



Information Sharing Guidelines ISG Appendix 1

1. Policy Reference

Information Sharing Policy

2. Related Documents

- Privacy and Confidentiality Policy and Procedures
- Service and program user Rights and Responsibilities
- HR Rights and Responsibilities Strategy
- Feedback and Complaints Policy and Procedure
- Child Safe Policy
- Staff and volunteer handbooks
- Information Sharing Guidelines for promoting the safety and wellbeing of children, young people and their families
<http://www.ombudsman.sa.gov.au/wp-content/uploads/ISG-Guidelines1.pdf>

3. Legislative Requirements

- Commonwealth Privacy Act 1988
- State Records Act 1997
- Child Protection Act 1993
- Guardianship Act 1993
- Information Sharing Guidelines for Promoting the Safety and Well-being of Children, Young People and their Families 2008.

4. Background

The *Information Sharing Guidelines for Promoting the Safety and Well-being of Children, Young People and Their Families* (ISG) are the overarching information sharing principles and practice for all relevant government agencies and non-government organisations (NGOs) in South Australia. Tailem Bend Community Centre (TBCC) ISG Appendix is linked to and should be read in conjunction with the ISG and provides direction for the implementation of the ISG.

These two documents together complete the approach to information sharing for the organisation.

Policy makers recognise the importance of expanding the ISG to all vulnerable people in the community not just children, thus the ISG also covers at risk adults such as those with at risk of harm or homelessness, with a disability, frail aged or mental illness. For this reason, the organisation applies the approach in these guidelines for all service and program users, staff and volunteers, where there is an identified concern for the person's safety and well-being or where there may be a risk to public health or safety.

The Appendix includes:

- procedure for gaining consent and discussing limited confidentiality;
- specific guidance for volunteers;
- positions involved in using the ISG and lines of approval/supervision;
- cultural guidance;
- record keeping;
- example case studies (scenarios staff may come across in their work), and
- where to obtain additional advice and assistance.

5. Procedure for gaining consent and discussing limited confidentiality.

5.1 Seeking consent for the sharing of confidential information is standard practice with all TBCC Inc. service recipients and program users and staff. Service Recipient consent to share their information should be sought whenever it is safe and possible to do so. Informed consent is best provided in writing – for example the consent for a referral to another service provider, however it can be gained verbally, but must be documented in the service recipient, staff or program file (whichever is most relevant to the program or service – and maintained confidentially).

5.2 The key elements to consent are:

- Consent must be provided voluntarily - without threat, pressure or attempting to overpower someone's will.
- The person must be adequately informed of the implications of granting or refusing consent.
- The person must have the capacity to understand, provide and communicate their consent.
- Careful consideration should be given to the appropriateness of obtaining consent (preferably in writing); it must be safe to do so.
- Consent is a process in which:
 - The person is told (or receives information in some other way) about the possible risks and benefits of their information being shared.
 - The person has the chance to ask questions and get them answered to their satisfaction.
 - The person has the opportunity to discuss with family or support people.
 - The person is able to use advice and information to help make a decision that they think is in their best interest.
 - The person communicates their decision to the staff member seeking their consent.
 - The person understands that depending on circumstances, their information may have to be shared with or without their consent, if staff believe sharing will help mitigate risk, may improve their safety and well-being by bringing together better coordinated services, (as per the ISG and 1993 Children's Protection Act) or where there may be a risk to public health or safety.
- Competence and authority may not only be about age or intellectual capacity or mental health – it may also be influenced by literacy, numeracy or cultural factors, some strategies and questions that may help determine this are:
 - Talk through information sharing and its implications at length.
 - Can the person demonstrate their understanding by discussing the implications?
 - Can the person tell you what it means for them?
 - Are there cultural barriers you need to consider, for example the person may be competent but culturally not have the "authority" to provide consent? Is there something you don't know that prevents them from giving consent?

- 5.3 On rare occasions information may need to be shared without consent in order to prevent causing or escalating serious threats to an individual's well-being or where there is a risk to public safety. This is the limit of confidentiality the organisation can provide and it is important that in obtaining consent for information, this limited confidentiality is made clear. The organisation does this by providing advice on information sharing procedures, to all service recipients, staff and volunteers including children, young people, parents and adults when they enrol in a TBCC Inc. activity/ program. Staff will also revisit an individual's understanding of the consent they have given if the nature of the original consent alters, or if there has been a considerable lapse of time between gaining consent and taking action.
- 5.4 TBCC Inc. will use a general statement about the use of the ISG for inclusion on forms or to be provided to service recipients and staff to advise them about the organisations approach to information sharing.

