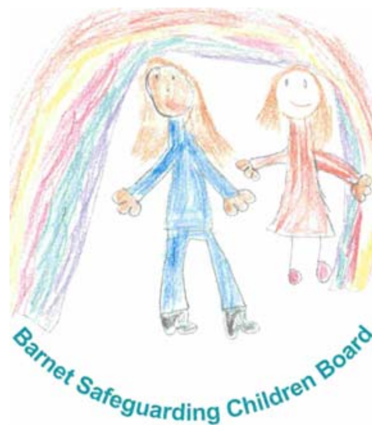
The Barnet Sharing Information

Practitioners Handbook



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Introduction: The Political Context

Every Child Matters and the subsequent Children Act 2004 gives primacy to the needs of the child and seeks to improve outcomes for children across 5 key areas: staying safe, being healthy, enjoying and achieving, making a positive contribution and achieving economic wellbeing.

5 Key outcomes for children and young people

Stay Safe	• Safe from maltreatment, neglect, violence and sexual exploitation. • Safe from accidental injury and death • Safe from bullying and discrimination • Safe from crime and anti-social behaviour in and out of school. • Stay safe Have security, stability and are cared for
Be healthy	• Physically healthy • Mentally and emotionally healthy. • Sexually healthy. • Healthy lifestyles. • Be healthy Choose not to take illegal drugs.
Enjoy and achieve	• Ready for school • Attend and enjoy school • Enjoy and achieve • Achieve stretching national educational standards at primary school • Achieve personal and social development and enjoy recreation • Achieve stretching national educational standards at secondary school
Make a positive contribution	• Engage in decision making and support the community and environment. • Engage in law-abiding and positive behaviour in and out of school. • Develop positive relationships and choose not to bully or discriminate. • Develop self-confidence and successfully deal with significant life changes and challenges. • Make a positive contribution Develop enterprising behaviour.
Achieve economic well-being	• Engage in further education, employment or training on leaving school. • Ready for employment. Live in decent homes and sustainable communities. • Access to transport and material goods. • Achieve economic well-being Live in households free from low income.

Section 10 of The Children Act sets out a statutory framework for co-operation between LA s and partner agencies, including the voluntary and community sector, to improve the well being of children and section 11 creates a duty for key agencies to promote safeguarding in the way they go about their business. There is also a requirement under Section 12 for each area to establish a child index, to record basic information about a child and agencies that might be involved

The focus of change is concerned to encourage effective partnership working across agency boundaries and to promote an integrated approach to working with children and families so that services are co-ordinated. This will change the structure of the way we work through children's trust arrangements and enable a joining up of services at operational level, for example, through Children's Centres, multi-disciplinary teams and other initiatives

The Children Act sets out a clear expectation to improve information sharing as this is crucial if we are to improve services and outcomes for children and the Government has recently issued guidance to help practitioners develop confidence in this area. This will be provided to participants

We know from tragedies in relation to child deaths, that a key factor has been a failure to share information appropriately across services. We will be covering this in further detail later

Likewise, the Bichard Report following the tragedy of Soham, highlighted deficits in the way that information was recorded, analysed, stored, used and shared.

Everybody has a responsibility to promote safeguarding and to share information appropriately in the course of their work. This applies at every level. Organisations need to have procedures and protocols in place, so practitioners can be clear about what is expected. Training and support needs to be available and everyone should have a manager or person in their workplace to provide advice and oversight. In some services, for example, health, there may be designated senior posts with the responsibility for Information, sometimes known as Caldicott Guardians.

Information sharing is one of the key skills within the common core of skills and competences for the Children's Workforce and this is now part of the accredited training programme in Barnet.

Why is it important to share information?

Information sharing should not be seen as a goal in its own right but as a means to the following objectives:

- To help children to achieve the 5 key outcomes.

- To promote safeguarding and prevent significant harm either to children and young people or to adults. This would include the prevention, detection and prosecution of serious crime. It is important in this regard to note that children and young people can also be perpetrators of abuse or crime. A key factor in serious enquiries across all agencies has been a failure of agencies to work in a co-ordinated way, a failure to record information, to analyse information, to share information or to understand the significance of what is shared.

- To help identify situations where children, or their parents, need services, and help to ensure that the right services are put in place to meet their needs. The earlier we can identify need, the more we can help children to achieve their potential, before problems escalate or become serious.
  It could be something very practical that is needed, like access to a nursery or playgroup, or help and advice with parenting. Or it could be longer term support that is needed such as specialist health provision for a disabled child.

- It is also important that services working with adults consider how adult difficulties might impact of the children, for example: if a parent has a mental health problem, how might this affect the children? Many children are in situations where they have to care for a parent or relative and sometimes this can detract from their own needs as a child or young person. It is essential that service providers consider families holistically and share information across boundaries to enable children to access services.

- The converse is also true and practitioners working with children should share information to help parents and carers access services where needed as this will help support families. The Barnet Protocol that will be covered in a later section provides a framework to enable improved sharing of information and interface across children's services and adult's services.

- To ensure effective and efficient practice and use of resources. Sharing information contributes to a good quality assessment of what is needed and efficiency in how this is carried out. It is better for the child and family as they do not need to repeat their story several times over, or get passed from pillar to post in trying to access services. It saves a lot of time and energy for practitioners and avoids duplication of effort or resources.

- The Common Assessment Framework CAF will streamline this process and will designate a lead professional to co-ordinate services. This will ensure that interventions are matched to need and are delivered in a systematic way to maximise benefit to children and families.

What are some of the concerns?

- **Legal restrictions**. The law governing the sharing of information can seem complex and confusing and there may be a belief that legislation such as the Data Protection Act prevents information sharing. In fact the law permits information to be shared in certain circumstances. The Information Commissioner, Richard Thomas says the following: “The Data Protection Act is not a barrier to sharing information but is in place to ensure that personal information is shared appropriately”.

- **Confidentiality**. Practitioners are governed by the Common Law Duty of Confidence and this is a fundamental principle of our work. However, the law sets out circumstances in which confidentiality can be over-ridden, for example, if a child is at risk of harm.

