LSCB

Bath & North East Somerset
Local Safeguarding Children Board

Multi Agency Information Sharing Guidance Part Two: Case Studies & Good Practice in Information Sharing

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Case Studies

1. Sharing information to reduce the risk of further offending

A 14-year-old boy was arrested for driving a stolen vehicle into the window of a shop, from where cigarettes and alcohol had subsequently been stolen. To avoid arrest, the boy had driven off at high speed, driving through a number of red lights and in areas where there were pedestrians attempting to cross the road. The boy was with others of a similar age as well as older people in the vehicle.

The police hold serious concerns about the boy's likelihood of re-offending, given his criminal associations, and consider him to be 'criminally' at risk. Police do not consider it reasonable to seek the boy's consent to share information with other agencies as he has already committed a crime and he has a history of running away.

Police believe that if information is not shared with other agencies and organisations, the opportunities for intervening with the boy will be diminished. By exchanging information with the relevant partners an interagency approach can be adopted that will consider all aspects of the boy's circumstances. In this way, he is likely to have an increased chance of accessing and benefiting from opportunities for rehabilitation.

In this case, there is sufficient reason to share information without consent so that coordinated services can contribute to the boy's and the community's safety.

2. Sharing information to secure accommodation and respond to threats of domestic violence

Cassie is a young woman with three small children. She lives in a rented property in a rural location, she is unable to drive and is quite isolated. Cassie is a long-term client of a low income support service provided by the third sector, but is erratic in attending appointments and usually just appears wanting food vouchers.

Cassie presents at the front door of the organisation in a very distressed state with her three children in tow. It is a cold, wet day and all four are bedraggled. The family are seated in an office, refreshments are brought and the children settled down quickly with toys, blankets and books.

Without the children in her presence, Cassie breaks down. Cassie's regular financial counsellor, Agnes, comes in and speaks to Cassie and finds out that her boyfriend has moved in with her. He threatened violence after Cassie discovered he had not paid rent as he had promised to do, and she is now in serious arrears and has been sent an eviction notice. When she raised this with him that morning his threats were so violent and frightened Cassie so much that she fled the house and walked to town with the children. Just telling the story upsets Cassie so much that she is crying and shaking uncontrollably. She says she can't go back home whilst he is this angry and she has nowhere else to go.

Cassie had previously signed the information sharing consent form with this organisation where she agreed under certain circumstances for her information to be shared. Agnes seeks consent to now ring and makes a referral to the emergency housing service, but Cassie doesn't seem to know what she means and is too incoherent to indicate she really understands what is going on. Agnes assigns

another worker to look after the children with toys and games while she emotionally supports Cassie and makes her comfortable. Agnes then speaks with Barry, her line manager.

Agnes believes that safe accommodation is the first priority for Cassie and the children. Other issues can be worked on later, but for now Agnes is requesting permission to disclose the family's situation to housing services and obtain shelter, warmth and food. Barry agrees that under the circumstances it is impossible to get Cassie's informed consent as she is too distressed. Barry informs his manager of all the circumstances.

It is agreed that without the referral and provision of safe shelter and support, Cassie and the children will be at risk of serious harm. Agnes is able to proceed with sharing information about Cassie and her family with housing services, and secure, safe accommodation is found. Agnes documents in the case notes the reason information was shared without consent, the line manager's approval to share without consent and the outcome.

The accommodation provides immediate crisis support and, working together, both service providers are able to work with other agencies to coordinate support for Cassie and her family.

3. <u>Information sharing is not justified and is refused to protect privacy</u>

Susan has been the victim of domestic violence and accesses a third sector service for both practical and therapeutic support. She has a nine-year-old daughter, Kelly, for whom she is the primary caregiver, and both are currently residing in social housing. An upgrade has been made to the security in Susan's home and she is provided with a counsellor, Marie, for further support. Susan has not consented to information being shared with others.

Over a number of sessions with Marie, Susan reveals that she has returned to studies, and that she is enjoying studying again and is achieving successful academic grades. Susan also reveals that she has started seeing an academic tutor to enhance future employment prospects once her studies have been completed. She has told her tutor that she sees a counsellor at the service but has not disclosed the nature of this contact.

Several weeks later the tutor contacts the service seeking information about the reason and nature of the organisation's contact with Susan, as the tutor believes they can provide better assistance if they have more detail about other support she is accessing. Marie follows the information sharing flow chart and decision making guidance and decides there is no justified reason to share information. It is decided that neither Susan nor her daughter will face increased risk of harm to themselves or others if this information is withheld.

In this instance there is not sufficient reason to share information without consent. Whilst it is possible that by working together Marie and the tutor could better support Susan, it should be her decision and her informed consent should be sought for any information about her circumstances to be shared. Marie suggests the tutor raise the issue with Susan.

4. A request for information sharing is refused to protect privacy

Jim, a client with a minor intellectual disability, has started dating and is considering a sexual relationship with his new partner, Anne. They go to the local GP Centre to discuss contraceptive options with the clinic's GP.

Jim receives outreach support from a disability community support worker, Fiona. Whilst Jim and Anne are at the appointment they are spotted by Fiona's manager, the coordinator of the disability service, who later contacts Fiona to find out why Jim was attending the clinic. The coordinator suggests that Fiona call the clinic to find out why Jim was there because they need to know if there are any health issues that might be impacting on him and, as a consequence, what changes may be required to his care plan.

Fiona is concerned they haven't got Jim's consent to do that and suggests they go through the ISG steps and their organisation's ISG appendix first. After consulting the ISG, Fiona and her manager decide to contact Jim to seek his consent for information sharing. He tells them he is fine and his visit to the clinic with Anne is a private matter and does not give consent for them to contact the clinic.

By using their risk assessment framework and the information sharing flowchart, Fiona and her manager determine that there is no evidence that Jim is at increased risk of harm and therefore information sharing without his consent is not justified. The refusal to share information and the reasons why are recorded and Jim's privacy is protected and Fiona has demonstrated appropriate concern and correct application of the information sharing guidance.

5. Failure to share information contributes to the harm of a child

Jaydn is 10 years old, has a disability and has been a frequent user of a respite facility, with his parents having used the service for the last three years. Jaydn has always been well behaved and his parents have been actively involved in and great supporters of the respite service.

When Jaydn's father passed away, there were initially no noticeable signs of change in Jaydn's behaviour or health, despite some expected grieving. In later visits, however, Jaydn is quieter than usual, unwilling to mix with others and seeming to be extremely tired, wanting to sleep through most of the day. He also appears to be losing weight. When asked by staff why he's so sleepy he indicates 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 and plays his games.

Jaydn's attendance at scheduled visits becomes sporadic with frequent absences, late drop-offs and late pick-ups. Jaydn's mother has become disengaged from staff and they are concerned over her appearance: unwashed, pale and lethargic, with open sores on her face and arms. A staff member approaches the mother and asks if she can help her with contacting a support network with a view to obtaining counselling and some assistance at home. The mother refuses, telling the staff member to go away and mind her own business.

Despite believing it would be the right thing to do, the staff member chooses not to follow the matter up with any authorities or agencies as she believes it's the mother's personal decision to make and she will respect the mother's privacy.

