# Information Sharing Guidelines for Promoting Safety and Wellbeing (ISG) Appendix

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# Introduction

NGOs and Government Agenciesprovide a wide range of services to members of the community. This means at times staff may be alerted to circumstances where a child, family, individual or group of people may be in situations that place them at risk of harm or that pose a threat to the health, safety or wellbeing of others.

Sharing information is fundamental to service provision, intake and referral, case planning and case management – this is an everyday process for service providers and particularly relevant to interagency collaboration; it also assists with early intervention and safeguarding.

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 safeguard children or adults.

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 an ISG Appendix – it is a procedure for ISG implementation for our organisation; it is an appendix to the ISG and should be read in conjunction with [***Information Sharing Guidelines for Promoting Safety and Wellbeing (ISG)***](http://www.ombudsman.sa.gov.au/wp-content/uploads/ISG-Guidelines1.pdf)which is available from[*http://www.ombudsman.sa.gov.au/isg/*](http://www.ombudsman.sa.gov.au/isg/)

# These 2 pages outline the process to follow when making information sharing decisions





# FOLLOW THE 2 PAGE ISG DECISION MAKING STEPS AND PRACTICE GUIDE

# ISG Step 1 – Follow legislative requirements and your ISG appendix

See page 12 of the ISG for more information

**Relevant legislation:**

Most non-government organisations are covered by the *Commonwealth Privacy Act 1988* and, like the *Information Privacy Principles 1992* (IPPs) set by the South Australian Department of Premier and Cabinet for the public sector, they explain what is required for the collection, use, storage and disclosure of personal information (see step 7 of the ISG decision making steps and practice guide).

There are ‘General Permitted Situations’ for allowing information to be shared without consent. Relevant principles for information sharing for safeguarding include:

• 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;
* 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.

**Sharing of information to protect children and young people from harm:**

Section 152 and Section 164 of the *Children and Young People (Safety) Act 2017*, together with the Information Sharing Guidelines for Promoting Safety and Wellbeing (ISG) now provide a strong framework for sharing information to respond to or prevent harm to children, young people and their families.

Section 152 of the Act allows ‘State Authorities’ (Government Agencies and NGOs providing services on behalf of Government) to request and share ‘prescribed information 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.

Section 164 of the Act empowers staff to share information in a number of ways, including:

1. as required or authorised by or under this Act or any other Act or law;
2. with the consent of the person to whom the information relates;
3. in connection with the administration or enforcement of this or any other Act;
4. for the purposes of referring the matter to a law enforcement agency, or a person or agency exercising official duties under an Act relating to the care or protection of children and young people;
5. to an agency or instrumentality of this State, the Commonwealth or another State or a Territory of the Commonwealth for the purposes of the proper performance of its functions;
6. if the disclosure is reasonably necessary for the protection of the lawful interests of that person.

**Children and Young People (Safety) Act 2017**

Under section 30 of the *Children and Young People (Safety) Act 2017*, many service providers, such as teachers, police officers and medical practitioners are required to notify the Child Abuse Report Line (CARL) if they **suspect on reasonable grounds that a child has been or is being abused or neglected.**

**The ISG does not alter these mandatory notification obligations (see step 8 ISG).**

When using the ISG, **as soon as suspicion of child abuse or neglect arises CARL should be notified** by phoning 13 14 78. **Notification of SUSPICION of child abuse or neglect is required by law and consent is not required.**

**Key points**:

* Sharing information with other service providers about potential threats to safety and wellbeing, can contribute to early intervention and improve coordination of services to help keep children and adults safe from harm.
* Wherever possible and safe to do so, consent should be sought from the child and their family and, the child and their family should be informed of how their confidential information will be used.
* Mandatory notification responsibilities are not altered by either the legislation or the ISG.
* The identity of the notifier should remain confidential unless considered necessary (eg by SAPOL) for an investigation or (to a State Authority) if considered reasonably necessary to protect a child from harm.

**National Disability Insurance Scheme Act 2013**

Part 2 – Privacy, Sections (60-68) of the National Disability Insurance Scheme Act 2013, deals with use of personal information. Information sharing is permitted if Section 60 (2) (iii) with the express or implied consent of the person to whom the information relates; or (e) the person believes on reasonable grounds that the making of the record, or the disclosure or use of the information, by the person is necessary to prevent or lessen a serious threat to an individual’s life, health or safety. These provisions are consistent with ISG step 6 and step 7.