- **Fear of ‘getting it wrong’**. It is important for practitioners to understand that when information is shared, they are not diagnosing child abuse, but passing on information that may be of concern. A full assessment will be made by children’s services that will be based on all information available drawn from a variety of sources.

- **Tension with own professional ethics.** Sharing information can present dilemmas and may not always sit comfortably with own professional guidance and code of conduct. It is important to respect organisational and cultural difference in relation to sharing information and practitioners will need to be guided by own agency’s policies and procedures and professional code and to seek advice.

  The BMA and the Royal College of Psychiatrists have both produced guidance on this issue that clearly upholds the need to share information without patient consent in circumstances where it is believed there is a risk of significant harm to a child. Recent case law has upheld the principle of sharing information, even when the suspicion of abuse was found not to be substantiated (JD v East Berks Health Trust).

- **Lack of information and lack of confidence.** It is essential that practitioners have access to clear policies, procedures, training and advice so that they can develop confidence in this area. Practitioners must be supported by employers in working with this issue and should have the opportunity to attend multi-agency training.

- **Practitioners may be fearful of being sued, or being subject to some other legal action as a result of sharing information**. Practitioners may find themselves in court for a number of reasons during the course of their career for example as a witness in a civil or criminal prosecution. It is highly unlikely that they will find themselves in court as a result of sharing information and in that event would be fully supported by managers if they have followed agency procedures. The example given above gives support to appropriate information sharing. Practitioners are far more vulnerable if they have failed to share information, as evidenced by the profile given to failures in the system.

- **There may be concern about the impact on professional relationship with the parents**. Most parents will respect honesty from the outset and it is important to make it clear that although where possible, information will only be shared with consent, there can be no guarantee of absolute confidentiality. It is good practice to explain to children and families when they first access a service how and why information may be shared, which will build the confidence of all involved. Most parents want the best for their children and although they may be angry and have a right to complain, most will accept the principle that the children's needs are paramount.

Abuse claim parents 'cannot sue' Story from BBC NEWS. Published: 21.04.2005

Three sets of parents wrongly accused of abusing their children cannot sue the health care professionals who misdiagnosed, Law Lords have ruled.

The lords dismissed their cases, saying the health workers had a duty of care to the children, not the parents.

The parents suffered psychiatric damage and financial loss when their children were taken from them.

Reunited with their children, they unsuccessfully sued the healthcare trusts for the lasting injuries.

Lord Nicholls of Birkenhead said: "The doctor is charged with the protection of the child, not with the protection of the parent.

"The best interests of a child and his parent normally march hand-in-hand.

"But when considering whether something does not feel 'quite right', a doctor must be able to act single-mindedly in the interests of the child."

Lord Bingham of Cornhill was the only one of the five Law Lords to dissent.

He said appeals of the parents who had lost their cases in the courts below should be allowed.

Claimant JD, a registered nurse from Berkshire, claimed negligence when her six-year-old son, M, was placed on the "at risk" register after a community paediatrician, who met JD once, suggested M was at risk from his mother.

A year earlier, Professor David Southall said JD was suffering from Munchausen's Syndrome by Proxy and that M's condition - he suffered from allergic reactions - was fabricated by her.

Skin disorder

M was taken off the register after another doctor discovered the extent of his allergic problems but JD took action claiming damages for negligence.

In the case of RK, born in 1989, doctors diagnosed abuse after she hurt herself on her bike, without taking into account that she suffered from Schamberg's disease which affects skin pigmentation.

Social services told her mother that she had been sexually abused and that her father, MAK, and brother could not sleep in the same home.

Twelve days later a correct diagnosis was made and it was accepted by the healthcare trust that there had been no abuse.

Although the father's proceedings against the trust and local authority failed, the Court of Appeal ruled that the daughter could take action against the local authority and health authority.

Bone fractures

In the third case, both parents of MK suffered a psychiatric disorder when she was separated from them.

Abuse had been diagnosed when two-month-old MK, born in 1998 and suffering from brittle bone diseases, had a fractured leg.

Police and social services were informed and an interim care order made.

The true diagnosis was made when the girl suffered a further injury under her new carer.

Lord Nicholls said the doctors in the three cases were entitled to consider the possibility of abuse and, having become suspicious, inform the authorities.

"In each case the suspected parent was eventually cleared of suspicion.

"In one case this was after ten days, in the other cases after much longer periods."

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Lessons from Serious Case Reviews

A recurring theme from reviews of child deaths and other tragedies has been a failure to manage information appropriately across services. The messages are the same from the case of Dennis O'Neal through to the more recent death of Victoria Climbie.

The Laming enquiry following Victoria's death highlighted failure in all organisations at every level that contributed to a series of missed opportunities for agencies to take action to protect her. Victoria was known to 3 housing departments, 4 social services departments, 2 General Practitioners, 2 hospitals, a NSPCC run family centre and 2 Police Child Protection Teams. Each agency had information that was not shared, analysed or acted upon.

Recommendation 59 of the Climbie Report required Directors of Social Services to ensure staff had access to up to date procedures located in a single document, and this was instrumental in the development of the London Child Protection Committee (recently renamed the London Safeguarding Children Board) to ensure a consistent set of Policies and procedures across London.

The work of Reder, Duncan and Gray, in their review of child deaths, contains some important messages about the way that information is transmitted between members of the professional network. Even when information is shared, practitioners do not always share an understanding about its significance or what should happen as a result. Communication failures continued even when procedures were changed and often relevant information was not passed on to new staff. There was also evidence of professionals working in isolation and a lack of co-ordination in planning and delivering services.

Another factor can be the impact of professional rivalry, status or hierarchy that makes it difficult to challenge professionals such as Consultants who are accorded high status. In the case of Victoria Climbie, there had been concerns expressed by student nurses but they had not felt able to challenge the Consultant Paediatrician.