Jaydn does not attend respite care for the next few weeks despite his bookings. Staff are later advised that Jaydn is now living with an uncle: his mother had locked herself in her room and left Jaydn to fend for himself for several days. With no food and an inability to look after himself he was found by neighbours under a tree in his front yard, undernourished and in soiled clothing. Ambulance and police were called. His mother is now in hospital and Jaydn 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 staff member had shared information with an appropriate agency, help could have been provided and the situation avoided for both Jaydn and his mother. The consequences of failing to share information have been significant. This inaction has contributed to the harm of a child and serious mental health issues for the parent. Furthermore, in this circumstance duty social care should have been contacted as there were signs of Jaydn being neglected due to his mother's depression. That notification may also have resulted in a referral to mental health services for the mother.

6. <u>Sharing information to respond to family violence and a risk of homelessness</u>

Rebecca is seven months pregnant and lives on a caravan park with her boyfriend, Todd. Todd has a recent conviction for assaulting Rebecca's previous partner. He is controlling, jealous and aggressive. One day, when Todd sees the male caravan park owner chatting to Rebecca he becomes angry and verbally abusive and threatens the caravan park owner. As a result Rebecca and Todd are evicted from the park.

Both attend the local homelessness service seeking accommodation and financial help. Todd tells the intake and assessment worker that they were evicted from the caravan park because they missed a week's rent. When the worker attempts to engage in conversation with Rebecca, Todd repeatedly interrupts and speaks on her behalf.

The worker requests consent from both to share information with housing, social care and the local health service and financial counselling service. Todd only agrees to sign a consent form for an exchange of information with housing and directs Rebecca not to sign at all. She does as she is told.

When Todd goes to the counter to fill out the intake forms, Rebecca divulges information about his aggressive and jealous nature and says that she has been having some pregnancy-related health issues but that Todd prevents her from visiting a doctor. She says she needs help and gives consent for information to be shared.

In consultation with the line manager it is agreed that full disclosure will be made firstly to children's social care and housing. This is necessary to protect housing officers who could be placed at risk if Todd becomes aggressive with them. It is also decided that Rebecca's situation will be disclosed to the local Health Care Clinic as Rebecca and the life of the unborn child are potentially at risk without medical assessment. These information sharing decisions are recorded in the case file.

Working together, children's social care, housing, and the health clinic are able to develop a strategy to engage with Rebecca whilst reducing the risk of aggression from Todd. Suitable accommodation and health support are provided. Rebecca also receives information about local domestic violence services. As trust grows between the couple and the housing service, other services are slowly but more effectively engaged, and referrals and information sharing occur with consent.

7. Information sharing ensures elderly clients receive the help they need to live independently

Mary is a 78-year-old woman who uses the council bus driven by volunteers to do her weekly shopping. When the driver goes to pick Mary up one day he observes that her husband, Ted, is tied to a chair in the house. Mary says if she doesn't do this she cannot go shopping, as she worries that her husband will wander off and hurt himself or burn the house down while she is away.

The volunteers observe Mary has been losing weight and often talks about how hard things are now that Ted is so frail and he can't remember things. Recently the bus had broken down on the way to the shopping centre, meaning Mary's husband was tied to his chair for several hours and required medical attention. Mary lied to the doctor about why Ted was dehydrated and unwell.

Mary is advised that the community centre may be able to provide some company for Ted while Mary shops and that there may be assistance through the council or local health service that would further support her. She says, 'Don't be silly, I can manage', but appears to be very shaky and on the verge of tears. When the volunteer pushes the issue Mary becomes quite upset and does not want to talk about the subject anymore; she says, 'Don't say anything, 'they' will put us in a nursing home, I would rather die!' The volunteer reports this information to her manager, Gill, who consults with a friend who works in an aged care assessment team without disclosing Mary's identity. When the case is laid out the evidence is clear and Gill decides it is impracticable to seek consent. She believes it is important to go against Mary's wishes as Ted is very vulnerable and at risk of serious harm if this continues. She contacts the council and the local health service to make a referral.

The social care staff visit Mary and reassure her that they are there to help; a dementia care package is set up, which provides support for Mary and Ted in practical and emotional ways. The community centre continues to provide transport.

In this case, there is sufficient reason to share information without Mary's consent, to reduce the risk of harm to her husband and for them to receive appropriate support.

8. Information sharing allows mental health and disability services to work together

Russell, a disability support service worker, has been providing assistance to Mark, a client with schizophrenia, for the past two years, helping him with shopping on Thursday mornings and with transport to social activities including a gardening club on Monday afternoons.

For two years, Mark displayed no erratic behaviour. He was always pleased to see Russell and enjoyed his interactions with others at the shops and the gardening club. However, one Thursday morning Russell notices Mark's behaviour is very different.

He is angry, the house is in disarray (which is really unusual) and he needs to be encouraged to go and do the shopping. While at the shops, Mark appears agitated and aggressive and has an argument with another shopper in the supermarket car park, which includes pushing the other shopper's trolley away. Russell tries to talk to Mark about what's going on but he refuses to speak and shoves him away too. When Russell drops him at home he runs inside and slams the door.

Russell expresses his concerns about Mark to the client service manager at the end of his shift. The client service manager and Russell consider what the consequences might be if she does not share this information with Mark's mental health agency. She consults the information sharing flowchart and guidance, and then talks to the manager who agrees it seems impracticable to seek consent and there is a justified reason for alerting the other agency of their concerns. Apart from potential harm he might do to himself, there is potential for Mark to become increasingly aggressive and possibly harm a member of staff, or someone else. Although Mark has been doing very well, a couple of years ago he changed medication and became violent with one of his neighbours, resulting in him being admitted to a mental health facility for a short time. Given the dramatic change in Mark's behaviour and his unwillingness to talk about what is happening, the decision is made to exchange information without seeking his consent.

The mental health agency is informed. It becomes evident Mark missed his last appointment and, given his behaviour, could possibly be off his medication. By sharing this information both agencies can work together to support Mark and be fully informed of each other's perspective and action.

9. Sharing relevant information to protect service providers from potential harm

Susan, aged four, has cerebral palsy and is capable of very little verbal communication. She lives at home with her mother, Veronica, and her father, Allan, and receives home based therapy services. There is a recorded history of domestic violence, and on two occasions the team have arrived at the family home while a dispute between mother and father was occurring, in one case resulting in injury to staff. The police have been called to the house and the family are known to them.

When things are going well between Veronica and Allan, they are able to engage with Susan's service providers and do the best they can to care for her. The service supporting Susan has put in place a two-person visit policy with this family to ensure staff safety. There have been no direct threats to Susan although she is present during the disputes, usually in her bedroom.

The family announce to the team that they are moving to another region for a 'fresh start' and a new job for dad, and would like some help finding suitable services near their new home.

The family service coordinator, Sam, discusses options for new service providers in that area and Veronica asks him to contact appropriate organisations for the family. A referral is made for Susan to be assessed for therapy. Sam talks to Veronica about the need to disclose to the new service provider the issue of domestic violence and seeks consent to do so. Veronica asks that Sam not mention this as there have been no further issues and she would like to start afresh and not have their history dug up − she refuses to give Sam approval.

