OmbudsmanSA

Discussion Paper

Overview of implementation of the *Information Sharing Guidelines for Promoting the Safety and Wellbeing of Children, Young People and their Families* 2009 to 2012

May 2013

Acknowledgements:

This report reflects the experience and lessons of implementation of the SA *Information Sharing Guidelines for Promoting the Safety and Wellbeing of Children, Young People and their Families* (ISG) from January 2009 to November 2012.

From January 2009 to April 2013 the promotion and monitoring of implementation of the ISG was hosted by the Office for the Guardian for Children and Young People and supported by a Steering Committee and a Principal Advisor position. Agency reports on implementation progress were collated in 2009-2010 and 2010-2011. In 2012 a consultant, Dianne Chartres was selected to conduct a series of focus groups to canvas the experience of those staff applying the ISG in their work. In 2012 the Australian Centre for Child Protection conducted workforce surveys to examine the impact of the ISG on knowledge and practice. This report is a summary of these combined evaluation activities and draws heavily from related reports provided to GCYP.

The contribution of researchers and consultants and staff from agencies and organisations who participated in the evaluation is greatly appreciated. They include:

- The Australian Centre for Child Protection
- Dianne Chartres Consulting
- Department for Education and Child Development
- SA Health
- Department for Communities and Social Inclusion
- Department of Correctional Services
- South Australian Police
- Uniting Communities
- Nunkuwarrin Yunti
- Red Cross Australia
- Mission Australia
- Northern Domestic Violence Service
- Centacare Catholic Family Services
- Anglicare SA
- Northern Area Community and Youth Services

Current situation:

In March 2013 South Australian Cabinet directed that the scope of the ISG should be broadened to include information sharing for all adults irrespective of their status as parents or caregivers and relocated responsibility for the ISG to Ombudsman SA. This enables service providers to apply the ISG to all clients with whom they work and aligns information sharing practice across both adult and child services. See www.ombudsman.sa.gov.au/isg for ISG resources and information.

Ombudsman SA
PO Box 3651
Rundle Mall SA 5000

Level 5, East Wing
50 Grenfell Street
Adelaide SA 5000

(08) 8226 8699
1800 182 150 (toll free outside metro area)
(08) 8226 8602
ombudsman@ombudsman.sa.gov.au
www.ombudsman.sa.gov.au

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IMPLEMENTATION AND APPLICATION OF THE SOUTH AUSTRALIAN INFORMATION SHARING GUIDELINES 2009 to 2012

Executive Summary

Cabinet endorsed the *Information Sharing Guidelines for Promoting the Safety and Wellbeing of Children, Young People and Their Families (ISG)* in October 2008 as a simple guide for government and non-government service providers to follow when sharing information. It was developed as part of the Government's Keeping Them Safe child protection reform program. A Principal Advisor Information Sharing was appointed to promote and monitor implementation. This position has been based in the Office of the Guardian for Children and Young People and supported by a steering committee.

Since January 2009 the ISG has been progressively implemented by the Department for Education and Child Development, SA Health, the Department for Communities and Social Inclusion, South Australian Police and the Department of Correctional Services. Uniting Communities, Nunkuwarrrin Yunti, Australian Red Cross and Centacare were the first non government organisations to complete implementation. Targeted promotion of the ISG to peak sector bodies since 2010 has seen an increasing number of non government organisations (NGOs) and associations adopt the ISG.

To monitor implementation progress and use of the ISG, agency reports were gathered for 2009 to 2011. Further evidence was gathered through focus groups and workforce surveys conducted in 2012.

Implementation progress reports and consultation with those applying the ISG indicate that organisations with a sound staff induction and training culture are able to develop organisational procedures and complete staff induction without significant investment or difficulty. A key positive influence on implementation is strong direction and support from leadership and the commitment and energy of (in most cases) one individual to drive the initiative. Staff induction is a challenge in some larger and more diverse organisations.