There are clear messages in law about the primacy of children's needs that govern sharing information across professional boundaries and the Children Act 1989 sets out this principle as follows:

> "All professionals working at the interface between adult's and children's services are bound by the principle that the interests of children are of paramount concern"

The Dept of Health in Working Together to Safeguard Children, 2003 and revised in 2006, also states that:

> "The sharing of information between practitioners is essential. In many cases, it is only when information from a range of sources is put together that a child can be seen to be in need or at risk of harm"

Equalities and Diversity

It is important that practitioners are sensitive to differing family life styles and child rearing patterns across different racial ethnic and cultural groups. Professionals should also be aware of the broader social factors that discriminate against black and minority ethnic people.

Concerns should always maintain a focus on the needs of the individual child and assessment should always include consideration of the way that culture, faith or ethnicity impacts on values and behaviour.

Cultural factors neither explain or condone acts which place a child at risk of significant harm and careful assessment of a child's needs and family strengths or weaknesses will help minimise distortion.

It is imperative that practitioners guard against stereotypes when making assessments and that decisions are evidence based.

Messages from research tell us that black and minority ethnic families are more likely to be subject to controlling interventions such as registration on the Child Protection Register (Humphreys et al 1999, Hunt et al 1999. Harran 2002)

There are also some key lessons from serious case reviews about the failure to take account of culture or race, for example, the failure to provide Victoria Climbie with an interpreter to speak in her own language, French.

It is also important that practitioners acknowledge the fears and anxieties about working with difference and are supported in being able to challenge appropriately.

Sharing Information as Part of Preventative Services

- There is an increasing emphasis on integrated working across children's services so that support for children, young people and families is focused around their needs. The aim is to deliver more and better earlier intervention to stop problems escalating and to help children achieve good outcomes.

- This is dependent on effective partnerships across services and between universal services such as health and education and more targeted and specialist services for those families and children who need additional support.

- Partnership working must include active processes for identifying children and young people at risk of poor outcomes, using the CAF where appropriate and passing the information to those who deliver the support.

- Preventative services working in this way will be better placed to identify concerns about significant harm if they arise.

- The approach to sharing information should be explained openly and honestly at the outset of any contact with the family. This should include how information will be shared, with whom and under what circumstances.

- Consent is the key and seeking consent should be the first option.

- Information that is not confidential may generally be shared as necessary for preventative work. Where information is confidential and consent is refused then that should be respected unless it is in the public interest to share the information, which will be covered in the next section.

Confidential Information

In deciding whether to share information, there is a need to consider firstly whether it is confidential and if it is confidential, whether there is sufficient public interest to justify sharing.

Not all information is confidential.

Confidential information is information of some sensitivity that is not already lawfully in the public domain, and which has been shared in a relationship where the person giving the information understood that it would not be shared with others, for example, in a counselling situation.

Confidence is only breached when the sharing of confidential information is not authorised by the person who provided it or to whom it relates. If the information was provided on the understanding that it would be shared with a limited range of people, then that would not constitute a breach of confidence. If there is explicit consent to sharing the information, then that would not be a breach.

Even when permission has not been given, the law permits the sharing of information if it is in the public interest. In the first instance, consent should be sought but if this is not possible, or if it likely to put someone at risk of harm, a decision will need to made as to whether it would be in the public interest to share the information.
This would also apply in situations where seeking consent would undermine the prevention, detection or prosecution of a crime.

Decisions need to be made on individual circumstances on the facts of each case.

The Public Interest Principle

Disclosure of confidential information without consent or a court order may be justified in the public interest to prevent harm to others

A public interest can arise in a wide range of circumstances, for example

- To protect children or others from harm
- To promote the welfare of children
- If there is evidence that a child is suffering or is at risk of suffering significant harm
- If there is reasonable cause to believe that a child might be at risk
- To prevent significant harm to children or serious harm to adults, including through the prevention, detection or prosecution of serious crime

In these circumstances, the sharing of information will normally be justified in the public interest.

A key factor in making decisions is proportionality and practitioners need to weigh up what might happen if the information is shared and what might happen if it is not.
In some cases, circumstances may weigh against sharing, or the interest might be met by sharing limited information.

Practitioners should always record reasons for the decision to share or not share information, and if sharing without consent the reasons for doing so.

Sharing Information where there are concerns about significant harm

> **It is essential that all practitioners are in no doubt that where they have reasonable cause to suspect that a child or young person is suffering or at risk of suffering significant harm, they should always consider referring to children's social care and sharing relevant information**

Practitioners must:

- ✓ Keep the child's interests as paramount
- ✓ Always consider sharing information and referring to children's social care if there are concerns about harm
- ✓ Seek advice from their manager or designated person

Practice Issues

- Although as a general principle, practitioners should discuss concerns with the family and where possible seek consent, this should only be done where such discussion will not place the child at increased risk of significant harm.

- Significant harm can arise from a number of circumstances, and may not necessarily be due to deliberate abuse or neglect, for example, a baby who is failing to thrive could have an undiagnosed medical condition. If a parent refused consent for medical assessment, there would be a justification in sharing information.

- Serious harm to adults can arise from the cumulative effect of repeated abuse. for example, racially motivated abuse and it may be justified to share information without consent in the interests of preventing further harmful behaviour and identifying children or young people who are in need of preventative interventions.

- In relation to young people at risk of offending, guidance is available from the Youth Justice Board on Sharing Personal and Sensitive Information on Children and Young People at Risk of Offending.
  This can be found at www.youth-justiceboard.gov.uk/publications/scripts

Consent

What do we mean by consent?

- Consent must be **informed,** that is, the person giving consent must understand why the information needs to be shared, to whom, how it will be used and the implications of sharing the information.

- Consent can be either explicit or implicit. Explicit consent is good practice and this can be made either in writing or verbally or by other appropriate means, for example signing. Consent can be implied if it is intrinsic to the activity, for example, if a person goes to a GP and is referred to a specialist, it would be expected that the GP would share information with the specialist. Similarly, it would be expected that information shared with a children's care practitioner would be shared as necessary with colleagues who would also be involved in service provision.

- The approach to seeking consent should be open and transparent and it is good practice to explain agency policy at the outset of contact with the service.

