis Intervention Service (131465).

Step 9 (ISG page 18)

Recording the information sharing

You must record decisions to share without consent and refusal to share (either to you or by you).

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

- Whether consent was sought
- Reasons for over-riding the client's wishes or for not seeking consent
- Who approved or refused sharing without consent or refusal
- 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, with whom and for what purpose

All of the above must be fully recorded and stored securely through your centre's record keeping processes.

See part 3 of this document "Documentation"

PART 2 – LINES OF APPROVAL AND SUPERVISION

Decisions to share information without consent or refusal to share information must be approved by an appropriate line manager. Volunteers and student placements also follow the ISG however they cannot independently release information without approval and direct supervision of a relevant supervisor or manager.

Position providing services to children, young people, families and adults	Is approval from a relevant supervisor or manager required for information sharing without consent or when refusing to share?	Team Manager/ Coordinator/ Supervisor who can give approval

Each centre will need to insert their own hierarchy of approval (usually senior staff support front line staff to conduct risk assessments, determine if there is a justified reason to share without consent, and have the authority to approve information sharing without consent or refusal to share).

PART 3 – DOCUMENTATION

Staff must record decisions to share without consent. You must also record where you refuse a request to share information or an organisation refuses to share with you.

Information sharing situation	**What to record**	**Where to record**
1. Information is shared **with consent**	Copies of written consent and file note of: • Verbal consent recording • Who gave it, when and to whom • What the consent related to • Information sought, provided or received	***Each centre to explain here where and how information is to be recorded (can be a paper or electronic file system)***
2. Information is shared **without consent** (by you or to you)	Detail: • Why consent was not obtained • Your manager or supervisor's approval, if required • What is shared, when and by whom • The agency and the office or officer involved (receiving and providing) • Outcomes and follow up	
3. Information sharing request is **refused** (by you or to you)	Detail: • The purpose (the immediate or anticipated risk the request was intended to address) • Reason given for refusal • Notification to/approval from manager or supervisor • Outcome of any subsequent follow up from manager or supervisor	

A sample consent form is included in "A Guide to Writing an ISG Appendix". Available to download from http://www.ombudsman.sa.gov.au/isg/

A sample consent form and a sample form for recording information sharing are also available with this appendix and from the Community Centres SA website www.communitycentressa.asn.au

These forms help record the decisions at all significant steps in the process. Alternatively centre's may develop their own system of recording and storing decisions. Please note these records need to provide appropriate justification for the decisions made.

PART 4 – EXAMPLES OF CASE STUDIES (see ISG page 27)

Case studies help staff and volunteers understand, in the context of clients and services how the ISG are applied, including:

- When not to share
- When to share
- When to request information
- What processes to use (for example documentation)
- How to go about seeking consent
- Identify key contact people and resources

Centres may include case studies from their own experience.

Case Study 1

A ten year old girl visits the centre regularly after school most weekdays and plays on the computer or does her homework. She had developed a supportive relationship with a staff member over time and the girl started to share that she had to cook dinner for her father most nights of the week and be home in time so it was ready for her dad when he got home.

One Thursday night she was at the centre a bit later than normal when a man walked up to her, yelled at her for not being home and physically grabbed her and threw her into the car in the car park. Centre staff noticed the man smelt strongly of alcohol and he was aggressive and loud.

The girl returned to the centre 3 days later during school hours and had bruises on her face and arms. The staff member asked how she was and she said “ok”. When asked whether she should be at school the girl answered that it was a pupil free day. However the staff member knew this wasn’t true. The staff member went on to say her dad looked at bit a cross with her the other night and the girl responded that he gets like that sometimes. She just has to make sure dinner is ready for him and that keeps him happy. The staff member asked if she could talk to the Counsellor at school about her but the girl said she didn’t want to get in trouble and then ran away.

The staff member respected the girl’s wishes and the girl continued to come in every day after school. Two weeks later the girl came into the centre during school hours and asked the staff member if she had cream for a burn on her arm. The staff member assisted and asked how it happened; at first the girl was reluctant but then said her Dad was angry she burnt dinner and put the frypan on her. The staff member was also the centre’s Child Safe Officer so reported the incident to the Child Protection Unit by calling the Child Abuse Report Line. As the person responsible for child safety in the centre, the staff member then contacted the school Counsellor to discuss the girl’s situation. The school was not aware of her situation but had seen an increase in absenteeism over the last few months.

Sharing information in this instance is justified as there is sufficient information demonstrating risk factors such as running away behaviour, experiencing violence and neglect as well as potential sexual vulnerability due to the girl’s age (10 years old) and the amount of time she is left unsupervised. (While she is on the computer at home there is potential risk that she will be susceptible to being approached and groomed by sexual predators on social media sites.)