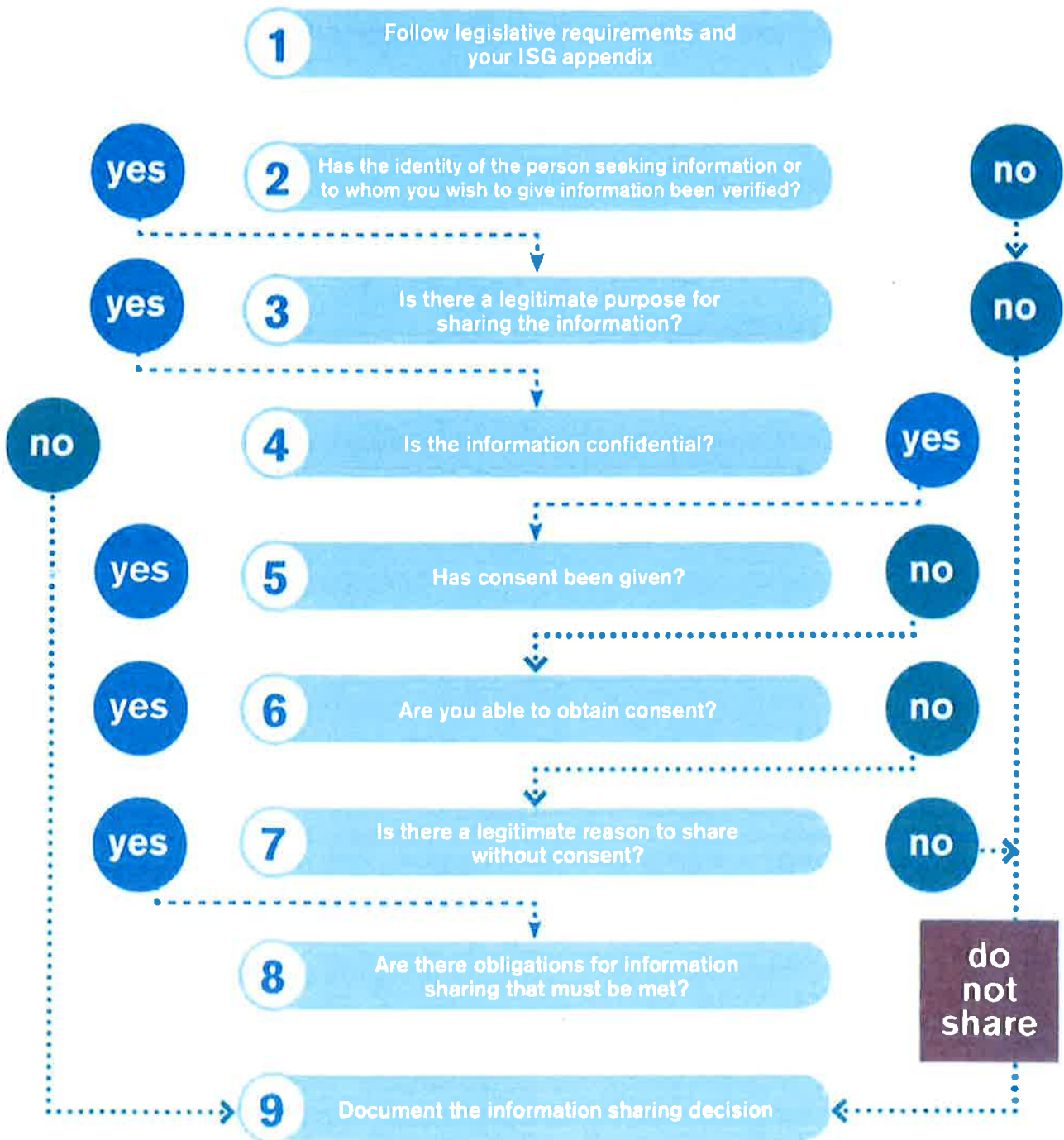
The statement will read:

TBCC Inc. follows the SA Government Information Sharing Guidelines. This means that this organisation will work closely with other agencies to coordinate the best support for people.

Under the ISG informed consent for the sharing of information will be sought and respected in all situations unless:

- *it is unsafe or impossible to gain consent or consent has been refused and*
 - *without information being shared, it is anticipated a child, young person or adult, will be at risk of serious harm, abuse or neglect, or pose a risk to their own or public safety.*
- 5.5 *Critical Incidents must be reported in accordance with the TBCC critical Incident Policy and*
- 5.6 Steps 4, 5 and 6 of the ISG flow chart describe Service Recipient consent see next page.
- ISG Decision Making Steps and Practice Guide

ISG decision making steps



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).



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.

5.6 Specific guidance for volunteers

Volunteers support all activities, programs and services of TBCC Inc. As part of their role volunteers may have access to information provided by another organisation (e.g. referrals) and observe the general wellbeing of children, young people and adults.