- Consent should not be obtained through coercion and nor should it be assumed from a lack of response to a request made.

- Consent needs to be kept under active review, for example, if the situation changes

- A person can withdraw consent at any time

Good Practice Principles

- ✓ Use clear language
- ✓ Explain that you cannot promise confidentiality at all times
- ✓ Be aware of relevant legislation
- ✓ Follow agency procedures and protocols

Do not seek consent if any of the following apply
Doing so would place a child or young person at increased risk of significant harm
Place an adult at risk of serious harm
Prejudice the detection or prevention of a serious crime
Result in an unjustified delay in making enquiries

Whose consent should be sought?

- Where there is a duty of confidence, it is owed to the person who has provided the information on the understanding of confidentiality, or, in the case of medical records, to the person to whom it relates. In all cases practitioners need to decide whose consent needs to be sought.

- A person aged 16 or over, or a child under 16 who has the capacity to understand and make decisions, may give or refuse consent.

- Children aged 12 or over are generally expected to have sufficient understanding and practitioners will need to make an assessment of this (This is sometimes referred to as Fraser Competence, a term arising from the case of Gillick v West Norfolk Health Authority).

- In assessing whether a child has sufficient understanding, practitioners should ensure that they use appropriate and age friendly communication. There is a need to consider whether the child can understand what is being asked, what information might be shared, the reasons for sharing and the consequences of either sharing or nor sharing. It will also be necessary to check that the child is expressing their own view rather than what someone else thinks and that they can consider alternative courses

- In most cases where a child cannot consent, or is not competent to do so, then a person with parental responsibility should be asked to consent on behalf of the child. Normally the consent of one such person is sufficient, and if parents are separated, then this should be the resident parent.

- If a child is deemed competent, then their consent or refusal of consent should be the one to consider even if the parent/carer disagrees.

- These situations can be complex and raise difficult dilemmas. It is important to seek advice, act in accordance with your agency policy and act in the best interests of the child.

Is There a Statutory Duty or Court Order to Share Information?

In some situations there is a statutory duty to share information, for example, where there might be public health concerns about a notifiable illness. At other times a court might make an order for certain information or case files to be brought to court. In such situations, **practitioners must share the information** even if it is confidential and consent has not been given. However, it would be good practice to inform the person concerned that the information is being shared, why and with whom.

What to Share and How to Share it

If a decision is made to share information, then practitioners should ensure that they share information properly as follows

- ✓ Share the information necessary for the purpose it is being shared
- ✓ Share it with the person or people who need to know
- ✓ Check the information is accurate and up to date
- ✓ Share it securely
- ✓ Establish with the recipient whether they intend to pass it to others and what the limits are
- ✓ Inform the person to whom the information relates or who provided the information, if safe to do so
- ✓ Record the details

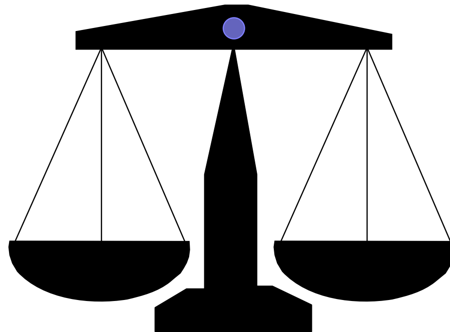
What do children and young people think about information sharing?

The Children's Rights Alliance was commissioned by the DfES to produce a summary of government guidance for children and young people. Part of this work included consultation events to allow children and young people, including children with disabilities, to air their views and opinions on information sharing.

The children and young people gave the following advice to practitioners

- ✓ Adults need to be clear about consequences of information sharing. Children and young people must have the reasons for, and consequences of, information sharing explained to them clearly
- ✓ Adults need to develop good relationships with children and young people
- ✓ Adults should assess the child's ability to understand the consequences of sharing information and respect a decision not to share information
- ✓ Adults might need to keep confidentiality in some situations
- ✓ Adults must not pressurise the young person to share information
- ✓ Adults should try to give advice and support before sharing information
- ✓ Adults must make sure that only relevant people see the information
- ✓ Adults should involve the child or young person in the information sharing process
- ✓ Adults should explain everything to the child or young person
- ✓ Adults should have good clear systems for sharing information
- ✓ Adults must ask for consent before sharing information
- ✓ The same adult should support a child through this process
- ✓ If adults need to share information it must be done properly
- ✓ Cases where information has not been shared in the right way must be investigated

The Law



There is no general statutory power to share information. However, some Acts provide authorities with what is known as **express statutory powers or gateways** that either permit or require information to be shared.

An example of a **permissive statutory gateway** is S115 of the Crime and Disorder Act 1998 that enables information to be shared for the purposes of prevention or detection of crime.

An example of a **mandatory gateway** is S8 of the National Audit Act 1983 that imposes a legal obligation on public bodies to provide information to the National Audit Act

As well as express statutory powers, a number of activities of public bodies have **implied statutory powers** that arise from their duties, for example The Children Act 1989 that places a duty on the local authority to provide services for children in need and make enquiries about any child who they believe may be at risk of significant harm .Other examples are as follows:

- The Children Act 2004
- Local Government Act 2000
- Education Act 2002 and 1996
- Learning and Skills Act 2000
- Education (SEN) Regulations 2001
- Leaving Care Act 2000
- Protection of Children Act 1999
- Immigration and Asylum Act 1999
- Crime and Disorder Act 1998
- National Health Service Act 1977
- Health and Social Care Act 2003
- Criminal Justice Act 2003
- The Adoption and Children Act 2002

Although information can be shared through these various powers and duties, this must be done within the framework of the following key legislation

The Human Rights Act 1998 (Section 2)

- Under the European Convention of Human Rights , children have rights to life (article 2), to be protected from torture or inhumane treatment (article 3) and the right to liberty and security (article 5)

- Article 8 of the ECHR recognises a right to privacy. However, exception can be made for a number of reasons under Article 8.2 if necessary. This includes prevention of crime or disorder, protection of rights and freedoms of others and protection of health and morals.

