

Information sharing guidelines for promoting safety and wellbeing procedure

This is a mandated procedure under the operational policy framework. Any edits to this page must follow the process outlined on the [creating, updating and deleting policy documents](#) page.

Overview

This procedure explains how the [information sharing guidelines \(ISG\) for promoting safety and wellbeing](#) must be applied in the department's context and it must be read in conjunction with the ISG requirements provided on the [website](#) for the Department of the Premier and Cabinet.

Scope

The ISG applies to all staff and most significantly to those who are involved in:

- working directly with children and families
- line management or supervision of people who work with children and families
- investigations of concerns or allegations relating to children and young people's safety and wellbeing
- providing legal advice
- professional development and workforce training
- data management and records management
- screening and suitability assessments
- licensing and registration
- policy and practice development
- IT systems.

The ISG applies to government agencies and non-government organisations acting under contract with the state government including those working in education, child protection, health, policing, juvenile justice, disability, housing, mental health, family violence, drug and alcohol services, Aboriginal community controlled services, aged care, correctional services and investigations and screening units. All these agencies and organisations follow the same ISG decision making steps as outlined in this procedure.



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Detail

Induction, training and development

General induction

All staff will receive general induction on the ISG as part of mandatory staff training, that is: responding to abuse and neglect – education and care (RAN-EC) for education staff.

Role-specific professional development

Staff with roles for which information sharing is integral will receive additional professional development in using the ISG. This will occur as part of their induction to the role.

Records of the above training must be available for reporting and compliance purposes.

Statutory information sharing obligations

The [Children and Young People \(Safety\) Act 2017](#) allows state authorities to request and share information and documents with each other to perform their function in providing services and support to children, when the information relates to health, safety or wellbeing of children and young people, or if it is necessary to manage risks to children and young people. The provisions are consistent with the ISG.

In some circumstances, department staff are required to provide information to other agencies or authorities with statutory powers, for example the courts, police, coroner, the Office of the Guardian for Children and Young People, Child Death and Serious Injury Review Committee, Ombudsman SA or royal commissions of inquiry.

The ISG decision making steps of considering consent and legitimate purpose do not apply in these circumstances because the information request has a statutory status. However, staff should still apply relevant ISG principles.

For example staff should:

- verify the identity of the person requiring the information and clarifying the purpose of their request (for example SAPOL conducting a criminal investigation) See the section on verifying identity below
- ensure that all the information provided is accurate and is relevant to meeting the purpose of the request or obligation; unnecessary information should not be shared simply because it is packaged with relevant material
- ensure appropriate records of the information sharing are made.

STAR principles (secure, timely, accurate and relevant)

When sharing information, staff must follow the ISG STAR principles:

- **Secure:** ensure records of information are shared and stored securely (see the sections on verifying identity and record keeping).
- **Timely:** the sharing of information should not be delayed. Emergency requests should be clearly identified and actioned.

- Accurate: ensure the information that is shared is accurate or advise of any variations that apply.
- Relevant: ensure that the amount of information provided is no more than the amount necessary to meet the purpose of the information sharing. See the section on assessing relevance.

Consent and limited confidentiality

The recommended approach to sharing personal information is with the client's informed consent. Children and young people are department clients. They should be asked to provide their informed consent if they are developmentally capable of doing so and it is considered reasonable and practicable to seek it. (Step 6)

Respecting the informed view and consent of the child is an important contribution to a child's best interests by affirming their right to contribute, and where possible, to control matters affecting their lives. Information can always be shared when the individual provides informed consent.

A common consent circumstance in the education context is when student wellbeing leaders seek children's consent to share their personal information with parents, carers, other staff or professionals. Children and young people will often have sound reasons for not wanting their personal information to be shared with others. Some children do not want their status as being in care (under the guardianship of the Chief Executive) to be known at their school; some young people managing relationships, sexuality or mental health issues are reluctant to inform their parents.

Staff have a responsibility to follow the below guidance when talking with children and young people about seeking their consent to share their personal information, both with other agencies and with parents or carers:

- Work hard at explaining why and how the sharing of their information will help them. What situation are you trying to protect them (or others) from?
- Explore the restrictions that can be put on who is given information about them. Who needs to know what information in order to protect them? For example, is it the student wellbeing leader but not the class teacher who needs information or is it the carer but not the carers' other children?
- Be honest about when information might be shared without their consent; help them understand that keeping some kinds of information a secret is against the law and that the laws are there to protect people from harm.
- Avoid making children feel that their right to help or support through information sharing is conditional on the consent of their parents or carers.