**ISG** **STAR principles -** *Secure, Timely, Accurate and Relevant -* see page 12 of the ISG.

## Secure

Shared documents such as files, records, emails and notes must be shared and stored securely. Emails are not generally considered secure. Therefore, when information is to be shared, it is best practice to phone the organisation first to establish the identity of the client. You can then follow-up this phone call with an de-identified email in order to share the information.

## Timely

It must be clear when an information sharing request is an emergency, and avoid delay in the sharing of information that may help to prevent or limit serious threats to people’ safety and wellbeing. Staff and their managers must work to remove cultural or logistical barriers to timely information sharing.

## Accurate

Staff and managers are responsible for making all efforts to ensure that the information being shared is up-to-date and accurate. If information being shared is not up-to-date they must advise the receiving organisation that the information is historical and may or may not be useful.

## Relevant

It is important for people involved in the information sharing process to ensure the sharing of such information will meet its intended objectives and to avoid oversharing and providing unnecessary detail. Sometimes a simple yes/no response to a question is sufficient to achieve the sharing objective. Information being shared must be appropriate to the purpose.

# ISG Step 2 – Has the identity of the person seeking information or to whom you wish to give information been verified?

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 main organisation phone number and ring this general number and ask to speak to that person.

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

See page 13 of the ISG for more information

# ISG Step 3 - Is there a legitimate purpose for the sharing of information?

See examples of legitimate reasons for sharing at step 3 of the ISG practice guide.

To help make a decision think about:

* What are your concerns?
* What evidence do you have that supports your concerns?
* If necessary, discuss your concerns with your supervisor

**Document the outcome of discussions and/or risk assessment.**

See page 13 of the ISG for further information.

# ISG Step 4- 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. This assumption of confidentiality underpins all interactions with our clients.

It is best to assume that people will view most information about themselves and families as confidential unless otherwise indicated during discussions.

The aim of sharing information under the ISG 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. Clients must be informed of confidentiality limitations - this means it is explained to them when and why it may be necessary to share their information with or without their consent.

The following statement can be used in discussion when advising clients of the limits of confidentiality, their right to privacy and explaining the duty of care incumbent on our staff:

*We will seek your consent to share your information where ever it is safe and possible to do so. In certain circumstances your information may be provided to other agencies or organisations without your consent in order to protect you and others from serious threats to health or safety or if we are required by law to do so.*

See page 14 of the ISG for further information

# ISG Step 5- 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.

To ensure informed consent is gained and monitored respectfully staff should:

* 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.

Consent can be evidenced by a written consent document signed by the client or a conversation that has been noted in a file. Always document consent.

Remember, where it is safe and possible (reasonable and practicable) to seek consent, you should do so – if you have consent you can share.

# ISG Step 6- 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 other person (including a staff member) at increased risk of harm. If you consider it is unsafe to seek consent d*iscuss your concerns with your line manager.*

Circumstances may arise where it is not possible to seek consent for information to be shared, for example when the client cannot be located, or the client is intoxicated and unable to give informed consent. 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.

# ISG Step 7- Is there a legitimate reason to share without consent?

It may be useful to complete a risk assessment. This may be done using the formal risk assessment tools or through a discussion with your colleagues or supervisor.

Undertake further risk assessment if required.

**Staff should be mindful of the different thresholds for disclosure that apply to children and adults:**

* If 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 (see step 8).
* 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.

**The decision to share without consent must be approved by your manager or supervisor and documented.**

**Register of all decisions reported to the Executive Manager People & Culture who is to maintain the register for reporting to the CEO.**

# Lines of approval

Conducting a risk assessment and discussing concerns with your Manager will help determine if there is a legitimate purpose for sharing information without consent. Sharing without consent or refusing to share should be approved and a record made.

|  |  |  |
| --- | --- | --- |
| **Positions providing service to clients / community** | **Is approval required from line manager for information sharing:*** **Without consent**
* **When refusing to share**
 | **Line manager, supervisor, coordinator** |
| EMCS, EMBE, EMES, EMPC | No | CEO |
| ES Site Managers | Yes | Executive Manager Employment Services |
| ES Staff | Yes | ES Site Manager |
| BE Site Managers | Yes | Executive Manager Business Enterprises |
| BE Staff | Yes | BE Site Manager |
| Employee Development Officers | Yes | Employee Development Team Leader |

# Register of all information sharing maintained by the Executive Manager People & Culture for reporting to the CEO on request.

# ISG Step 8 - Are there any obligations for information sharing that must be met?

**Children**

If you are concerned about a child or young person and suspect that they are being abused or neglected, this **must** be reported to Child Abuse Report Line (CARL) on 131478.