The size or budget of the organisation appeared not to significantly determine successful implementation. Rather, successful implementation depended more on leadership and commitment to implement the ISG, culture and systems for quality improvement, and capacity to manage competing demands.

Many NGOs, after some initial concerns about resource implications for implementing a state wide policy platform, reported that it was similar to implementing any other organisational policy or procedure and could easily be incorporated into existing quality improvement and business development processes. It was evident that many NGOs were caught up in tendering rounds that meant some front line staff were not available to complete the work.

There is clear support for the ISG from those organisations and individuals who actively apply the ISG to risk assessment, case management and service coordination. In many cases implementation has lead to other quality improvement activities, notably understanding of general privacy principles, how and when to seek informed client consent, keeping accurate records, and interagency collaboration.

The implementation of the ISG has helped to clarify mandatory notification requirements, create opportunities for more family centred practice, and expand the awareness of the types of services available for referral for a wider variety of client groups. Conversely, feedback also identified gaps in knowledge about these matters.

One key outcome from the review of ISG implementation has been a call for the explicit broadening of the scope of the ISG to allow earlier and more effective intervention for all population groups, including adults who do not have connection to children but who may pose a risk to themselves or to public health or safety.

The passing of the Commonwealth *Privacy Amendment (Enhancing Privacy Protection) Bill 2012* on 29 November 2012 (due to come into effect in March 2014) will allow organisations and Commonwealth agencies to apply a process like the ISG when personal information is to be shared. New principles for disclosure also enable information sharing for all vulnerable individuals where there are care and safety concerns.

Cumulative findings from evaluation and consultation activities conducted from 2009 to 2012 indicate incremental implementation across government agencies and NGOs. Feedback from those actively using the ISG indicates that when applied, the ISG provides clear guidance for appropriate information sharing, and enables earlier and more effective interagency interventions where there are risks of harm. Further promotion and development of generic training resources will support implementation.

> *"Very positive feedback has been received in our department during ISG training with participants strongly supporting the framework and the emphasis on early intervention. There is also now clear recognition and understanding of the mutual role that adult service providers have with ensuring the safety and well-being of children and young people."*

ISG Implementation

Agency reports

Agency reports were gathered for 2009-10 and 2010-11 to summarise:

- To what extent agencies have acted to implement the ISG?
- What factors affected implementation?
- How implementation can be enhanced at agency and system levels?

By the end of 2011 the agencies and organisations directly supported by the Principal Advisor Information Sharing to implement the ISG had all completed organisational procedures. The development of the resource *A Guide to Writing an ISG Appendix* in 2010 was considered particularly helpful.

Government agency ISG staff induction completion rates ranged from less than 20 per cent to 98 per cent. Those with high completion rates had successfully applied a number of strategies, including:

- clear support for the work from leadership
- on line learning tools
- train the trainer models
- delegated accountability for implementation from the Chief Executive to division and regional leaders.

NGOs reported success through also:

- regular discussion of the use of the ISG at staff meetings and/or during staff supervision sessions
- adding the ISG to quality improvement processes.

The progress reports on implementation showed that focusing all energy on training supervisors or managers was *not* a solution to full scale implementation. In one agency where this was a strategy, front line staff who should be applying the ISG had not received induction. These staff were often informed of the ISG's existence and capability by other organisations when they were seeking or providing information or through case coordination. This strategy though did work well where there was accountability built in and managers' responsibilities to induct and then support and supervise staff in their use of the ISG were clearly articulated and monitored.

In reporting the challenges of implementing the ISG, one of the largest government agencies noted that reporting on the breadth of induction and training needed to take account of the proportion of the workforce which needed to use the ISG.

> *"There are approximately 35,000 staff members and a fluctuating number of volunteers across our organisation. While the ISG Policy Directive applies to all staff and divisions, it is important to note that there is a component of the workforce that has either limited or no involvement in the application of the ISG. As such, using the total number of agency staff as a baseline to measure the percentage of staff and volunteers trained in the ISG or for other related purposes is not a useful or accurate indication of the knowledge and use of the ISG within this organisation*."