Assessing the capacity to provide informed consent

The recommended way to assess whether a child has understood the implications of an information sharing request, and for their consent to be considered informed, is to ask them to tell the staff member in their own words:

- what the request is and why it has been made
- what the child or young person understands will happen if they do or do not give consent
- why he or she has either given or withheld their consent.

The clarity and consistency of the answers given to these questions will help determine whether or not a child's consent is genuinely informed. If consent is not given or the consent is judged to be uninformed, the information sharing may still occur, but:

- there must be a legitimate risk to be prevented
- it must be approved by a senior member of staff
- it must be recorded.

The role of parents and carers

Staff engage with biological parents (including parents whose children have been removed from their care), adoptive parents, step-parents, grandparents, adult siblings, kinship carers and foster carers. The role each of these groups play in the sharing of children's personal information will differ from one case to the next. For children and young people in care (under guardianship), a set of specific consents and decisions are outlined in the document [who can say Ok? making decisions about children in care](#).

Parental or carer involvement is central to children's safety and wellbeing. Where parents or carers are considered protective the following is recommended practice:

- Respect children's decisions to not involve their parents or carers but use opportunities as they arise to discuss why parental or carer involvement might be beneficial for them. Continue to return to the topic at intervals.
- Keep the child's safety as the overriding goal - sometimes this will mean sharing information against a young person's wishes. For example, when a young person is at risk of suicide.

Managing conflicting views

Conflicting views between children and young people and their parents, carers or case workers must be managed. Actions must not be shelved simply because people disagree. Some circumstances will involve not just opposing views between children and adults but between the relevant adults themselves, for example both parents, biological parents and carers, carers and case workers, case workers and school staff.

As an example, a young person may wish to change their gender identity and to share this information with their school so they can be enrolled under their chosen gender. Their parents may disagree with each other about whether this should happen. The treating psychiatrist may recommend that the young person's wishes be respected. The young person may be aged 16 or they may be aged 9. The young person may be in care (under guardianship).

Recommended practice:

- Involve a senior staff member in managing the conflict of view.
- Consider and seek the views of relevant experts if these haven't been provided.
- Ensure the child's rights under relevant legislation and United Nations Convention on the Rights of the Child (UNCROC) are understood.
- When considering the child's best interests remember their immediate physical and psychological safety takes precedence over all other interests.
- The informed view and consent of the child should be respected unless all the involved adults agree that to do so would put the child's immediate physical and psychological safety at clear risk.
- Escalate the matter as soon as all reasonable efforts to resolve the conflicting views prove unsuccessful.

Limited confidentiality – sharing information without consent

In accordance with ISG step 7, it is possible to share information without consent if:

- it is authorised or required by law

or

- it is unreasonable or impracticable to seek 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.

Approval must be sought from a relevant staff member in order to share information without consent. See [roles and responsibilities](#) for the positions identified with this responsibility.

Children of school age, young people, parents and carers must be informed about the limitations of the confidentiality provided by staff. This means:

- consent, approval and enrolment forms should include a statement that personal information may be shared with others, without the client's consent, if it is necessary to prevent serious risks to children's safety
- pamphlets or brochures outlining support for children and young people must explain the limits of confidentiality
- discussions with children, young people, parents and carers must reference limited confidentiality at regular and appropriate points of engagement
- the perceived needs of vulnerable children and those in care (under guardianship) may seem in conflict with the responsibility to explain limited confidentiality. However, promising and failing to maintain confidentiality will not assist children and young people to trust and feel safe with the adults who have assumed their care.

Avenues of complaint

Young people, parents and carers have a right to complain if they believe their personal information has been shared inappropriately. The potential for complaint is greatly limited if staff take care to explain the consent process at all relevant stages and work hard to ensure that the consent is genuinely informed.

If unresolved at the local level, young people and parents or carers should be advised that they can discuss their complaint with the [Education Complaint unit](#).

Assessing relevance

When staff share confidential client information with other agencies or organisations, outside the generic procedures described below, they must use the following questions to guide their decisions. If the information is shared without consent, these questions will be part of the discussion and approval from the departmental staff listed in [roles and responsibilities](#). If the information is shared with the client's consent the questions must still guide the process of deciding what is and isn't relevant:

- In what way is this information intended to help prevent harm?
- What specific information is relevant (needed) to achieve that?

- Whose identities must be disclosed as part of that specific information and whose identities can be kept confidential?

Generic procedures

In some business units or offices, information sharing processes are embedded in standard operating procedures. These procedures have already addressed the questions of relevance and whether it is safe to seek consent. It is not expected that the ISG flow chart will be routinely consulted in those operations.