While volunteers are not authorised to share information with other organisations or government agencies (unless required under mandatory notification in conjunction with their supervisor) they will make an important contribution by advising the Coordinator when their observations cause them to be concerned about the safety and wellbeing of children, young people or adults.

As part of their induction all volunteers will be made aware of the ISG and who they should report their concerns to.

5.7 Positions involved in using the ISG and lines of approval

Most information sharing occurs with the consent of the people concerned. Decisions to share information without consent or refusal to share must be approved by the Coordinator.

The following chart lists those positions that may contribute to information sharing and their specific role.

Positions providing services to children, young people and adults.	Does the role include sharing SR information with other organisations with SR consent?	Is approval required for information sharing without consent or when refusing to share?	Approval from
Coordinator	Yes	No	
Paid Staff	Yes	Yes	• Coordinator
Volunteers	No	Yes	• Coordinator

6. Record keeping

Existing service recipient / staff files will be used to record details of information sharing decisions and actions.

Records of information sharing are essential:

- TBCC will record all client information in client management system MAISY which is password protected and secure.
- When information is shared with consent - evidence should be recorded on a consent form, registration form or similar, or recorded as a file note.
- When information is shared without consent, or
- When information sharing requests are refused by the organisation, or to the organisation, it should be recorded on the Information Sharing Record.

Information sharing situation	What to record	Where to record
1. Information is shared with consent	Copies of written consents and file note of: <ul style="list-style-type: none"> •verbal consent recording •who gave it, when and to whom •what the consent related to •information sought, provided or received 	•Record on consent form relevant to area of activity or as a file note. Filed in secure/maintained record management system – Service Recipient /Staff file.
2. Information is shared without consent (by The organisation or to The organisation).	<ul style="list-style-type: none"> •staff/volunteer involved •referred to Coordinator •advice received from others (including staff at the Child Abuse Hotline) •why consent was not obtained •what information is shared, when and by whom •outcomes and follow up 	•Record information on Information Sharing Record and store in Service Recipient /staff file
3. Information sharing request is refused (by The organisation or to The organisation).	<ul style="list-style-type: none"> •staff/volunteer involved •referred to Coordinator •the purpose (the immediate or anticipated risk the request was intended to address) •reason given for refusal •outcome of any follow up 	

TBCC Inc. will use the following forms:

- Consent relevant to activity – including volunteer registration form, program or service registration and consent form.
- TBCC Information Sharing Guidelines (ISG) Policy
- Information Sharing Guidelines ISG consent form

6.1 Cultural Guidance

TBCC Inc. recognises the diversity of people within the community. The organisation also recognises that where people have different cultural beliefs, the approach to service or program delivery may need to be different. For example, in many Aboriginal groups, sisters may be the daughters of an aunt and an aunt may be the person responsible for guidance and discipline, meaning in some cultures those with the authority to give consent may not be who you would expect. There may also be significant repercussions within a community and for other workers from the same cultural background as a result of seeking consent or sharing information.

Cultural factors however, do not excuse behaviour that affects disadvantaged people or places them at risk of harm, abuse or neglect. It is important to guard against cultural stereotypes both positive and negative. Staff should seek advice if they are involved in information sharing actions involving families whose culture is unfamiliar to them. In South Australia there are a range of organisations and resources that may assist staff to make decisions and provide services that are culturally appropriate.

7. Case studies

The following case studies provide examples in the context of the organisations programs and services of how to apply the ISG 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
- key contact people and resources – only the Coordinator can

approve information sharing without consent).

The diversity of programs and services of the organisation means that these are only a small sample, always seek advice if unsure, how these guidelines could be applied to a specific situation.

Case study 1

Sharing is justified - information sharing without consent ensures a service recipient receives appropriate support

Mary is a 78 year old woman who uses the Council bus driven by a volunteer to do her weekly shopping. Mary's husband has advanced Alzheimer's disease and lives with Mary in their home they have shared for 50 years. When the driver goes to pick Mary up one day he observes that her husband is tied to the chair in the house. Mary says if she doesn't do this she cannot go shopping, as she worries that her husband will wander off while she is away. Volunteers also observe Mary has been losing weight and often talks about 'ending it all.' Volunteers suggest that the organisation may be able to provide some assistance in the form of company for her husband while she shops and that there may be assistance through the Council or Community Health that would further support her. She says, "don't be silly I can manage", but appears to be very withdrawn, the volunteer pushes the issue and Mary becomes upset and does not want to talk about the subject any more, she says "don't say anything - 'they ' will put us in a nursing home, I would rather die!" The volunteer reports this information to the Coordinator who decides it is important to go against Mary's wishes and contacts the Council and local Community Health Service.

The Health Service staff visit Mary and reassure her that they are there to help, a Dementia Care package is set up, which provides support for Mary and her husband in practical and emotional ways. The organisation continues to provide transport.