Other challenges to induction arose because:

> *"There are significant challenges to train a large volume of staff, in diverse environments, and with a changing workforce."*
>
> *"We have large numbers of volunteers spread across the state – engagement in training can be difficult and might only happen annually or in response to a particular demand/issue.".*
>
> *"It is difficult to ensure an appropriate level of training is provided to staff across the state so that information is not inappropriately shared."*

Competing priorities caused delays in implementation for many NGOs particularly when relevant staff were frequently occupied with writing tenders during funding rounds.

In 2009 it became clear that there were conflicting thresholds for information sharing between the ISG and the Commonwealth Privacy Act which applied to NGOs. The National Privacy Principles associated with the Act required that a risk be 'imminent' before disclosure without consent was warranted. The requirement of imminent harm contradicted the 'early intervention' purpose of the ISG.

In February 2012 the Commonwealth Privacy Commissioner ruled that, on balance, the public interest in implementing the ISG 'substantially outweighs adherence to

[National Privacy Principles] 2.1 and 10.11'. The effect of this was to remove any concerns about legal barriers to the ISG being implemented across the non-government sector.

Focus Groups

In April 2012 five focus groups were convened with 47 participants from government and non-government agencies implementing the ISG. Participants were a mix of front line staff and middle management who support and supervise staff in their use of the ISG. The workshops were facilitated by an independent consultant Dianne Chartres.

The focus groups were to provide information on how the implementation of the ISG affected:

- the exchange of information in keeping with the purposes of the ISG
- worker confidence in, and attitudes to, appropriate information sharing (i.e. balancing appropriate disclosure and appropriate maintenance of confidentiality)
- agency and inter-agency structures and processes for earlier intervention to protect, and enhance the wellbeing of, children and young people
- agency and inter-agency structures and processes for collaborative work in relation to children and families

Collaboration

Overwhelmingly the feedback from focus groups was that the ISG resulted in improved collaborative working across and within agencies.

> *"..It has all been just so positive. I have had no negative experiences, nor ever been denied consent to share.."*
>
> *"Our general experience is that collaborative work with other agencies is easier to achieve because the information sharing groundwork is already done and the traditional arguments about confidentiality are unnecessary."*

Case Management

Focus group participants spoke of improvements to case management where the ISG was applied. It was reported the ISG flow chart provided a clear focus and clarity on the purpose of intervention and what could be done in a shared way to reduce the risk to children and families.

An increase in targeted brief interventions as a result using the ISG was noted. These brief interventions were reported to be better coordinated and to provide wrap-around services in a timelier manner. Longer term case management in complex cases was also improved. In some cases this meant a reduction of duplication of services and the use of a designated key worker. Both resulted in a more streamlined but still holistic approach.

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[1] Explanatory Statement, Public Interest Determinations No's 13 and 13A, Office of the Australian Information Commissioner, Australian Government, February 2012, http://www.comlaw.gov.au/Details/F2012L00330/Explanatory%20Statement/Text.

"..ISG gives us permission to act, not just to share information …."

> *"The emphasis on early intervention is very welcomed - challenges the current models of practice - intervention of acute presentations rather than opportunities for prevention. Will contribute to efforts at reorientating practice toward prevention".*

Support for Good Practice

Participants said that they now have a clear process that guides practice, the confidence to intervene early and to share relevant information as appropriate. They felt empowered to act and embrace the principle of 'do not ignore' in their work.

> *"Explaining ISG guidelines helps to build and maintain positive relationships with clients. While providing more freedom for information sharing, ISG has provided the rigour for this and the protection of privacy at the same time."*

Outcomes for Clients

In some cases the ISG had averted the need for an anticipated mandatory notification under the provisions of the *Child Protection Act*. It had enabled intervention at a primary level, ahead of harm, rather than at a forensic or investigative level after harm had been done. Also positive were the reports of more timely, holistic responses to the needs of clients and priority access to services.