Some examples are:

- the procedures or guidelines followed by the department's investigations units
- specific incident response guidelines – for example to allegations of adult sexual misconduct, problem sexual behaviour involving children and young people or suicides of children and young people.

Where generic procedures are followed, the relevant departmental unit or office must be able to:

- refer to the written procedure or document which outlines the actions required of staff
- point to where the procedure or document reflects the ISG principles (a legitimate purpose, the consideration of consent and the relevance of the information shared or sought)
- over time, review whether the issues of relevance and consent remain the same.

Specific obligations under the *Children and Young People (Safety) Act 2017*

Obligation

1.7.1 Reporting of suspicion that child or young person may be at risk.

Sections 30 and 31.

Requirement

Suspicion on reasonable grounds that a child or young person may be at risk must be reported to the Child Abuse Report Line or via an electronic notification (eCARL) as soon as practicable.

Application

The obligation to notify the CARL or eCARL does not mark an end to the continued responsibility to take actions to prevent harm (unless specifically instructed by Department for Child Protection that particular actions are not appropriate at that time.)

A notification to the CARL does not represent a solution to a child's safety problems or the end of the child's need for ongoing support from the education or care staff supporting them. It may represent the beginning of statutory intervention by Department for Child Protection staff and, if so, relevant information sharing would be expected to continue between all parties responsible for the child's care.

Applies to all staff.

Obligation

7.2 Protection of identity of persons who report to or notify the Department for Child Protection.

Section 163.

Requirement

The identity of a notifier should not be disclosed unless:

- the disclosure is made with the notifier's consent
- it is required by the Chief Executive of the Department for Child Protection or under the Act
- a court requires the notifier's identity be disclosed as evidence.

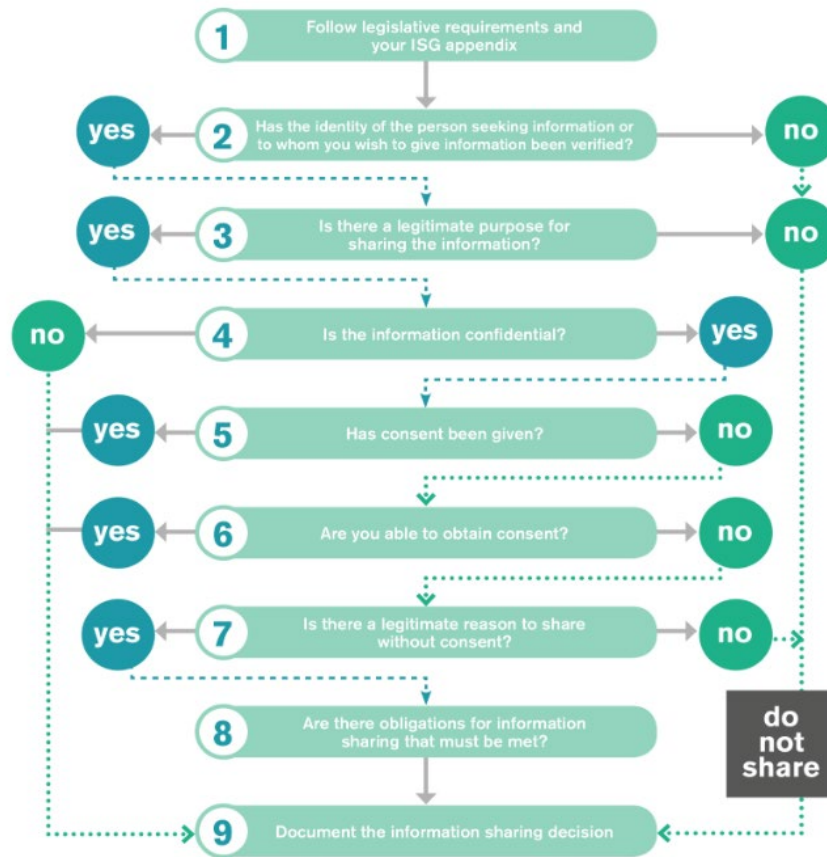
Application

The ISG requires staff to share relevant information to prevent harm. In most cases relevant notification information is the nature of the concerns raised and the actions being taken; it does not include the notifier's identity. Staff can disclose relevant information about notifications with each other and with other agency professionals if it is agreed the request has a legitimate purpose (step 3 ISG decision making steps) and the notifier's identity is protected in the process (unless the notifier consents to their identity being disclosed or is required by the legislation).

ISG decision making steps and practice guide

ISG decision making flowchart

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).

ISG practice guide

Step 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 or mitigate risk.