Sam decides there is not sufficient reason to share the family history without consent, but it is appropriate to advise the other service provider of the two-staff visiting policy his organisation has in place with this family. This follows the information sharing principles and means that only 'relevant' information is shared to enable a suitable risk mitigation strategy to be put in place. Sharing this limited amount of information will ensure that the new service is aware of potential risks for their staff. Without divulging detailed personal information, it will also flag the possibility of more complex family issues and the need for a full intake assessment to be conducted.

10. Sharing information without consent ensures a client receives appropriate support to deal with family and domestic violence

Andy is a mental health worker visiting Diane, at home. Diane has a long history of hospital admissions for mental illness, including two suicide attempts.

During the home visits, Diane's partner, Craig, refuses to leave the room, stating that as her carer he needs to know what is happening. Andy has noted that Diane continuously looks at her partner before answering any questions and that it is not uncommon for Craig to speak for Diane. At a recent visit, Andy noted that Diane had large bruises on her arms, a black eye and a cut to her head. Diane said that she had fallen over in the dark and hit some furniture because she forgot to turn on the light. Diane has used other reasons for visible bruises in the past.

Andy has received a phone call from Diane's sister, Sarah, stating that Diane is often hit by Craig and is not allowed to leave the house. Sarah states that Diane is alone when Craig is completing his Community Service Order from a previous conviction but that he rings to check on her. Sarah reports that Diane's most recent admission to hospital for a broken arm was the result of an attack by Craig, but that Diane denied this to police and discharged herself from hospital.

Sarah reveals that if she visits Diane when Craig is out, Diane cannot let Sarah into the house because Craig locks the doors and Diane does not have keys. Sarah fears for Diane's life. She says that Diane has reported that Craig has taken to holding her head under water. Sarah says that Diane wants to leave but is too scared because she thinks that Craig will find her.

At his next visit Andy asks Diane if she would like contact with a women's health service. Craig replies that Diane already has a doctor and that he takes her to appointments whenever necessary, and he refuses to give consent for their information to be shared. Diane does not respond. Andy observes that Diane is very subdued and dishevelled and will not look at him. Craig is keen for the visit to be over and asks Andy to leave because they have another appointment.

Andy talks to his supervisor about Diane and seeks permission to contact the women's domestic violence services because he is concerned about Diane's safety and wellbeing. Andy believes that Diane is at increasing risk of harm by Craig and may even harm herself. The supervisor believes it is impracticable and unreasonable to seek consent. He endorses Andy's request to contact the domestic violence service without Diane's consent because they are concerned that the risk of harm to Diane may be rising.

The domestic violence service has a record of Diane from a previous hospital admission, where she disclosed physical violence, but did not want support and discharged herself. The services exchange information and agree on a plan for joint protective monitoring. Andy agrees to complete an assessment form for the relevant meetings at the domestic violence service's request. Additional information is added to the assessment by the domestic violence service. At the relevant professionals meeting a referral to MARAC is decide and a plan of action is devised that includes the police, correctional services, mental health workers and the domestic violence service agreeing to work together and establish a reporting-back mechanism for all agencies.

11. Sharing information supports interagency planning and case management

Edward is 12 years of age and has begun to miss school. Edward's mother, Ruth, has an intellectual disability and receives a pension. Her partner, who was living with her at the time, brought Edward into a local service for counselling at the request of the school counsellor.

When Edward is asked by Robyn, the counsellor, why he is not going to school regularly, he says that he needs to help his mother a bit. When Robyn suggests they talk with his mother's partner about how things are affecting his schooling he bursts into tears and says that his mother's partner has left and won't be living with them anymore. He then describes the jobs he has been doing for his mother. When asked about other family members who could help, he says his uncle is in prison and his grandmother lives too far away and cannot travel to help. It does not appear that Ruth receives any support from other agencies.

When Robyn suggests they talk with the school counsellor about visiting his mother at home, Edward is extremely upset and says that his mother won't understand and that she will think he's done something wrong. He then completely breaks down, saying he's scared that people will take him away from his mother. Robyn reassures Edward that she and the school counsellor will do everything they can to organise the right kind of help so that he can keep going to school and his mother can get the help she needs. The two counsellors agree that they need to see and speak with Ruth before making further decisions. They tell Edward they will make a home visit together with him after school that day and then make a plan with him. During the visit they ask Ruth if they can organise for someone to come and talk with her about getting help so that Edward won't miss school. Ruth says she doesn't want the counsellors to talk to other people about her. She keeps asking if Edward has been misbehaving. Both the counsellors attempt to explain why they are worried about Edward's school attendance but she becomes very agitated and they decide to conclude the visit. They reassure Edward outside the house that no one wants to take him away from his mother, that they will find another way to help and that they will talk again the next day at school.

In consultation with their respective managers and the head teacher, both counsellors decide it is impracticable to seek consent and they will go against Ruth's wishes and speak with other agencies about the support they believe is required. They feel that, unless some form of coordinated support is put in place, Edward will be at increased risk of taking on unreasonable and inappropriate levels of responsibility for his mother and will continue to have his education compromised;

more significantly, both Edward and Ruth may experience neglect or serious threats to their wellbeing if things continue.

Through engaging the education service, an interagency meeting is planned at which Edward's situation will be discussed and a plan developed. Robyn lets Edward know that they are having the meeting, explains what they will be trying to do and why they are doing this against his mother's wishes, but it is in their best interests. She asks Edward if he'd like to help her write down a list of the things his mother needs help with and the things that worry him about his situation, so the meeting can be as helpful as possible. Edward agrees to do this.

Adult social care services are contacted through the interagency process and a worker is appointed to support Edward's mother. The three workers can now liaise with each other to ensure their combined efforts are supporting both family members.

12. Sharing information to protect an individual and group of young people from harm

An adolescent client, Jenny, has told a mental health professional, Catherine, that she has considered suicide. She has not given consent for information to be shared with anyone other than her parents. Her depression worsens and she stops attending sessions with Catherine. All efforts by Catherine to re-engage Jenny are unsuccessful.

Catherine believes Jenny is at serious risk of attempting suicide and suggests to her parents that the family GP, children's social care and the head teacher be informed of her vulnerability so that additional monitoring and support can be provided. Catherine shows them the suicide risk assessment she has carried out on Jenny. Despite the evidence, the parents are unwilling to agree for the worker to inform children's social care and the school because they fear their daughter will become more depressed if she thinks her peers know about her problems. Catherine is unable to persuade the parents that a referral to social care and the school would be beneficial. They discuss that support and monitoring can be provided in such a way that Jenny's privacy within her peer group is not compromised.

Is there sufficient reason to share information when to do so will conflict with both the client's and the parents' wishes? Catherine has to weigh up the possible impact on Jenny if information is not shared and opportunities to maximise her safety are not put into place. By using the information flow chart and practice guide it becomes clear to Catherine that it is reasonable to disclose information. In this case, there is sufficient reason to share information without consent so that relevant professionals can be aware of the need for protective monitoring and support for Jenny. Combined with provisions for disclosure in the *Working Together to Safeguard Children 2015* and the early help focus of the information sharing guidance, Catherine is able to share information to protect Jenny. She notifies children's social care, the family's GP and the head teacher of her concerns.

13. Consent to share information is refused and the client's wishes must be followed

When in his thirties, James had a job, a girlfriend, Karen, and a house. Over time problems developed in his relationship with Karen and he became increasingly unhappy with the way he was treated by his boss. Even though he wasn't happy at work, at the end of his shift he often didn't want to go home because that was even more stressful. James started drinking heavily and as a consequence he got the sack, then Karen left him and he was soon homeless.