In this case, there is sufficient reason to share information without Mary's consent, to reduce the risk of harm to her husband and to herself and for them to receive appropriate support. The Coordinator recorded the decision to share information without Mary's consent on the Information Sharing Record and filed it in Mary's file, including the outcome.

Case Study 2

Sharing is not justified – information sharing without consent is not justified due to a lack of risk to safety or wellbeing.

A 16 year old girl, participates in an exercise program. She is seeking to lose weight and become fitter. She has not disclosed any difficulties or concerns about her relationships with her peers or with adults. The trainer identifies that she is a little over the normal Body Mass Index (BMI) and seems committed to a healthy fitness and eating regime.

The counsellor at the school where the girl attends is aware of the girl's involvement in a program but not the specific program or reasons for accessing the service. She has refused to provide this information. The counsellor believes he can provide better support to the student if he knows what

issues the girl is facing and seeks this information from the Coordinator. The girl is coping well at school, both academically and socially.

The Coordinator liaises with the trainer and decides that if information is not shared by him it is reasonable to believe that neither the girl nor others will be 'at increased risk of harm'. The basis for declining to share information is explained to the counsellor and a record of this refusal is kept in the program service recipient files.

There was no justification for sharing information without consent as the safety or wellbeing of the girl was not at threat.

Case Study 3

Information sharing between the Organisation and another NGO without service recipient consent.

A young mother with four children presented in a very distressed state to the main office. She informed the front office staff that she had nowhere to go, her boyfriend had just 'kicked her out' Her boyfriend had also threatened violence and said next time he saw her he 'would have a knife'. It was difficult to get a clear picture of the situation due to the mother's distress. The family were given the use of a room to rest. The children appeared healthy and well cared for but were clearly upset by their mother's distressed state.

The office staff member requested consent from the mother to share information regarding her situation with the Centacare Domestic Violence Service, however, the mother was too confused and distressed to give an informed consent.

In consultation with the Coordinator as an ISG decision-maker, the Coordinator decided to disclose the family's situation to the Centacare Domestic Violence Service, reasoning that the mother and children were at risk of homelessness and harm.

Safe emergency accommodation was found for the family. The office was able to provide some short term emergency relief in the form of food for the family. Additional long term supports were introduced through Centacare, including domestic violence counselling and referrals for long term housing options.

The decision to share information without the consent of the mother in the first instance enabled two agencies to coordinate their services more effectively in the short term. The Centre Coordinator documented the reason information was shared without consent on the Information Sharing Record in the service recipients file.

Where to get additional advice or assistance

The Coordinator will be responsible for all information sharing activities without consent, and refusal and refused requests.

If assistance/ advice is required for any of these activities, contact should be made with the Principle Adviser (Information Sharing) in the Office of the Guardian for Children and Young People on 8226 8570.

Additional information is available on the website for the Office of the Guardian for children and Young People. <http://www.gcyp.sa.gov.au/>

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Next Review Date	June 2019	
Related Documents	Human Resources Management Policy Privacy and Confidentiality Policy TBCC Information Sharing Guidelines (ISG) Policy TBCC Information Sharing Guidelines and Consent form User Rights and responsibilities Critical Complaints Policy & Procedure Child safe Policy Diversity and Social Inclusion Policy	
Legislation	<p>Equal Opportunity Act 1984 https://www.legislation.sa.gov.au/LZ/C/A/EQUAL%20OPPORTUNITY%20ACT%201984.aspx</p> <p>Work Health & Safety Act https://www.legislation.sa.gov.au/LZ/C/A/WORK%20HEALTH%20AND%20SAFETY%20ACT%202012.aspx</p> <p>Childrens Protection Act 1993 https://www.legislation.sa.gov.au/LZ/C/A/CHILDRENS%20PROTECTION%20ACT%201993.aspx</p> <p>Aged Care Act 1997 https://www.legislation.gov.au/Details/C2013C00389</p> <p>Commonwealth Privacy Act 1988 https://www.oaic.gov.au/privacy-law/privacy-act/</p> <p>DCSI Critical Client Incidents Policy Coronial Policy http://dcsi.sa.gov.au/about-us/policies/corporate</p> <p>State Records Act 1997 https://www.legislation.sa.gov.au/LZ/C/A/STATE%20RECORDS%20ACT%201997.aspx</p> <p>Guardianship Act 1993 https://www.legislation.sa.gov.au/LZ/C/A/GUARDIANSHIP%20AND%20ADMINISTRATION%20ACT%201993.aspx</p> <p>Information Sharing Guidelines for Promoting the Safety and Well-being of Children, Young People and their Families 2008. http://www.ombudsman.sa.gov.au/isg/</p>	
Signed on behalf of TBCC Board of Management by:		
Name: Jack Hunt		
Position held: Chairperson		
		Signature: 