Step 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.

Step 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.

Step 4: 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.

Step 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.

Step 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 or supervisor.

Step 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.

Step 8: situations where you must share information:

- 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)
- 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).

Step 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.

Record keeping

The ISG do not require separate record keeping systems. Staff are expected to use existing case management or client files to record information sharing decisions as part of their everyday work with their clients, colleagues, supervisors or line managers. The two circumstances where information sharing must be recorded as part of case management or client file maintenance are outlined below.

Information is shared with consent (by you or to you)

Record:

Copies of written consents and file note of verbal consent recording:

- who gave it, when and to whom
- what the consent related to
- information sought, provided or received
- outcomes and follow-ups.

Information is shared without consent (by you or to you)

Record:

- why obtaining consent was unreasonable or impracticable
- line manager'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-ups.

Information sharing request is refused (by you or to you)

Record:

- the purpose (the immediate or anticipated risk the request was intended to address)
- reason given for refusal
- approval from line manager
- outcomes and follow-ups.

Cultural guidance on information sharing

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

It is important to guard against cultural myths and stereotypes – both positive and negative in nature. Anxiety about being accused of racist practice should not prevent the necessary action being taken to protect and

promote the safety and wellbeing of a child, young person or adult. Staff should seek guidance whenever they are engaged in information sharing actions involving children and families whose culture is unfamiliar to them.

Cultural advice is available from relevant business units.

Volunteers and tertiary students on placement

Volunteers and students play a significant role in supporting a wide range of programs. Many of these programs, such as mentoring, provide volunteers and students with important insights into the general wellbeing of children, young people and families.

While department volunteers and students are not authorised to share confidential information with other agencies or organisations, except if making a mandatory notification to the Child Abuse Report Line, they are required to immediately advise their supervisor when they have concerns about the safety or wellbeing of children, young people or families.

As part of their induction, all volunteers and students must be given clear information on:

- what constitutes a concern including observed behaviours of other adults towards children
- the process for sharing concerns with their supervisor
- the importance of respecting the sensitivity of the information they share with their supervisor
- the boundaries within which they must conduct their relationships with children and young people.

Verifying identity

Requests for information sharing will possibly have a level of urgency and come via 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.

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

Managing disagreements about information sharing

Disagreements about information sharing can occur:

- between staff
- between staff and another agency or professional.

Where a disagreement occurs, staff should first seek advice from their line manager. Where this is not possible or successful, local escalation processes should be utilised.

If still unresolved, legal advice and guidance can be sought prior to further escalation through the relevant executive director to the Chief Executive. Staff may consult the principal advisor, Information Sharing, Department for the Premier and Cabinet for additional advice.

Roles and responsibilities

Directors, school principals, preschool directors, integrated support services (leaders and managers) state-wide program managers (services to children and families)

- Approve information sharing without consent.
- Approve information sharing refusals.
- Consult on the application of the ISG.
- Dispute resolution.
- Escalate unresolved issues (through existing line management channels).

Early Years and Child Development division

Monitor, evaluate and update the ISG procedure.

Executive director, Early Years and Child Development

Advise the Chief Executive about matters that impede the application of the ISG so these can be raised at Chief Executive or Ministerial forums.

Definitions

at risk – as defined in section 18 of the *Children and Young People (Safety) Act 2017*, 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
- domestic and family violence
- sexual vulnerability

- exploitation.

CARL – Child Abuse Report Line (Customer Call Centre, Department for Child Protection).

children and young people – for the purposes of the ISG this term includes unborn children, babies, children and young people up to the age of 18.

confidential or confidentiality – information that is provided in confidence and is assumed by the individual who provided it that it will not be shared with others.

duty of care – refers to the responsibility to provide children and young people with an adequate level of protection from harm. It is usually expressed as a duty to take reasonable care to protect children and young people from all reasonably foreseeable risk of injury. Adults can assume this responsibility formally or informally; as a government or non-government employee, volunteer, parent, carer or relative. It can arise as a common law concept or as an obligation prescribed within specific legislation such as mandatory reporting obligations under the [Children and Young People \(Safety\) Act 2017](#).

cumulative harm – the compounded experience of multiple episodes of abuse or layers of neglect. For children it refers to the effect of patterns of circumstances and events in their life which diminish their sense of safety, stability and wellbeing.

harm – as defined in section 17 of the [Children and Young People \(Safety\) Act 2017](#).