James spent three years sleeping rough and struggling to beat his addiction to alcohol. With the help of Dave, a case worker from a homeless shelter, James started to take control of his life again. With his drinking under control, and with support from Dave, James moved into public housing. He started collecting and selling bottles and cans and saved enough money to furnish his flat.

James had eight neighbours, five of whom he said were 'trouble'. They began asking James for money, cigarettes, food or anything else they needed. At first it wasn't a problem, but then it became constant, day in and day out, and then some of his family started coming around to borrow money. There were often loud arguments between his neighbours and James craved some peace and quiet.

James walked about 30 kilometres every day collecting bottles and cans and he started to enjoy the time he was out more than the time at home. With people constantly popping in, James started to become really annoyed; these intrusions and feeling confined to one place started to make him depressed and he thought about hitting the bottle again. James decided that the two years he had lived in the unit dealing with his neighbours, his family, and the responsibility of his tenancy were more stressful that being homeless.

James made a decision to take charge of his life again and actively chose to become homeless. His Housing worker, Stephen, was concerned and tried to convince him not to give up the unit and asked if he could talk to a support service about his circumstances so that they could provide assistance. James did not consent for his information to be shared. He made it clear that he was making a conscious decision that was right for him. James explained he believed his job of collecting recyclables was good for him and the environment and it provided an income; he wasn't drinking; and the walking he did every day meant that he was fit and well and it made him happy. He had bought an old station wagon and that would be his home from now. James understood how difficult this was for Stephen to understand but made it clear — 'as long as I don't hurt myself or anyone else I have a right to make decisions about how I live my life and I choose to live this lifestyle'.

In this case, James is capable of giving or withholding informed consent and he does not pose a risk of serious harm to himself or others. James has refused consent for his information to be shared and his wishes must be followed.

14. <u>Sharing Information with consent to support a parent's parenting capability</u>

Kate, a single mother with a three year old son and a new baby is visited by a health visitor. Kate appears to be struggling to cope with the children and it becomes clear that since she and her husband separated that she has no family support.

Kate says that she has been feeling really low. She complains that both bedrooms are damp and they are all suffering with chest infections. She says she hasn't reported it to the housing office because she doesn't feel confident enough to go out

with the children, particularly to new places. The health visitor suggests that she could arrange an outreach visit for Kate. She explains that the outreach worker can help her make contact with the housing office and arrange for someone to make sure any necessary repair work is carried out to the property. She can also provide her with information about what services are available in the local children's centre and the local area and help Kate identify the ones that would be of benefit to her and the children.

Kate also mentions that she is expecting a visit from the midwife in the next couple of days. Kelly offers to makes contact with the midwife supporting Kate to let her know that she has visited the family and also to make contact with the housing office. Kate agrees, saying that it would save her from explaining everything to the midwife and that she appreciates the help getting their home repaired. Kelly explains that she will contact the health visitor to let her know what she and Kate have agreed today.

Kelly contacts the housing office, the midwife and the health visitor to seek any further information about Kate's situation. Each of the agencies must consider whether any of the information they hold should be treated confidentially before sharing any of it with the outreach worker. Some information is shared and it is agreed that they will alert each other if they have any concerns about the welfare of the children. Kelly arranges to visit Kate again a couple of days later. On this visit Kate appears much happier. The housing office has responded to Kelly's call and has arranged to make the necessary repairs to Kate's home.

Kelly takes the opportunity to mention to Kate that the local children's centre has a mother and baby club that has been really successful and suggests that Kate and the children might attend a couple of sessions. She and Kate talk about how it might be good for her to get out of the house and spend time with other new mothers, that it might enable her to make some new friends and possibly develop a local support network. They also talk about how good it would be for her son to mix with other children of the same age. Kelly offers to go to the first few sessions with Kate if it would help her to feel more comfortable.

Kate agrees to give it a go and they make arrangements for Kelly to call for Kate and the children the following week and to go with them to the first session. Kate enjoys the break from her normal routine. Kelly goes with her to another session but then Kate feels able to attend the group without any additional support. Kate continues to meet with Kelly on a regular basis. She appreciates the support, grows in confidence and becomes a regular visitor at the local children's centre, accessing a range of services there and in the local community. In time, Kate returns to work part-time. Kelly helps her to arrange childcare through the centre.

15. <u>Sharing Information with Consent following concerns about a toddler's development</u>

Home-Start is a charity that recruits and trains volunteers to support parents with children under five. Volunteers can have contact with a wide variety of health, social, education and other practitioners while supporting a family.

Cathy is a teenage mother who has no contact with the father of her two young children, Ben (three years) and Jake (six months). She has recently been re-housed in a hostel which is mainly for lone young parents but includes tenants with a wide range of needs.

Cathy was referred to Home-Start by Ben's school nursery because of Ben's erratic attendance at the nursery. Cathy is wary of any agency support due to unhappy experiences as a child but after several visits a trusting relationship was established with the Home-Start organiser and the volunteer assigned to her case.

The main issues that emerged through discussion with Cathy were:

Ben's attendance at nursery: Cathy had fled from a violent relationship and was anxious not to let anyone know where they were living. Ben had been allocated a place at a school close to the bed and breakfast accommodation where the family lived at the time he was registered. When the family were moved to the hostel this meant a long walk to and from the nursery for Cathy as there was no cross-town public transport. As soon as she got home from dropping him off, it was time to set off to pick him up again and as a result she often didn't take him. The organiser explained to Cathy that her consent was needed to allow Home-Start to speak to the nursery and share information with them to try and resolve the problem. Cathy was then able to give 'informed consent' to share relevant information. As a result arrangements were made to relocate Ben to a closer school nursery and his attendance improved.

Ben's health: The volunteer had concerns about whether Ben had hearing difficulties. Ben had missed many of his developmental checks including the hearing checks as a baby due to the family changing address frequently, not being sent appointments or not keeping them. Cathy avoided clinics as she felt that staff were critical of her parenting skills. The volunteer raised the concerns with the Home-Start organiser who decided to speak to Cathy about using the Common Assessment Framework for children and young people (CAF) to get a full picture of Ben's needs. The organiser completed the assessment with Cathy and once again consent was sought to share relevant information, this time with the health visitor. The consent to share information Cathy had given previously was for a different purpose and so it was necessary to seek consent again. The volunteer accompanied Cathy and Ben to the clinic. Hearing tests identified that Ben had a problem with adenoids; he was referred on to his GP so treatment could be arranged.

Cathy's isolation: The CAF process had also helped to identify that being relocated away from her own family with no easy access to public transport led to Cathy feeling isolated. The volunteer worked hard to get Cathy involved in school events

and managed to persuade her to attend the Home-Start group where she met other mothers. Over time Cathy joined in more with group activities and made friends with other young mothers.

16. Respecting a parent's refusal of consent to share confidential information following concerns about a child's development

Jenny and Jack are six and four years old and attend the same school. They have a younger sister aged 12 months.

Jack's teacher is a bit concerned about him because he is quite often late and usually the last to be collected from school, he looks a bit grubby and she thinks he is small and thin for his age. Jack sometimes seems to be very hungry and other children have complained that he is taking food from their lunchboxes. He has sometimes fallen asleep in the classroom.