A report to CARL does not mean that information sharing should stop, unless advice is given by CARL staff to do so. Staff must record any advice received and action required.

**Adults**

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 (131 444), or Mental Health Assessment and Crisis Intervention Service (131 465).

See page 17 & 18 of the ISG for further information.

# ISG Step 9- Document the information sharing decision

All significant information sharing decisions need to be recorded using the following forms and then copied into the client’s file.

|  |  |  |
| --- | --- | --- |
| **Information sharing situation** | **What to record** | **Where and how** |
| 1Information is shared **with consent**  | * Copies of written consent and/or 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
 | NDIS participant and Client File Notes |
|  Information is shared **without consent** (by you or to you)  | * Risk assessment
* Why obtaining consent was unreasonable or impracticable
* Exec Manager’s with delegated authority approval
* what is shared, when and by whom
* the agency and the office or officer involved (receiving and providing)
* outcomes and follow-up
 | NDIS participant and Client File Notes |
|  Information sharing request is **refused** (by you or to you)  | * the purpose (the immediate or anticipated risk the request was intended to address)
* reason given for refusal (risk assessment)
* approval from Exec Manager with delegated authority
* outcome of any subsequent follow-up
 | NDIS participant and Client File Notes |

See page 18 of the ISG for further information.

# Case studies

**Case Study 1 – Information Sharing with Consent (Justified)**

Grant is a supported employee working in one of the organisations Business Enterprises and has a girlfriend who has no affiliation with Mobo Group.

Grant has been stressed at work and eventually confides in his Supervisor that his girlfriend is pregnant. Grant is petrified that his parents will find out and that he’ll be in big trouble. He just wants the baby gone and wants to convince his girlfriend to terminate the pregnancy. The Supervisor suggests to Grant that his parents will find out regardless and it would be best if he told them directly. Grant refuses but asks if there is another way of seeking help.

The Supervisor suggests that SHine SA be contacted as they can provide appropriate counselling and advice. It is explained that SHine SA can offer discrete counselling services and will be able to discuss any issues that he may have relating to the pregnancy. Grant is happy with this approach and provides his verbal consent for the Supervisor to contact the agency. The Supervisor makes contact and provides the relevant information to SHine SA including Grant’s concerns of getting into trouble with his parents and his subsequent desire to have his girlfriend terminate the pregnancy.

Details of the conversation with Grant and his verbal consent are documented and stored in his client file.

This action is justified because his girlfriend and child could be at risk of harm and is permitted as consent has been obtained (ISG step 5). Should consent not have been obtained ISG steps 6, 7, 8 and 9 would have helped to determine if information should have been shared without consent. In this case potential risk of harm to the unborn child would have justified information sharing without consent.

**Case Study 2 – Information Sharing without Consent (Justified)**

Julie has mental health issues and receives support from a Mental Health Worker from another Agency. She has a child under 5 and lives on her own, although has some informal support from her mother who lives near-by.

Julie’s Employment Services Officer (ESO) has known her for some months as Julie regularly attends appointments and also brings her child. The ESO knows that Julie is being supported by Larry from another NGO for her mental health issues as she usually talks about seeing him and is very positive about the service.

Julie attended an appointment today with her child. She was very quiet and didn’t appear to be her usual self. Julie’s speech was incoherent at times and her level of supervision of the child was a concern. Julie was prompted by the ESO to attend to the child after he took a tumble from a chair, but Julie refused to attend to the child. This is unusual, as she is usually a very attentive parent. The child was quite aggressive in his play, was complaining that he wanted breakfast and also looked as if he had slept in his clothes.

The ESO discreetly asked Julie how she was feeling and expressed concerns as to her speech and level of supervision of her son today. Julie was annoyed at being questioned on this but explained that it was ‘all Larry’s fault’ for suggesting to her psychiatrist that she change her medication. The ESO queried if she felt able to look after her child today and could she phone a friend or family member to help her out? Julie said no, but she would ‘see how she went’ and would get some help if she needed to. Shortly after, Julie left with her child and appeared to be a bit unstable on her feet, she also forgot to take with her an envelope containing information she had requested.

The ESO was very concerned for Julie’s child and spoke to her Manager, who suggested she take a colleague with her to visit Julie and deliver the envelope. The ESO phoned Julie and asked if she could pop by, Julie said that was okay.

When they arrived, the child was distressed, crying to Julie that he was hungry. The child’s behaviour was annoying to Julie and she started to shout saying that she would get his lunch ‘later’. Julie lay on the couch during the visit saying she was going to stop taking her medication as it was ‘doing her head in’. The ESO asked Julie if she could contact Larry and let him know how difficult she was finding the change in her medication. Julie said no, and told her she was poking her nose in and to get out of the house.