The ISG highlights seeking informed client consent for information sharing when ever safe and possible to do so. It was reported that clients were more empowered and involved and that there had been a limited need to share information *without* consent due to the ISG approach and that families are usually grateful for 'anything that will help'.

> *"..I have very different conversations (with clients) at first contact and on raising care concerns……."*

> *"Our privacy documentation for clients has been updated to reflect the ISG. This information is communicated to the client during their initial contact. The client is given the privacy pamphlet and the staff member talks to this document ensuring the client clearly understands our policy and processes. Staff will then sign off on a checklist form which sets out all information/forms/processes that must be communicated to clients. "*

Procedures and resources

Many organisational procedures, known as an ISG Appendix, were considered to be too lengthy and difficult to operationalise. Participants said that shorter procedures that highlighted the key principles and practice of information sharing and clearly linked to other organisation policies were more useful.

> *"An unexpected benefit was that other related policies and procedures were updated to ensure a more system wide approach to risk assessment, service planning and coordination. Implementing the ISG a highlighted a duty of care to those who clients relate to (family members and significant others)."*

Many said that the generic ISG resources such as the two page *ISG Decision Making Steps and Practice Guide* and the *early intervention by sharing information Top Ten Practice Tips* are the most useful and frequently used resources by workers.

Training

It was clear from the focus groups that ongoing training, refresher courses and scenario based learning was a necessary adjunct to good use of the ISG. It was felt that this was particularly important where the ISG was not used very often or where there was a high staff turnover. While training in organisational procedures was seen as an internal matter, the value of external training in the broader ISG philosophy, aims and process was considered valuable.

"…A repository of case studies that can be accessed on line would be extremely useful learning tool."

"..Since the initial launch and training it (ISG) has gone off the radar in our agency.."

Two levels/sources of required training were identified through the focus groups;

- externally for ISG philosophy, purpose, principles and values and
- internally for organisational procedures, practice competencies and standards.

Barriers to good information sharing practice

The focus groups demonstrated varied views about risk thresholds between different disciplines and between different programs and population groups. Discussion took place in one group about the threshold for intervention when a child's *development* may be compromised but the situation may not constitute *abuse*. It was felt providing information about the effects of cumulative harm may be helpful.

The perception that the ISG is *only* about child protection has seen some professional groups remain unclear about what it means for their work. Some participants from the disability sector questioned the relevance of the ISG to their clients, whilst others felt the ISG would enhance the safety of adults with a disability.

Some examples were cited where it was felt the ISG was used as a 'fishing exercise' or to gather evidence when writing a court report rather that to intervene early to prevent harm.

Conclusions from Focus Groups

The ISG has been welcomed by workers in the field. Where applied appropriately, it has been found to have facilitated early intervention and good practice, such as joint and improved risk assessments; prioritisation of needs, action and access to services; and the coordination of supports, follow up and case management.

Workers reported that the ISG empowers them to act and that their clients also feel empowered and respected. There has been little opposition to information sharing, when the reasons and purpose have been carefully explained at the request to do so.

The most important facilitators of this good practice and outcomes were good organisational procedures, systems and active support. Even where this was present, there was a call for more attention to assertive quality assurance of policy implementation and practice.

Larger multi-faceted government agencies were more likely to have processes to approve the sharing of information without consent structurally far removed from front line workers. Whilst this was a frustration for some, it was agreed that having an approval process for refusing to share or when sharing without consent was an effective assurance of further risk assessment prior to disclosing information. However, this was also identified as a barrier to timelier sharing of information and consequently, early intervention.

Participants comments indicate the ISG has highlighted some knowledge gaps in regard to mandatory reporting, how and when to seek informed client consent,

professional duty of care in regard to disclosure of personal information, knowing other organisations to whom a referral can be made, and requirements for appropriate record keeping.