His teacher decides to speak to her colleague about Jenny and whether there are any concerns about her. Jenny's teacher says that she is also sometimes late and not always very well dressed but is doing well in school and seems happy. The teacher doesn't have particular concerns about her.

Jack's teacher decides to speak to his mother when she collects the children from school about her concerns about Jack's weight and tiredness and says she would like to ask the school nurse to see him and offer some advice.

His mother seems a bit depressed and is rather monosyllabic in her responses - she says she thinks he is fine and she doesn't think it necessary to have him checked. The teacher comments that the mother seems tired and she responds by saying of course she's tired she's got three children under six years old!

Jack's teacher remains uneasy about him and his mother's ability to cope. She decides to seek informal advice from the school nurse about Jack's physical size, hunger and tiredness and the mother's response when concerns were raised with her. The school nurse does not believe the concerns are sufficient to consider a referral to children's social care.

The teacher and the school nurse seek advice from the school's child protection lead and they agree that in the circumstances it would be justified to contact the health visitor who is visiting the youngest child to see if she has any concerns. The health visitor says that the family has been having some difficulties. Working with the family, the health visitor had used the CAF to identify Jack's strengths and needs. The mother trusted the health visitor but had not consented to the information being shared with the school. The health visitor was able to offer additional support to the mother so that the situation should improve. However, she continued to actively monitor the situation.

Some of the information the health visitor has is confidential health information about the mother's mental health. Given the concerns expressed by the school the health visitor says that she will need to seek consent from the mother before sharing any confidential health information about the mother with the school.

When the health visitor raises this with the mother on her next visit, the mother refuses consent to share that information with the school. The health visitor will need to decide whether the public interest in sharing that information with the school outweighs the public interest in maintaining confidentiality. If there is little or no benefit to the children from sharing information with the school then it would be inappropriate to do so without the mother's consent.

The health visitor informs the school that she has decided not to override confidentiality in this case since she believes the benefit to the children would be small, and the mother is accepting services out of school which should help to improve the children's situation. The health visitor and the school staff agree to monitor the situation and confer fortnightly in the first instance, with a view to taking early action, including possible referral to children's social care, if the children's care does not improve. This arrangement is fully documented so that everyone is clear who is responsible for this interim monitoring.

17. <u>Sharing information without consent to enable preventative work with children at risk of involvement in crime and vulnerable to exploitation</u>

The fire service and police are called to an estate where two cars are on fire. Witnesses say that a group of youngsters who live on the estate are responsible for the fires and maintain that they are also responsible for a lot of vandalism and graffiti and that older people are afraid to go out at night. There are several families that live on the estate that everyone seems to agree are usually responsible for the trouble. In one of the families identified by witnesses:

- Father is suffering from chronic ill health and is unable to work, has been involved in petty crime in the past and did once serve a short prison sentence for handling stolen goods. He says the neighbours and police are 'picking on his kids because he has a bit of a record'.
- Mother is a hard-working woman, a bit depressed and downtrodden, wants what is best for her children but seems defeated in terms of controlling them.
- Jackie, 15 years old, is verbally abusive to her mother and the police when they come to interview them regarding the fires.
- Brett, 14 years old, says he can't see why the police are interviewing them; he denies being involved and says they always get blamed.
- Connor, ten years old, echoes everything Brett says.

Connor and Brett are picked up again one afternoon the following week for stealing sweets and they admit truanting. They are taken home, and their parents claim they last saw them off to school that morning and believed they were in school.

The police decide to issue a Reprimand for the stolen sweets. They are concerned about the risk of poor outcomes for all three children and also the risks to others through their anti-social and offending behaviour. They decide to notify the local preventative partnership, which for the purposes of this case example is the youth offending service (YOS), about these incidents and their concerns. The YOS worker can contact the children's schools without their consent, to obtain further information to help assess the risks to all the children in relation to their potential involvement in criminal behaviour. This would help the YOS worker consider whether they may be children in need, or, at risk of significant harm.

The schools have previously tried to speak to the parents about their concerns for the children without success. The schools have the power to share information with the police and the YOS under the Crime and Disorder Act 1998. However, they will need to decide whether the information they are sharing is confidential and if so, whether or not they need to seek consent to share the information, and if so, from whom.

Connor's school believe he is a bright boy but are concerned that he is aggressive towards other children – his father condones this aggressive behaviour as his way of protecting himself and thinks all kids steal sweets sometime. His mother admits she is concerned about him but wonders what she can do. Connor has told his teacher that he was being bullied into doing 'naughty' things like breaking windows, by some boys who go around with his older brother.

Brett's head of year thinks Brett could do well but he doesn't seem interested, acts the fool in class and enjoys being sent out, then blames everyone for picking on him unfairly. Brett has a learning mentor whom he has told about the situation with his family, where he believed they are always being picked on by their neighbours and he feels he has to take the head of the family role because of his father's illness. This means he has to prove himself as being 'big' and 'hard' so that others show him respect. He says if that means breaking the law then so what; his family comes first.

Jackie's head of year is concerned about her behaviour in the classroom, she can be disruptive, sometimes uses obscene language, and is often trying to test the authority of the teachers. She is openly suggestive towards some of the boys in the class and often walks out of classes if challenged by staff. She smokes a lot and has recently lost a lot of weight. Her parents have not responded to requests from the school to come and discuss their concern. Jackie has told her teacher in confidence that she had got mixed up with an older crowd who had tried to introduce her to drugs and she was worried about how to deal with sexual advances from them.

Some of the information the schools have is confidential. Some of it isn't. The schools judge that in this case all the information they have should be shared without consent if necessary, as they believe that the children may be involved in criminal behaviour and at risk of significant harm. They inform the parents and young people

that they intend to share information to enable an informed assessment of the risks to all the children and to determine what action is required to protect them, and others, from harm, promote their welfare and prevent their further involvement in crime. The multi-agency meeting would involve the police, the YOS, the education welfare service, the schools and others that have direct involvement including the school nurse and fire service. The children and parents should, if possible, also be involved in the discussions and the development of the action plan because they are more likely to cooperate if they have had the opportunity to contribute.

A joint plan is developed to establish clear boundaries and monitor the young people's behaviour; enabling them to get access to advice and support about sexual health and drugs, improve their educational achievement and development, and prevent them becoming involved in criminal behaviour.

18. Sharing information without consent to enable targeted action to tackle anti-social and criminal behaviour amongst families

The local authority social inclusion unit, police, probation, youth offending service, housing trust and Connexions services are meeting to develop a planned approach for tackling antisocial and criminal behaviour in their area. This joint action group (JAG), is chaired by the local authority representative with the police representative acting as deputy. The group has established and agreed a standard process for exchanging information with a view to identifying families where additional and targeted support might be appropriate and this is facilitated under section 115 of the Crime and Disorder Act 1998.

The purpose of the monthly meetings is to discuss children, young people and families which are giving one or more of the agencies a cause for concern and to agree what action should be taken, by whom and when. In preparation for the meetings, each agency considers which families it is most concerned about in relation to its functions under the Crime and Disorder Act, and what information it is able to share, taking into account whether any of the information is confidential and, if so, the public interest in relation to sharing such information without consent. The process is documented and an agreed action plan is recorded. Progress is reviewed at each meeting. At this meeting, three families are selected for targeted intervention and support.