- Sharing information that is proportionate can be justified if the social needs outweigh the individual's rights to privacy. If a child or young person is at risk of significant harm, or sharing is necessary to prevent crime and disorder then this could be justified under Article 8

Common Law Duty of Confidentiality

This provides that where there is a confidential relationship, the person receiving the confidential information is under a duty not to pass this to a third party. However this duty is not absolute and information can be shared without breaching the common law duty if any of the following apply:

- ✓ The information is not confidential in nature
- ✓ The person to whom the duty is owed has given explicit consent
- ✓ There is an overriding public interest in disclosure
- ✓ Sharing is required by a court order or other legal obligation

Data Protection Act 1998

This relates to the processing of personal data that may be sensitive, for example, political opinions, or non sensitive.

Organisations which process personal data are required to comply with a number of data protection principles that require data to be:

- ✓ Fairly and lawfully processed
- ✓ Able to meet a schedule 2 condition and if sensitive personal data, a schedule 3 condition (see below)
- ✓ Processed for limited specified purposes
- ✓ Adequate, relevant and not excessive for those purposes
- ✓ Accurate and up to date
- ✓ Kept for no longer than necessary (this is a matter for organisational policy but a commonly used benchmark is 6 years)
- ✓ Processed in accordance with individual's rights
- ✓ Kept secure
- ✓ Not transferred to non-European areas without adequate protection

What is a Schedule 2 condition?

If information enables a person to be identified, then a schedule 2 condition should be met as follows:

- ✓ Person has given consent to share
- ✓ Sharing information is necessary to protect person's vital interests , or
- ✓ To comply with a court order
- ✓ To fulfil a legal duty
- ✓ To perform a statutory function
- ✓ To perform a public function in the public interest
- ✓ Sharing is necessary for the legitimate interests of the data controller, or of the third party to whom the data is disclosed, unless the rights or interests of the data subject preclude sharing

When information is sensitive then a schedule 3 condition must be met. These are

- ✓ Individual has given explicit consent
- ✓ Sharing information is necessary to establish, exercise or defend legal rights necessary for the purpose of, or in connection with any legal proceedings.

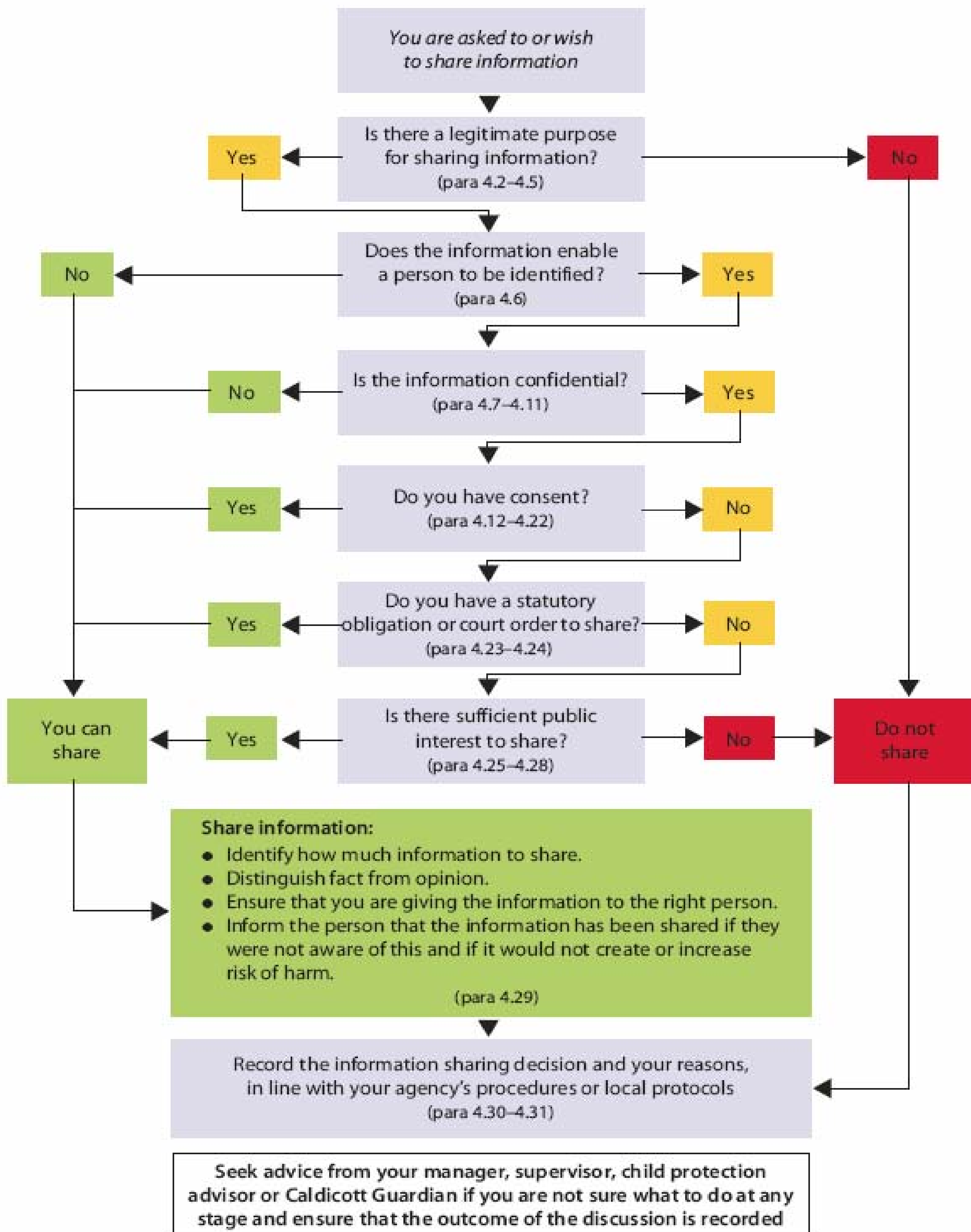
- ✓ To protect vital interests and the subject cannot consent, is unreasonably withholding consent, or consent cannot be reasonably obtained