Physical, developmental or psychological injury or impairment, whether temporary or permanent. Harm can be the result of intentional and reckless behaviour or failure to take action when required to promote a child or young person's safety and wellbeing.

information – written, verbal or electronic reports and 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 that consent. Age, intellectual capacity, mental health and abuse of substances will each impact on an individual's capacity to demonstrate this understanding and these impacts must be acknowledged – they cannot be overlooked.

parents or carers – all individuals who have responsibility for caring for 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 role.

reasonable – showing reason or sound judgement; acceptable because it is logical, fair or sensible.

safety – the condition of being and feeling safe. Freedom from the occurrence or risk of physical or psychological injury, danger or loss.

wellbeing – an individual's physical, social and emotional welfare and development.

Supporting information

The ISG contain 20 case studies illustrating use by a range of agencies and organisations working with children, young people, parents and vulnerable adults. The case studies provided below provide a primary focus on the use of the ISG within the department.

Case study 1

A children's centre is trying to engage more closely with a young single mother. The mother appears quite isolated in the community and has disclosed that she sometimes has problems with her children. She has a 4 year old son who only attends preschool occasionally and a toddler of 14 months. When the centre asks if the mother would like help in getting her son to preschool more regularly, the mother says she is coping ok and that she has other people supporting her. The children's centre staff don't ask for further information about who provides this support thinking the mother might feel they are prying too much.

The boy and his mother do not appear at the centre for three weeks and phone calls and messages left for the mother are unanswered. The centre staff are concerned about the children's wellbeing and decide to make a home visit. On arrival, a service provider from an NGO is visiting the mother. The mother is embarrassed by the centre staff being at her house. She turns to the NGO provider and accuses her of talking with the centre staff behind her back. She tells everyone to leave.

The NGO provider tells the centre staff that her organisation has been providing mental health support to the mother through a referral from Department for Child Protection. The NGO provider was at the house that day because the mother had missed two appointments.

The mother moves out of sight of both services and the 4 year old does not access preschool at all.

What should have happened?

At the beginning of their contact with the mother, the centre staff and the NGO service provider should have talked with the mother about the importance of information sharing and explained how it could provide both her and her children with much better support.

Both agencies should have sought information through other avenues as soon as they became concerned. Both could have contacted the Department for Child Protection to see if another agency was involved with the family. That contact would have linked them with each other at which time they could have discussed what information should be shared in order to safeguard the children. They could have planned a joint approach to getting the boy to preschool with less risk to the mother's sense of being in control of her situation. As well as giving her son a better start to education and putting him within sight of other protective adults, the mother would also have benefitted from the positive reinforcement of seeing herself as an effective parent.

Case Study 2

Following a change in her foster care arrangements a 9 year old girl, under the guardianship of the Chief Executive, is enrolled at a new primary school. The girl has a history of running away to her biological mother's home. The girl's social worker tells her that she is going to have a fresh start at her new school and that she will be treated just like every other student. She assures the girl that the only information the principal will be told is that she is in foster care.

The girl runs away from the school on the second day during recess time. Her new classmates see this happening, try unsuccessfully to stop her and then inform the staff. The principal rings the police but she has no helpful information to give them about the girl's likely whereabouts. She has tried to contact the social worker who is unable to answer her phone because she is in court and the foster carer did not have the address information of the biological parent. Police obtain the required information by contacting the Department for Child Protection and the girl is located close to her biological mother's home later in the day. She is taken back to her foster carer's home against her will.

The girl has been further traumatised by this experience and she has not enjoyed a normal start at her new school. Her relationship with her new foster carer has been complicated and most importantly she was at real risk

of harm during the three hours she was alone trying to locate a road she recognised to make her way back to her mother.

What should have happened?

Knowing about the girl's running away behaviour was relevant to the school's ability to keep the girl safe. It was information that should have been shared with the school because it was necessary to prevent a clearly understood risk. It should have been part of a plan about what the school, Department for Child Protection and foster carer would each do in the circumstance of her running away from school or from her foster home. The school should have the contact details of other Department for Child Protection staff that can assist if the social worker is not available.

Had the school known, they could have altered yard duty arrangements or monitoring processes - neither of which would have been obvious to other students. The social worker should have told the girl that this information would need to be given to some of the school staff in order to properly care for her, even if it was against her wishes. Knowing this may have helped deter the girl from attempting to run away and given her a better chance of establishing normality in her new environments.

Related legislation

[Children and Young People \(Safety\) Act 2017](#)

Related policy documents

[Information sharing guidelines for promoting safety and wellbeing](#)

[Who can say Ok? making decisions about children in care](#)

[School-based counselling service for students](#)

[Charter of Rights for Children and Young People in Care](#)

[Information privacy principles instruction](#)

[United Nations Convention on the Rights of the Child](#)

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