Family 1: Parents are both drug users on methadone maintenance programmes, the father is on probation following a conviction for drug related offences. Tony, 17, hangs around with a large group, is well known to local police and is often aggressive when approached by them. His sister Louise, aged 14, has also started to hang around in the same group and has told her Connexions personal adviser that she is being pressured by some members of the group to try hard drugs. Children's social care have been in contact with the family and undertaken an initial assessment with respect to both Louise and Tony. This included gaining an

understanding of the impact that their parents substance misuse was having on Louise and Tony. The Connexions team manager explains that the adviser has already spoken to Louise about the dangers of drugs and encouraged her to engage in other activities and to move away from the group. Police suspect that drug and alcohol abuse is rife amongst the group. Members of the general public have reported feeling intimidated or being abused by the group.

Family 2: Both parents have been reported to the police by neighbours on several occasions for threatening behaviour. The father has been charged for a public order offence following the threats. Neighbours have also reported concerns about the children, aged 14, 11 and nine. They are often observed on the streets late into the night and appear to be emulating their parents' behaviour – swearing at neighbours, causing damage to property and bullying other children. When the parents are challenged by the neighbours, they refuse to accept that their children are doing anything wrong and become abusive.

Family 3: The housing trust has taken a number of anonymous calls reporting suspected domestic violence at the address of this family. Police have also been called to the address following complaints by neighbours. Police reports that Charlie, 17, has been convicted of Actual Bodily Harm following a drunken fight in a nightclub – police believe drugs to have been at the centre of the argument. Ben, 14, has been picked up by police on a number of occasions for being drunk and disorderly and returned to the home. The Connexions team manager reports that neither Charlie nor Ben has sought the services of Connexions. The mother insists that there are no problems within the family and that she believes that experimenting with drink is normal teenage behaviour.

The JAG discusses options for offering additional support to the families and where it might be necessary to intervene more directly. They agree what action should be taken, and who will be responsible for ensuring that action is taken and outcomes properly recorded.

As a result of the interventions agreed at the JAG meeting:

Family 1: The JAG agrees an assessment of each of the children and the impact of their parents' drug abuse on their welfare is required. Probation is able to confirm that there are no known breaches of parole conditions and that the behaviour of the parents is not currently a cause for concern. Police alert the local community support officers (CSOs) to concerns about the group of youths. Youth workers speak to the group of youths to try to engage them in other activities. Where necessary, CSOs or police will disperse them. A short term, intensive patrol of the area was put in place. Local shopkeepers are reminded about their responsibilities in respect of selling alcohol to those under the age of 18 and that their licence can be revoked if they are found to be deliberately in breach of the law. Support is offered to shopkeepers where intimidation is reported as a reason for selling alcohol to minors. The

Connexions adviser works with Louise to identify a youth club that she and her friends can attend. It is reported that she appears to have severed her ties with those who were enticing her into drug use.

Family 2: Police ask those neighbours that have reported problems with the family to record details of incidents. They also speak to the family about their anti-social behaviour. The housing trust inform the family that they are at risk of breaching their tenancy agreement and that if necessary, action will be taken. They also make them aware that, depending on the severity of the breach, it could lead to their eviction. Community support officers visit the area at different times during the following month to monitor the situation. Local authority representatives speak to colleagues from the education welfare service who asks for any relevant information from the children's schools to feedback to the next meeting of the JAG. Information collected and shared as part of the JAG process could be used to form the basis of a voluntary Acceptable Behaviour Contract, which in turn would support the evidence required to implement other intervention measures and to issue an Anti-Social Behaviour Order.

Family 3: The Connexions service seeks to engage both Ben and Charlie with a view to providing advice and guidance. The adviser discusses options for both education and extracurricular activities with Ben. It becomes clear that Charlie is unemployed and he is invited to attend a meeting with an Adviser about options for employment, education or training. The adviser also discusses opportunities for Charlie to engage in activities such as sport or youth work. As a result of discussions with the young people, they are offered an opportunity to discuss their personal issues with a counsellor. The police family support unit are made aware of the suspected domestic violence and asked to monitor the situation and liaise with other agencies where appropriate.

Parental drug abuse can and does result in children and young people being harmed at every age from conception to adulthood, including physical and emotional abuse and neglect. A thorough assessment is required to determine the needs of each child and the impact of the parent's behaviour on their welfare.

19. <u>Sharing information where there is possible abuse of a disabled child</u>

Helen, aged seven, has cerebral palsy and has very little verbal communication. She is admitted to the children's ward for surgery to her legs. During the admissions process it is noticed that she has some bruising to her legs and thighs. Her mother says that she thinks the bruising may be due to her callipers. The admitting doctor asks Helen how this has happened. The doctor and Helen are not easily able to communicate and the doctor is not able to determine whether the bruises are caused by the callipers or not.

The mother says that Helen has just come back from respite care, that she always comes back in a state and she is considering not sending her any more. The mother

has three other children and needs this support to give her a break from her caring responsibilities.

The doctor decides to discuss the bruising with Helen's consultant paediatrician and seek their opinion on how the bruises may have been caused.

The consultant is worried about the cause of the bruising and seeks the mother's consent to share her concerns with children's social care. The mother says that does not want to involve them because she is worried that Helen would not be able to continue to have the same level of respite care. The consultant decides to override the mother's lack of consent but informs her that she intends to share information with children's social care because she is concerned that Helen may be at risk of harm when she is placed in respite care. Children's social care together with the police and the consultant will need to consider how best to respond to these concerns, keeping an open mind about the possible cause and who, if anyone, might be responsible for the bruising.

20. Sharing confidential information without consent in a case of underage sex

Natasha attends the local genito-urinary clinic with her friend Trina as she has symptoms of a sexually transmitted infection (STI) and she doesn't want to go to her family GP. Natasha says she is 14 years old but the health practitioner thinks that she looks younger. Natasha says she has been having a sexual relationship with her boyfriend for about three months but refuses to give any information about him, she says she is very happy with the relationship and does not feel coerced into doing anything against her will. She says she has not told her boyfriend that she has come to the clinic as she wants to find out if there is a problem first, and she does not want her parents to know anything at all. The health practitioner is unable to persuade Natasha to involve her parents and following the criteria and guidelines outlined by Lord Fraser in 1985 decides on balance that Natasha is capable of giving consent to treatment for her STI and also offers advice about sexual health and contraception. As the tests show Natasha has an STI the health practitioner encourages her to tell her boyfriend as he will need treatment too and Natasha agrees to do so.