- ✓ To perform a statutory function

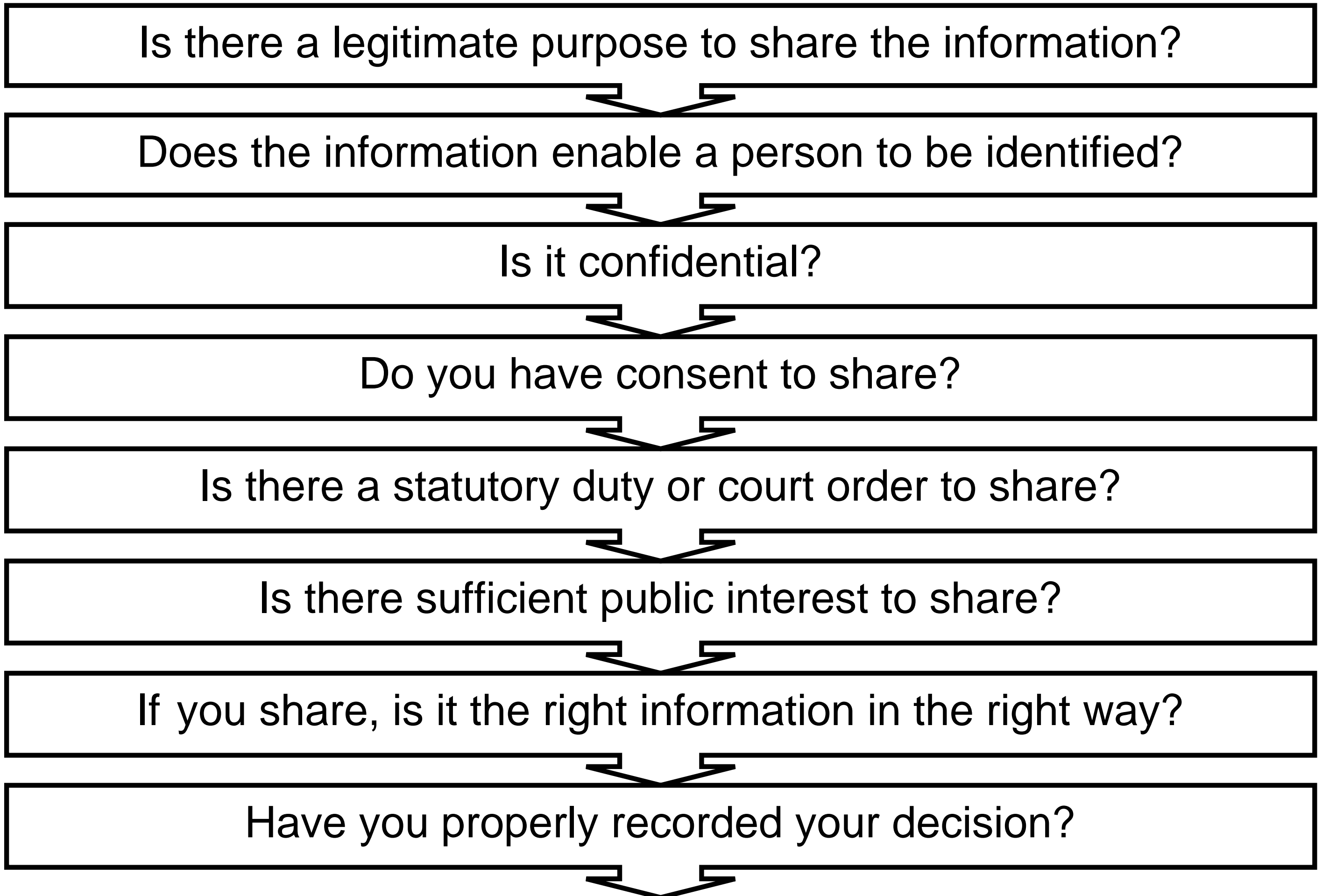
- ✓ Is in the public interest and necessary to prevent or detect a crime where consent would prejudice that purpose

- ✓ Processing is necessary for medical purposes and is undertaken by a health professional

Further information is provided in the Government Guidance Information Sharing: Further Guidance on legal issues and the following flow chart can be used to guide compliance


Flowchart of key principles for information sharing
You are asked to or wish to share information
Is there a legitimate purpose for sharing information? (para 4.2–4.5)
Yes
No
Does the information enable a person to be identified? (para 4.6)
No
Yes
Is the information confidential? (para 4.7–4.11)
No
Yes
Do you have consent? (para 4.12–4.22)
Yes
No
Do you have a statutory obligation or court order to share? (para 4.23–4.24)
Yes
No
Is there sufficient public interest to share? (para 4.25–4.28)
Yes
No
You can share
Do not share
Share information:
Identify how much information to share.
Distinguish fact from opinion.
Ensure that you are giving the information to the right person.
Inform the person that the information has been shared if they were not aware of this and if it would not create or increase risk of harm.
(para 4.29)
Record the information sharing decision and your reasons, in line with your agency's procedures or local protocols (para 4.30–4.31)
Seek advice from your manager, supervisor, child protection advisor or Caldicott Guardian if you are not sure what to do at any stage and ensure that the outcome of the discussion is recorded

Summary of Key Principles



Good Practice in Recording:

Practitioners should ensure that they follow their agency procedures in relation to maintaining case records and using any pro-forma templates to record incidents of concern or information shared.

Recording is essential so as to provide accountability and document concerns or activity. If something is not recorded then there is no evidence of it happening. The following principles should be followed in keeping records

- Accuracy
- Clear and concise
- Time bounded /dated
- Is it fact or opinion and what is the evidence?
- Who information is shared with and why
- Who information received from and reason
- Approach/receipt for consent
- Reasons for sharing without consent
- Justification for not sharing
- What is agreed and by whom
- What action is taken and by whom
- Evidence of consultation/managers endorsement

It is also important that any sensitive information is handled in a way that does not place anyone at risk. For example, information about victims in relation to criminal offences needs to be kept separately and not as part of a case record that could be accessed by a perpetrator. Particular care needs to be taken in relation to domestic violence and advice should be sought from managers.