The development of and implementation of the ISG itself was considered to be sound. However there is a view that more needs to done to embed and maintain the ISG philosophy and practice. Location of this work in an independent statutory environment was consistently supported by participants from both government agencies and NGO, however its connection with children under the guardianship of the Minister has created confusion about its scope of application. Since 2009, it is reported that the majority of information that is shared is about vulnerable adults, who in turn because of their high and complex needs, pose a risk to children and family members.

There was a view in the focus groups that more needs to be done to support or widen use of the ISG between Commonwealth and other State jurisdictions. Several participants also considered proposed amendments to the national privacy laws to be a critical time for both preparatory and implementation work across state boundaries. A single focus for this work, through the Principal Advisor Information Sharing was considered necessary, particularly by those who had accessed support and advice about implementing and applying the ISG.

Workforce Survey

In May 2012 the Australian Centre for Child Protection developed a workforce survey to examine the impact of the adoption of the ISG. Ninety eight workers from two government agencies and two NGOs participated. The survey questions were in three broad categories related to knowledge, confidence and behavioural intention. Participants completed the survey prior to ISG induction and then three months later, after ISG training.

There was a significant fall-off of survey respondents for the second stage and a number of responses that needed to be excluded. Data from the survey is therefore indicative and not reliable or conclusive. Irrespective of the lack of robust data, there were many common findings between the focus groups and workforce survey.

Implementation

Descriptions of what helped implementation within organisations were provided by 53 per cent of participants. These included:

- Induction;
- Working together;
- Discussions at meetings;
- Training, workshops and information sessions;
- Online training package, case studies and ISG appendices;
- Service policies and Director's initiative;
- Clarity and easy accessibility of ISG;
- Accessibility and visibility of practice posters;
- Provision of relevant information and reading ISG;
- Re-familiarisation with the policy;
- Senior staff ensuring all staff are trained well;
- Organisations taking responsibility to ensure all staff are trained; and
- Sharing information between services and staff.

One participant wrote that the ISG '*provides clear guidelines for not giving out information to other agencies*', whilst another stated '*information that can be passed on between referring agencies with clients in crisis*' to be helpful for implementation.

Descriptions about what hindered implementation were given by 36.7 per cent of participants and included:

- Red tape;
- Staff changeover;
- Poor communication;
- Unavailability of staff;
- Time restraints and workload;
- Fear of breaching client confidentiality;
- Lack of access to training in rural areas;
- Sharing guidelines are not so clear when it doesn't involve children;
- No mandatory training requirements or processes to ensure all staff are trained;
- Lack of understanding around the complexity of the guidelines; and
- Staff having to learn different policies and procedures for different areas.

Benefit of the ISG

None of the participants thought that the ISG was unhelpful and 80 per cent thought it was helpful for the following reasons:

- Provides consistent guidance and clear guidelines about what can and cannot be shared, when and with whom;
- Assists, supports and protects staff;
- Guidance creates confidence to follow through with seeking extra information;
- Stops others finding out client information when it is not necessary or relevant;
- Creates accountability;
- Helps services assist one another;
- Helps services make more informed decisions;
- Facilitates inter-agency collaboration through information sharing;
- Enhances client safety and wellbeing (child, young person, mother etc.);
- Reduces risk of harm to clients; and
- Allows for better client outcomes.

Training

Sixty per cent of participants indicated that they had received ISG training and 30 per cent had not (10 per cent missing). When asked about the frequency of training, 38 per cent had received training 'once/not often' and 20 per cent received 'regular/ongoing' training. Ten per cent indicated that they only received 'self-directed/informal' training through self-reading, an online learning package, referring to ISG when needed, and informal help from co-workers and supervisors. Those who received training 'once/ not often' generally received it during induction or orientation although a few respondents mentioned receiving one session/ workshop with brief discussions in meetings. 'Regular/ongoing' training mainly consisted of discussions when needed, staff meetings several times a year and biannual updates.

Thirty-six per cent indicated that they received follow-up/ additional support to ensure learning and implementation, 34 per cent did not, and 30 per cent did not answer. Additional supports provided included:

- Regular staff supervision;
- Discussion at staff and team meetings;
- General discussion and ability to follow up with co-workers and managers;
- Updating forms;
- Displaying flow charts; and
- Discussion at time of possible sharing.