Some months later Natasha returns to the clinic with further symptoms, the health practitioner notices that her physical appearance has deteriorated; she appears to have lost weight and she has some faded bruises round the left side of her face. On examination Natasha is found to be pregnant as well as having a different STI than previously. Natasha still refuses to have her parents involved and says she wants a termination of her pregnancy. The health practitioner comments on her bruises and Natasha becomes agitated and says she will come back later for treatment and wants to leave the clinic. The health worker persuades her to stay and discovers that Natasha is upset because she has discovered that her boyfriend has other girlfriends, he has been seen in his car with girls from his workplace, and has tried to persuade her to have group sex with his friends. Natasha says she walked into a

door and bruised her face. From this the health worker concludes that Natasha's boyfriend is probably a lot older than her if he is working and driving, that he is also trying to coerce her into sexual activity that she is unhappy about and may have been violent towards her

The health practitioner arranges to see Natasha for a further appointment in a few days' time in order to try and persuade her to involve her parents or another trusted adult in the situation. The health worker also wishes to discuss the situation with the child protection nurse and check with other agencies as she suspects Natasha may have given her false information about her age and address. When Natasha returns to the clinic and cannot be persuaded to involve her parents or another adult, the health worker and the child protection nurse have to make a judgement about reporting their concerns to children's social care and the police and weigh up against Natasha's right to privacy the degree of current or likely harm, what any information shared is intended to achieve and what the potential benefits are to Natasha's welfare.

The health worker and child protection nurse decide that they must make a referral to children's social care and the police as they are concerned that Natasha is at risk of significant harm and that her boyfriend may be violent and could be committing an offence in having a sexual relationship with a young person her age.

In this case, the practitioners involved would need to take account of considerations listed in chapter 5 of Working Together to Safeguard Children (in the section 'allegations of harm arising from underage sexual activity') when assessing the extent to which Natasha (or other children who may be being abused by her boyfriend) may be suffering or at risk of suffering significant harm.

21. <u>Failure to share information adequately in a child protection case</u>

Maggie informs her probation officer that she is pregnant. She tells the probation officer the name of the father of her baby. The probation officer recognises the name of the father. She checks the probation records and confirms that he is someone who is known to the probation service. Those records show that the father, Mark, has children with several other women, and that there have been concerns about the safety of all of the children due to his violent and abusive behaviour; that two of the children have been on the child protection register and steps have been taken by their mothers to restrict his access to them.

The probation officer is also aware that Maggie has had a troubled background herself. She was in the care of the local authority as a child, and has a record of a troubled adolescence with offending behaviour. Maggie has had two children previously: one was on the child protection register as a result of neglect and that child now resides permanently with the maternal grandmother; the other child was taken by his father to live with his family. The probation officer is concerned about

Maggie's ability to care for and protect her unborn child, particularly with the added concerns of Mark's record of abusive and violent behaviour.

The probation officer telephones children's social care and discusses the case with the team manager and the police and they agree that the case should be referred to them (see the information on section 47 of the Children Act 1989 in section 5 of the document Information Sharing: Further Guidance on Legal Issues). Enquiries to the police regarding Mark's previous criminal record reveal that he had convictions but that they are not related to offences against children.

The social worker allocated to the case undertakes an initial assessment with respect to the unborn child. She sees Maggie on several occasions at her mother's house and tries, unsuccessfully, to meet with Mark. Maggie informs the social worker that she and Mark have separated and that she has never had a violent relationship. Once the initial assessment is complete the social worker concludes that no further action is necessary and the case is closed.

The probation officer later discovers that Maggie and Mark have resumed their relationship and reports this to children's social care. The social worker thinks Maggie has a good level of support and stands by her decision following the previous assessment that concluded that no further action was needed.

When the baby is born Maggie moves in with Mark; the community midwife is concerned about the baby's welfare and informs children's social care. The social worker, following consultation with her manager, decides to undertake another initial assessment. She visits Maggie with the baby and reports that Maggie is coping well and the baby appears well cared for, a further visit is agreed for two weeks' time. A letter is sent to Maggie to inform her of the appointment, but there is no reply when the social worker visits. Two months later, following two further failed attempts to see Maggie and the baby the case is closed by children's social care as there have been no further referrals from the health visitor. The social worker leaves a message for the health visitor to this effect, and requesting that the health visitor monitors the baby and refers again if necessary. The health visitor is unable in the following weeks to get access to Maggie and the child.

The following month the baby is brought by ambulance to the accident and emergency department but is pronounced dead on arrival. Examination of the baby showed numerous bruises to the head and torso and a skeletal survey x-ray showed a fractured skull and left forearm.

The lessons for information sharing identified from a subsequent review of the case are that:

- Practitioners must be curious, open-minded and seek information out, including historical records. In this case a number of agencies had historical records which evidenced Mark's propensity for domestic violence and

disregard for the welfare of his children. Similarly records existed which evidenced Maggie's history of being unable to care for her children adequately.

- Information should have been brought together and shared with all the practitioners involved, and used together with current information to assess whether the child was a child in need or whether the child was at risk of significant harm.
- Where there remain concerns about a child's welfare following an initial assessment, rigorous arrangements for follow-up and further communication between practitioners should be clearly agreed and properly recorded.

Good Practice Examples

1. Sharing between Maternity Services and Children's Centres – Greater Manchester

Children's centres throughout Greater Manchester wanted to promote earlier engagement with pregnant women and new parents but they did not know who they were and how best to access their information.

The issue

Children's centres provide help and advice to parents, carers and children about child and family health, parenting, money, training and employment. This help and advice can be invaluable to pregnant women and new parents, and it can greatly improve outcomes for the family.

The children's centres wanted to engage with as many pregnant women and new parents as possible but did not have access to their contact details, leaving them reliant on word of mouth and generic advertising.

Reaching an answer

An initial evaluation showed that, although some work had been carried out and information sharing agreements had been signed by some authorities and NHS trusts, they were largely based on the draft agreements produced by NEWGG (now i-Network) in December 2010 and information sharing was not taking place.

An AGMA red book is given to all new mothers in Greater Manchester and contains a specific tear out page. At one of the early visits following the birth of the child, the page is filled out by the community midwife or health visitor, and then passed on to the relevant children's centre, either directly or via the local authority. However, this paper-based, postnatal record was not routinely being shared with the local

authority. There was also no way of sharing contact details before the birth, even though it was felt that antenatal contact with the families would prove useful.

Pennine Acute Trust came closest to sharing the information and because they worked with 4 of the local authorities, they were chosen as a pilot site for the development of procedures that could be adapted by the other 6 NHS trusts across Greater Manchester.

Work had already been done by Pennine Acute Trust including:

- Drafting the information sharing protocol and agreement which contained details of the information that was to be shared.
- Working with midwives to ensure that any consent given to share information was informed consent.

Further work was undertaken to:

- Develop a process for extracting antenatal contact details from the Euroking system at the acute trust and electronically delivering them to the local authorities.
- Develop a process for taking the paper-based postnatal contact details and sending them on to the local authority.
- Provide contact details and secure email addresses for contacts at the local authority.

Outcomes

The first paper-based postnatal information was exchanged in July 2012 and the first electronic antenatal information was exchanged in September 2012.
It has since been discovered that contact details for pregnant women and new parents are being shared using a paper-based system between Wrightington, Wigan and Leigh Trust and Wigan MBC. This system is working well and is a fair substitute when it is difficult to make changes to the maternity services electronic systems.

Lessons learnt

In order to make sure that information sharing between the NHS trusts and local authorities could happen, special consideration needed to be given to the following points:

- Communication throughout the concerned organisations is essential. It was clear that, even where information sharing protocols were signed early in 2011, it did not translate into actual information sharing because operational staff were largely unaware of the strategic decisions being made.