A notification to the Child Abuse Report Line (CARL) is also required by law as there is a suspicion of child abuse and/or neglect. In addition, a report should have been made to

CARL earlier when staff first witnessed the man grab the girl and throw her into the car. This must be reported to the person responsible for child safety in the centre who will make a report to the Child Abuse Report Line (CARL) on 131478. A record was made of the times and dates the girl attended the centre, the observations of the staff member, the child protection concerns, and the notification to CARL.

Case Study 2

Two volunteers were door knocking within their neighbourhood dropping off centre programs and visited an elderly man. The man invited them inside for a cup of tea and they sat at the kitchen table. The volunteers noticed the house was sparsely furnished and the man made a cup of tea with a used tea bag and long life milk. The man chatted about his ongoing involvement with the local Rotary Club and recent outings with family members but complained about Council rates and the cost of living as he limped around his house.

One of the volunteers later that week rang the local council requesting that the elderly man be serviced by the Council's Home Assist Program as he was very poor and his garden unruly. The volunteer didn't know how old the man was but gave his name and address to staff to follow up.

Council staff visited the man at his property and the man was quite angry about Council staff going to his address, and that the centre volunteer had talked about his situation with another service provider, claiming he needed some assistance. He was fiercely independent and horrified that the volunteer had gone and spoken about him to 'government staff' and made a complaint to the centre.

The centre Coordinator later followed up with the volunteer and it was confirmed that the volunteer didn't fully explain to the client the extent of her concerns and who might be able to help or ask the man if she could pass on his details to Home Assist staff. A letter of apology was then sent to the man with Home Assist brochures so that he knew what services are available enabling him to seek assistance at a later date if he changed his mind.

The actions undertaken are not consistent with the Information Sharing Guidelines as none of the risk factors identified in Step 7 or other serious threats to safety and wellbeing are present. Sharing personal information including the man's full name and address is not justified in this example as permission to pass on information wasn't sought by the volunteer and, although struggling financially, there is no obvious immediate threat to the man's wellbeing in relation to the risk factors listed in Step 7 and therefore no justified reason to breach his privacy.

Case Study 3

A potential volunteer approached a community centre about enrolling as a volunteer. During a casual discussion she mentioned to the Coordinator that she had also volunteered at the local Council. The Coordinator observed the woman over a coffee and chat and was concerned about her shakiness and general body twitching. The woman also asked for a glass of water so that she could take her 'meds'.

After the woman left, the Coordinator rang the Council's Volunteer Coordinator and enquired about the woman's health status and whether this affected her ability to work.

The actions undertaken are not consistent with the Information Sharing Guidelines as none of the risk factors identified in Step 7 or other serious threats to safety and wellbeing are present. It is not appropriate to discuss health issues of a potential volunteer without their permission. An appropriate recruitment process which could include reference checking should have been undertaken in accordance with centre and legislative policies.

PART 5 – CULTURAL GUIDANCE

The ISG is underpinned by the principle 'respecting cultural difference' and this means having the same aims for people's wellbeing and safety but finding different ways to achieve them. It is important for staff to be sensitive to different family structures and lifestyles and to child rearing patterns that vary across racial, ethnic and cultural groups.

Cultural factors do not excuse acts or behaviour which places a child, young person or adult at risk of harm, abuse or neglect. It is also important to guard against cultural myths and stereotypes – both positive and negative

In SA there is a range of organisations and resources that may assist staff to make decisions and provide services that are culturally appropriate.

Interpreting and Translating Centre (ITC)

☎8226 1990; email: itc@sa.gov.au; www.translate.sa.gov.au

Multicultural SA

☎8226 1944; email: multicultrualsa@sa.gov.au; www.multicultural.sa.gov.au

Migrant Resource Centre of South Australia

59 King William Street, Adelaide, SA, 5000

☎8217 9500; email: mrcsa@bigpond.com; www.mrcsa.com.au

Multicultural Communities Council of SA

113 Gilbert Street, Adelaide SA 5000☎8345 5266 ;
email: mccsa@mccsa.org.au; www.mccsa.org.au

Use of translators.

Multicultural SA offers an accredited translation service through the Interpreting and Translating Centre (ITC).

When arranging a translator ITC with need to know any special requests in terms of:

- Age
- Preferred gender
- Language, including dialect
- Any possible conflict of interest
- If necessary, the nature of the matter to be discussed

PART 6 – POLICY LINKS

Each Centre to cross reference this procedure and to reference the ISG where relevant. Links to centre's own policies may include:

- Child safe environments
- Privacy statements
- Mandated notifications
- Volunteer / work experience
- Code of Conduct
- Critical Clients Incidents
- Staff induction
- Records management
- Reference to this procedure to be included in relevant job descriptions

Document History

Document name:	**Information Sharing Guidelines Appendix**		
Version number	**Version date**	**Approved by**	**Description of changes**
1.0	27/5/2015		