One participant mentioned '*staff capacity to understand the difference between CARL [Child Abuse Report Line] and ISG – [as these] tend to be collapsed as the same thing'*. This may indicate that the distinction between the two may need to be reinforced during ISG implementation.

Suggestions for what could be done differently were given by 36.7 per cent of respondents and included:

- More training/ more comprehensive training;
- Follow-up support after initial training workshop;
- Better communication;
- Having ISG training that is universal;
- Greater flexibility in training times;
- Clearer direction about training requirements;
- Develop a plan to ensure all new staff are trained; and
- Include examples where a client's safety is at significant risk and they have no children.

Conclusions from Workforce Survey

The ISG were seen as helpful by the majority of participants in the survey. Suggestions for ways in which implementation could be improved included reviewing ISG annually, including case study examples referring to adults with high and complex needs, and raising awareness of ISG.

The majority of participants indicated that they had received training about the information sharing procedures within their organisation, although a substantial number only received it once during induction and received little follow-up support.

Participants described what hindered implementation including red tape, staff changeover, poor communication and fear of breaching client confidentiality. Suggestions for things that could be done differently include more comprehensive training (e.g. outlining difference between ISG and CARL, addressing issues regarding confidentiality) not only at induction but also in follow-up support. The responses made it clear that all staff need ongoing support to implement the ISG appropriately, not just on induction.

Due to the substantial differences in the samples from the first and second surveys, data was unable to be compared. However similar proportions of desired responses were observed in the knowledge and behaviour items at both times. Confidence levels about use of the ISG and understanding how, when and why information could be shared, were fairly high amongst participants in each sample.

Summary of key findings from combined evaluation activities

Implementation

- Momentum for training and induction has fallen off. The challenge is how to formalise what has already been done and ensure that the ISG is embedded in practice.
- It is critical that key staff in agencies know about and use the ISG.
- Some agency ISG appendices are lengthy and not particularly useful. There is benefit in promoting resources that are not agency specific but articulate key standards and practice principles.

- In some large and complex agencies, there is a risk in the process of decision-making getting bogged down, such as, how long might staff need to wait when seeking approval from a manager to share without consent.

Benefits

- The ISG can lead to a greater understanding of the right to privacy and how to seek informed consent.
- Not all staff seem to understand that assessing risk means seeking information and the ISG provides clear and simple steps to follow to achieve that.
- Where the ISG is used it helps re-orientate professional practice to early intervention and guides good case management practice and interagency collaboration. The challenge is how to build on that.

Opportunities

- The broadening of the ISG may present an opportunity to ensure induction is still on the radar and enhance practice knowledge for those already applying the framework.
- There is an opportunity to clarify the purpose of the ISG and its connection to mandatory reporting.
- The understanding of risk thresholds differs from organisation to organisation and from sector to sector. Because of this, the tipping point for responsiveness is unclear. However, further promotion of the ISG can lead to greater consolidation of understanding of risk assessment and thresholds for action.
- Whilst anecdotal feedback is positive, the actual impact of the ISG on early intervention is unclear. Workers report that there is no feedback loop to know if their information sharing has made a difference. Case file audits could reveal evidence of successful early interventions through application of the ISG but would require significant resourcing.
- Promotion of case study scenarios can articulate appropriate practice and highlight a range of client outcomes.

The ISG operates in a complex environment. State wide roll out of an initiative such as this has required an investment of time, resources, consultation and planning to develop and embed improvement, and systemic and cultural change. Importantly, the approach, resources and support for implementation has gained consensus across a wide range of stakeholders and has been welcomed by practitioners, professionals and managers using the ISG in government and non-government services. Evaluation of implementation and application has been equally welcomed by the sector. The view is however, that further work needs to be done to fully embed the use and potential of the ISG. This includes broadening its scope of application and consideration of its use in and or between other jurisdictions.