The ESO called her Manager and explained that she was concerned for Julie and the child and although she had not been given permission to speak to Larry, felt that she would like to pass on information to him about Julie’s presentation. The ESO and her Manager referred to the ISG decision making steps and practice guide and felt there was a legitimate purpose for sharing information without consent on the following grounds:

* Protect a child or young person from being abused or neglected;
* Help a provider give a more effective service;
* Alert a provider to a child or family’s need for a service.

The ISG decision making steps and practice guide was followed. Sharing of information without consent was recommended as justified as it was viewed that:

* Julie had been advised why the ESO wanted to contact Larry but had still refused to give her consent;
* Without sharing information with Larry, who may then be in a position to review the medication change and support Julie, Julie’s mental health and her ability to respond to the child’s needs will deteriorate and they could be at increased risk of serious harm.
* Given the child was complaining of hunger it is reasonable to suspect neglect.

Approval was given for the ESO to share information with Larry, as to Julie’s presentation today and the changes in the medication that she felt were making her ill and her thoughts as to discontinuing the medication. A record of the decision and action was made in Julie’s client file.

On contacting Larry, he explained that he had intended to visit Julie this week, but other priorities had prevented this. He confirmed that he would make contact with Julie without delay and ensure that the child was being attended to. Larry visited Julie that day and persuaded her to get her mother to look after the child for the evening. Larry managed to get Julie an emergency medical appointment and she was given some alternative medications until she could secure an appointment with her psychiatrist. Larry increased his level of support to Julie during this period until Julie stabilised. Julie’s mother assisted with the children during this period.

**Case Study 3 – Information Sharing without Consent (not Justified)**

Mary is an Employment Services client and has a 12-year-old child, Steven. Mary is unable to care for Steven and he lives with his father and has regular visits with his mother on weekends. Mary is a very private person and is worried that Steven may be ridiculed at school should his peers know of her disabilities.

Mary has received a letter from Steven’s school requesting her to attend a parent day and to provide some information about herself so that Steven can present a talk to his class mates. This has stressed Mary and she brings it up with her Employment Services Officer (ESO).

The ESO tries to encourage Mary to provide information about herself and to attend the parent day. Mary has no intentions of providing anything and is adamant that she will not attend.

The ESO thinks it is disappointing that Mary feels this way and that if Steven chooses to request his mother to be in attendance then it must be a positive thing. The ESO chooses to write a letter of response to the school without Mary’s knowledge or consent, anticipating that she can change Mary’s mind before the day arrives. The letter contains personal information about Mary.

This action is not justified. There is no threat of harm or injury to Steven and failing to provide the information to the school causes no further threat. This is clearly a breach of Mary’s trust and privacy.

**Case Study 4 – Decision not to Share Information (Justified)**

Sally is an Employment Services client who is being considered by an employer for a new job. The employer has asked for some personal information to be provided about Sally and her barriers, that is not entirely work related. The Employment Services Officer (ESO) explains that this is not possible without Sally’s consent and asks why the information is required as it wouldn’t make any difference to how the job is to be performed. The employer is adamant that he needs the information and if it is not supplied Sally may not be the right person for the job.

The ESO contacts Sally to obtain consent however this is refused. The ESO then contacts the employer and advises that the information cannot be shared without appropriate consent. The reason for refusal is documented and stored within Sally’s client file.

This action is justified. Consent was not provided by Sally and by failing to share the requested information there is no increased risk of harm to Sally or any other individual. In this matter the Privacy Principles apply and consent to exchange information is required.

**Case Study 5 – Decision not to Share Information (not Justified)**

*Failure To Share Information Contributes To The Harm Of A Vulnerable Person*

Brian is a supported employee within one of the organisations Business Enterprises and lives with his mother. Brian has always been a good worker and his parents were both well known to staff.

Brian’s father passed away 9 months ago. Despite some expected grieving there had been no noticeable signs of change in Brian’s behaviour or health. However, in the last month Brian has been quieter than usual, unwilling to mix with others and appears extremely tired, he also appears to be losing weight. When asked by the Supervisor why he’s so tired, he replies that he stays up late every night playing video games. Mum is often in her room crying and he misses out on dinner and just locks himself in his room to play games and watch tv.

In future Brian’s attendance at work becomes sporadic with frequent absences and late starting times. The staff become concerned when the mother is seen dropping Brian off at work one day, as she appears unwashed, pale, lethargic and has open sores on her face and arms.