- To ensure that the data sharing took place, many people were needed, including:
  - o Information governance manager – NHS Trust
  - o Information governance manager – LA
  - o Lead midwife – NHS Trust
  - o Midwives taking details when booking appointments
  - o District midwives and health visitors collecting red book forms

- o IT system support staff – NHS Trust
- o Children's services information management staff – LA
- o Children's centre staff – LA
- o Caldicott Guardian – NHS Trust
- o Caldicott Guardian – LA
- o Someone with knowledge of both NHS and LA staff structures who could gather the cast together and move the process on.

Not all electronic maternity systems are capable of providing electronic files **but there are ways around this and paper-based documents were better than nothing.**

As a result of the large number of people involved in making information sharing work, it was essential that an individual took responsibility for working on the process from start to finish.

2. Example of first visit forms: Warwickshire Early Implementer Site

Birth data is shared using the 'first visit' form that health visitors complete at the first baby review. On this form the parents give consent to share the birth date, name and address with local children's centres. The Child Health department enters the data on the appropriate system and each month an encrypted list is sent to the data lead in the local authority, who then sends this out to all the appropriate children's centres. The children's centres then send a 'welcome' card with details of all the centre's activities to families. Children's centres have agreed not to visit families unless a referral for services has been made - or the parents get back to the children's centres and register for services. As a double check, midwives and health visitors ask parents to register at children's centres. The Trust also informs the children's centres about the total number of babies that have been born each month so that they can gauge the numbers families not registering in their reach area.

Warwickshire's partnership agreement

This was developed under the leadership of Warwickshire's health lead for children's centres. Herself a former health visitor, she is employed by health but located in the local authority, where she sits on a number of senior leadership teams. The partnership agreement sets out the roles of different agencies in delivering the Healthy Child Programme and children's centre offer. It is linked to Ofsted inspection requirements, which has proved helpful. Every children's centre and health visitor has signed up to the agreement.

3. Information sharing agreement at Liverpool City Council

A written Information Sharing Agreement is in place between Liverpool Women's Hospital Trust and Liverpool City Council (Children's Centres). This agreement can be summarised as follows:-

- A children's centre information leaflet (supplied by the local authority) goes out with the booking appointment for newly pregnant mothers - A mandatory field has been

inserted on the central database, and at the time of the booking appointment, the midwife checks the leaflet has been received, and asks if the parent will give verbal consent for their contact details to be forwarded to their respective children's centre. - Encrypted reports are produced and forwarded each week, via a secure email account to the relevant children's centres, where authorised staff are provided with the 'code' to access the information within the email - This information and data is stored securely by the respective children's centres, and contact is then made with the mother-to-be, an appointment arranged, and written consent obtained, for inclusion on the children's centre database.

4. Information management governance review – Leicestershire

In summary
Leicestershire Together conducted an information governance review of the partnership and its partner organisations, to ensure they were able to respond to the changing needs of public sector activity.

The existing governance and the capacity of each organisation were reviewed and requirements to support future activity were identified. Recommendations were made which included introducing a Strategic Information Management group (SIMG) to lead information management activities on behalf of the partnership.

The governance review helped to develop the partnership and positioned partners to oversee collaborative activity around information management and information sharing.

Background
Leicestershire Together is a partnership which leads on collaborative activity in the county. Partners increased their focus on working together to provide a unified service to citizens, which created a need to share information.

The partnership wanted to ensure that appropriate governance was in place to enable them to achieve their objectives; they therefore agreed to review the information governance of individual member organisations, and of the partnership itself.

The review was undertaken by the existing Information Management Advisory Group (IMAG). IMAG was a sub-regional group made up of information governance representatives from local government, health, police and the voluntary sector. The final report was published in May 2011.

Method
A small working group convened to examine three policy drivers which were having an impact on the information needs of partners. These were:

- Working with families with complex needs;
- Increased commissioning of public services;
- Redesigning service provision around the needs of users, including the co-location of services.

High level drivers common to all three policy areas were identified.

Each member organisation was asked to complete a short survey about their information management activities. Questions covered:

- Their capacity (number of staff);
- The responsible department;
- The seniority of the accountable officer;
- The information management capabilities of staff.

The survey questions are available from the Centre of Excellence project website: How do we understand and develop the right governance?

The review concluded that, given the importance of collaborative activity, information should be treated as a strategic partnership asset.

The group therefore reviewed its existing information governance to ensure that it remained fit for purpose in an evolving partnership environment.

The three stage approach sought to answer two questions that are key to developing good governance:
1. What are we trying to achieve?
2. What is the capacity of each member to contribute to our aims?

Conclusions from the review
The review identified the following key requirements to improving information management and information sharing across the partnership:

- Effective partnership information governance, including strategic information decisions, and incident and compliance management;
- Shared information and data standards, procedures and frameworks;
- A shared approach to transparency and publication;
- A shared learning and development framework.

In order to meet those requirements, it was agreed that a new strategic group should be convened; the Strategic Information Management Group (SIMG).

The representatives to this group were able to provide a link to the strategic direction and decisions taken by their own organisations; they were also empowered to agree and enact decisions on behalf of their organisation.

Since its inception, partners have been able to develop collaborative projects that are underpinned by the right governance to make decisions. A good example of a

project that was developed by the partnership is the Leicestershire Multi Agency Information Sharing Hub (MASH), which is the subject of another case study on the Centre of Excellence website.

Lessons learnt locally

Developing the partnership

• The governance review led to a deeper understanding of the capacity and structure of each member organisation. In turn, this helped partnership projects to proceed by enabling smaller members to endorse activities, even where they were not able to contribute.

• The importance of information sharing and information management was reiterated by convening a new, strategic group to oversee partnership activity.

• All partners, whatever their resources, were represented equally on the strategic group and their considerations were given equal weight in discussions and decisions.

The importance of leadership to good governance

• Leicestershire County Council played a leadership role in convincing partners to take part in the review. Responses to the survey varied in completeness and timeliness, but by providing the resources to undertake the review process, the council demonstrated that the partnership was continuing to move forward.

• Leadership was also vital in articulating an ambition for information management activity in the county, and in agreeing the future strategic role for the partnership group.

Demonstrating the benefits of good governance

• For the review to succeed, Leicestershire County Council had to be able to demonstrate the benefits of good governance to the partnership. The initial benefit was in sharing the learning which came from a major piece of partnership work on the co-location of public services in Melton Mowbray.

• The partnership has subsequently been well-positioned to oversee the development to initiatives such as the Multi-Agency Information Sharing Hub (MASH).

Other relevant Bath & North East Somerset documents

http://www.bathnes.gov.uk/sites/default/files/siteimages/bnes_lsab_multi-agency_consent_policy._june_16_-_final.pdf

http://www.bathnes.gov.uk/sites/default/files/siteimages/lscb.lsab_mental_capacity_act_policy_statement_2016.pdf

Useful resources and external organisations

https://www.ico.org.uk/for-organisations/guide-to-data-protection/data-sharing/

http://informationsharing.co.uk/

http://www.scie.org.uk/care-act-2014/safeguarding-adults/

Other relevant departmental advice and statutory guidance

https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

https://www.gov.uk/government/publications/keeping-children-safe-in-education--2

https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2

http://www.foundationyears.org.uk/files/2013/11/Good_Practice_Support_in_Information_Sharing.pdf

http://www3.hants.gov.uk/8662-dcsf-nhs_services__child_centres-full..pdf