The Local Context

Barnet is actively developing the Every Child Matters agenda for change for children across a number of key areas and is restructuring services to promote greater integration.

The Common Assessment Framework (CAF)

This is a shared assessment tool to help practitioners assess children's additional needs for services earlier and more effectively. It aims to develop a common understanding of those needs and agree a process for working together to meet those needs.

It is designed to be used across all sectors of the children's workforce and will avoid children and families having to retell their story to different professionals. If services are provided then a lead practitioner will be designated to co-ordinate any activity.

The CAF is currently being rolled out in Barnet supported by an extensive programme of training.

Further Information can be obtained from Michaela Carlowe, Common Assessment Framework Manager
Michaela.carlowe@barnet.gov.uk

Integrated Children's System

This is focused on improving services to children and families by linking processes more effectively through an electronically recorded system.

Further Information can be obtained from Andrew Cox ICS Project Manager
Andrew.cox@barnet.gov

ContactPoint

ContactPoint is a national system that will store basic information about every child. This will include name, gender, and date of birth, address and parent/carer details. It will not store any sensitive personal information but will flag which other services are involved, for example, health, education.
It will enable practitioners delivering services to children to identify and contact each other quickly and easily, for example, if a child moves areas. This will support working together more effectively to improve outcomes for children and young people.

What are the benefits?

For children and families:

- ✓ Improved access to and provision of services
- ✓ More timely response
- ✓ Reduced number of referrals

For practitioners:

- ✓ Able to see who else is involved
- ✓ Reduce duplication and delay
- ✓ Less admin time so more time for face-to face contact

For Managers:

- ✓ Improved identification of children not receiving universal services, for example, children not registered with GP
- ✓ Improved more efficient use of resources
- ✓ Better information to inform service planning and commissioning

Access to ContactPoint

Access to ContactPoint will be carefully controlled and only provided to authorised practitioners in children's services who have been subject to rigorous security checks, including enhanced Criminal Records Bureau (CRB) checks. The process of determining users is to be decided. Practitioners' access will be determined by their role so that only certain professionals will be able to input data, whilst others will only be able to view data. The system will be capable of showing an 'audit trail' of who has used the system.

All those who use or have access to it will be required to complete dedicated training that will include security issues as well as the legislative requirements for sharing information safely and securely.

Barnet's Position

ContactPoint is currently in development in Barnet and a Project Board has been set up that includes representatives from across the multi-agency partnership. The Project Team is seeking help in recruiting 'champions' from across the professional network to act as a channel of communication and support . ContactPoint is due to be rolled out in 2008 and Barnet has been assessed as one of the most improved areas in the country in terms of its readiness to build the system

Further information can be obtained from the ContactPoint Project Team in Barnet as follows

Tony Moody, Project Manager Tony.Moody@barnet.gov.uk
Andrea Assan, Project Officer Andrea.Assan@barnet.gov.uk

Barnet Information Sharing Protocol for the Children's and Adult's Workforce

What is it?
It is an agreed framework developed in accordance with national guidance that governs the sharing of social care information between the public, private and voluntary sectors in Barnet.

Which agencies are involved?
The protocol was developed in collaboration with partner agencies in Barnet. This includes the Local Authority, Metropolitan Police, Primary Care Trust, Mental Health Trust, Connexions, Sure Start, Barnet Voluntary Services Council, Youth Offending Team and the Barnet Safeguarding Children Board.

Why adult services?
Research in this area has highlighted the importance of effective liaison and co-ordination between staff providing services to adults and those providing services to children.

- Poor communication across the boundaries of these services has been a significant factor in many cases where the interests of children, and those of parent/carers, have been overlooked, sometimes with tragic consequences for both.
- Children who live with, or are expected by adults who experience difficulty with mental health, substance misuse or domestic violence can be especially vulnerable and it is imperative that practitioners working with adults consider the impact of parental difficulty on children and young people in the family.
- Children and parent/carers with a disability may also need help and supportive services , for example, young people with carer responsibilities.
- The need for joint or combined services may be indicated so as to provide a more coherent service for both adults and children.
- Practitioners should therefore routinely consider, when making assessments, how parental difficulty impacts on the children and collaborate with colleagues in the children's workforce to ensure early identification of need and improved access to services.

‘Supporting Parents, Safeguarding Children’

The Commission for Social Care Inspection (CSCI) published this document in 2006. It reported on a study to assess the extent to which agencies are being effective in recognising and addressing problems that impact on parenting. It sets out the challenge as follows:

“Unless effectively addressed, adult’s problems can undermine the well-being of children, directly or indirectly, and in the short and long term. In a minority of cases, these ‘adult problems’ contribute to the neglect of children’s physical, emotional and psychological well-being. In certain circumstances, they can result in various forms of abuse”

The study looked at data concerning children who were subject to Child Protection Registration. Parental mental illness, substance misuse and domestic violence were the most frequently quoted factors in those councils that had monitored this information. This reinforces the need for joined up services and the responsibilities for those making assessments of adults to ‘think adult, think child‘

The study also contains some important messages from both children and parents. To quote one 15 year old:

“Parents who take drugs or are violent need more help than kids, and if you take the children away and don’t work with the parents, those children may not go back”,

The report contains a number of recommendations for all services. It identifies clear protocols for sharing information across service boundaries as an important starting point to developing better responses to children and families in need.

Desired Outcomes

- ✓ Safeguarding children and promoting welfare when cared for by adults whose difficulties may impact on parenting.
- ✓ Improved opportunities for early identification of risk and need
- ✓ Parents helped to access supportive services.
- ✓ More coherent interventions with families applying a more co-ordinated approach to thresholds across different services.
- ✓ Reliable communication and collaboration between services to improve access to resources, joint assessment and decision making and minimise duplication.
- ✓ Smooth transitions from children’s to adult’s services for those young people in need of continued support.
- ✓ Smooth transitions between children’s and adult’s mental health services.