The Supervisor approaches the mother and asks if she can assist her with contacting a support network with a view to obtaining counselling and some assistance at home. The mother refuses telling the Supervisor to mind her own business.

Despite believing it would be the right thing to do the Supervisor chooses not to follow the matter up with authorities in the belief that it’s the mother’s decision to make and she will respect the mother’s privacy.

Brian does not attend work for the next few weeks and does not return phone calls to see how he is. Staff are later advised that Brian is now living with an uncle. He was found at home after four days of going missing. His mother had locked herself in her room and left Brian to fend for himself. With no food and an inability to look after himself, he was found by neighbours in his front yard, under-nourished, in soiled clothing and significantly ill. His mother is now in hospital and Brian is being cared for by his uncle.

In this case, there was sufficient reason to share information without the consent of the mother. If the Supervisor had shared information with an agency or counsellor, help could have been provided and the situation avoided. Failure to share the information has potentially contributed to the harm of the vulnerable person.

In addition to these case studies, please ensure that you have read the case studies in the ISG, pages 27 to 38.

# Cultural guidance

* In order to make sensitive and informed professional judgements about a person’s needs, a parent or carers’ capacity to respond to their needs, or about family wellbeing or public safety, it is important that service providers are sensitive to different lifestyles and family structures and to child rearing patterns that vary across racial, ethnic and cultural groups. Providers should also consider the influence their own values, attitudes and behaviour may have when faced with supporting people with different religious beliefs and/or cultural traditions.
* Be aware of other factors such as social exclusion, low income, unemployment, and homelessness that can further impact on individuals and groups.
* Within different racial, ethnic and cultural groups, community and family life may be structured or organised differently from your own. 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.
* You may need to consider who ‘owns’ the information you are asking permission to share. 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 do not excuse acts or behaviour which places a child, young person or adult at risk of harm, abuse or neglect. Service providers should be aware of and work with the strengths and support systems available within families, ethnic groups and communities, which can be built upon to help safeguard against threats to safety and wellbeing.
* It is important to guard against cultural myths and stereotypes — both positive and negative. Anxiety about being accused of racist practice should not prevent the necessary action being taken to ensure safety and promote a child, young person or adult’s wellbeing. Careful evidence-based assessment of a person’s needs, strengths and difficulties, understood in the context of the wider social environment, should help to avoid any distortion of professional judgements based on fear of being seen to act in a way that is culturally inappropriate.
* When implementing the ISG, focus on addressing threats to safety and wellbeing.

The following list of organisations may be of assistance:

**Nunkuwarrin Yunti Inc**

Nunkuwarrin Yunti provides health care and community support services to Aboriginal and Torres Strait Islander people.

182–190 Wakefield Street ADELAIDE SA 5000 Telephone: (08) 82235217 Website: www.nunku.org.au

**Aboriginal Health Council of South Australia Inc (AHCSA)**

AHCSA is the peak body representing Aboriginal community controlled health and substance misuse services in SA at a state and national level.

9 King William Road UNLEY SA 5061 Telephone: (08) 8273 7200 Email: ahcsa@ahcsa.org.au Website: www.ahcsa.org.au

**Multicultural SA**

Multicultural SA’s role is to:

▪ increase awareness and understanding of the ethnic diversity of the South Australian community and the implications of that diversity

▪ advise the government and public authorities on, and assist them in, all matters relating to multiculturalism and ethnic affairs.

Telephone: 61 8 8207 0751 Email: dcsimulticulturalsa@sa.gov.au Website: www.multicultural.sa.gov.au

**Interpreting and Translating Centre (ITC)**

ITC provides comprehensive, high quality, efficient, confidential and professional interpreting and translating services.

Toll Free: 1800 280 203 Email: itc@sa.gov.au Website: www.translate.sa.gov.au

**Migrant Resource Centre of South Australia**

MRCSA is a community settlement service agency for migrants and refugees in South Australia.

Telephone: (08) 8217 9500 Email: admin@mrcsa.com.au Website: www.mrcsa.com.au

**Multicultural Communities Council of SA**

MCC is the peak organisation for cultural and linguistically diverse (CALD) communities in South Australia.

Telephone: (08) 8345 5266 Email: mccsa@mccsa.org.au Website: www.mccsa.org.au

**Multicultural Youth South Australia Inc (MYSA)**

MYSA is an advisory, advocacy and service delivery body for young people from refugee and migrant backgrounds aged between 12 and 30 years in South Australia.

Telephone: (08) 8212 0085 Email: info@mysa.com.au Website: [www.mysa.com.au](http://www.mysa.com.au)