Key Principles of the Protocol

<u>All Services Must</u>

- ✓ Ensure the child is the paramount concern
- ✓ Share information fully and clearly
- ✓ Maintain clarity of professional role and responsibility
- ✓ Collaborate as flexibly as possible
- ✓ Work in partnership with parents as far as in interests of child
- ✓ Follow service legislation and guidance
- ✓ Keep parallel processes of assessment and service delivery under review so that this is a dynamic process
- ✓ Combine resources so that interventions are needs led and reflect priority and complexity (resources should be targeted at those where levels of risk and need are greatest)

How should the Protocols be Used?

The Protocols is a living document, subject to regular review in order to keep abreast of changes. The document was last reviewed in April 2006 and additional guidance for practitioners was incorporated concerning Domestic Violence and sexually active young people.

The Protocols in its entirety is a large document that comprises practice guidance in a number of formats. However it can be broken down into discrete elements that can stand alone for practitioners from different services.

It includes the following:

- ✓ Quick reference flow charts to guide practitioners
- ✓ Brief practice guidance
- ✓ Detailed practice guidance for those who need this level of information
- ✓ Transitions guidance, including mental health services
- ✓ Evidence based rationale (for example, the work of Falkov in relation to parental mental illness)
- ✓ A section on Domestic Violence including a risk assessment framework for practitioners
- ✓ Useful appendices, for example, indicators of abuse, indicators of adults who may need services
- ✓ Eligibility criteria for Children & Families and Adults' Services

Transitions

The Protocols contain guidance on managing transitions when young people need continuing care into adulthood or need continued support from mental health services.

Key Principles

- ✓ Person centred approach is essential to ensure appropriate provision
- ✓ Shared responsibility between Barnet and PCT in some cases
- ✓ Careful and detailed planning needed
- ✓ Clarity of professional roles and responsibilities
- ✓ Full sharing of information
- ✓ Alignment of assessment processes
- ✓ Resolution of eligibility and funding criteria
- ✓ Period of joint working leading up to transfer

Participants are reminded that separate training is available to cover this area in **Unit 4 of the Common Core: Supporting Transitions** and should attend this course for further information and guidance.

Glossary

Anonymised information is information from which a person cannot be identified by the recipient.

Confidential information should not normally be in the public domain or readily available from another source, it should have a degree of sensitivity and value and be subject to a duty of confidence.

Consent is agreement freely given to an action based on knowledge and understanding of what is involved and its likely consequences. All consent must be informed. The person to whom the information relates should understand why particular information needs to be shared, who will use it and how, and what might happen as a result of sharing or not sharing the information.

Explicit consent is consent given orally or in writing

Implied consent is where the person has been informed about the information to be shared, the purpose for sharing and that they have the right to object and their agreement to sharing has been signalled by their behaviour rather than orally or in writing.

Personal data is information about any identified or identifiable living individual and includes their name, address and telephone number as well as any reports or records.

Practitioner is the generic term used in this guidance to cover everyone who works with children and young people.

Proportionality: The key factor in deciding whether or not to share confidential information without consent is **proportionality**: i.e. is the information you wish to, or are asked to share, a balanced response to the need to safeguard a child or another person, or to prevent or detect a serious crime?

Public bodies are any public service, for example a local authority, health services or schools.

Public interest is the interests of the community as a whole, or a group within the community or individuals.

Public interest test is the process a practitioner uses to decide whether to share confidential information without consent. It requires them to consider the competing public interests – for example, the public interest in protecting children, promoting their welfare or preventing crime and disorder and the public interest in maintaining public confidence in the confidentiality of public services, and to balance the risks of not sharing against the risk of sharing.

Safeguarding and promoting welfare is the process of protecting children from abuse or neglect, preventing impairment of their health and development and ensuring they are growing up in circumstances consistent with the provision of safe and effective care which is undertaken so as to enable children to have optimum life chances and enter adulthood successfully.

Serious crime for the purposes of this guidance means any crime which causes or is likely to cause significant harm to a child or young person or serious harm to an adult.

Serious harm for the purposes of this guidance can be either physical or mental trauma to an adult.

Significant harm – there are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism, and bizarre or unusual elements. Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment. Sometimes, a single traumatic event may constitute significant harm, for example a violent assault, suffocation or poisoning. More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any maltreatment alongside the family's strengths and supports.

Well-being has a legal definition based on the five *Every Child Matters* outcomes; the achievement of these outcomes is in part dependent upon the effective work to safeguard and promote the **welfare** of children.

Reading List and Resources

The Children Act 1998

The Children Act 2004

Every Child Matters

The Data Protection Act 1998

Human Rights Act 1998

Working Together to Safeguard children DfES 2006

London Child Protection Procedures 2003

Information Sharing: Practitioner's Guide DfES 2006

Information Sharing: Further guidance on legal issues

Common Assessment Framework practitioners and managers guides

The Victoria Climbie Inquiry Report 2003

The Bichard Report

Common Core of skills and knowledge for the Children's workforce DfES 2005

Dept of Health Confidentiality: NHS code of Practice

British Medical Association Code of Practice

Royal College of Psychiatrists Code of confidentiality

Patients as Parents

Sharing Personal and Sensitive Personal Information on Children and Young People at Risk of Offending Youth Justice Board 2005

Children and Young people's views and comments on the Cross Government Guidance on Sharing Information on Children and Young People 2006

Beyond Blame; child Abuse Tragedies Revisited Peter Reder, Sylvia Duncan and Moira Gray 1993

Supporting Parents, Safeguarding Children CSCI 2006

Humphreys et al 1999 Discrimination in child protection work: recurring themes in work with Asian families Child & Family Social Work 4 p283-291

Hunt et al 1999 The Last Resort; Child Protection, the courts and the 1989 Children Act
The Stationary Office, London

Harran 2002 Barriers to effective child protection in a multi-cultural society
Child Abuse Review 1 (6) 341-430