



**Perth and Kinross Inter- Agency
Information Sharing Protocol for Staff Working
with
Children and Families in Need or at Risk**

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PERTH AND KINROSS INTER-AGENCY INFORMATION SHARING PROTOCOL FOR STAFF WORKING WITH CHILDREN AND FAMILIES IN NEED OR AT RISK

PARTIES TO THE PROTOCOL

These Protocols have been compiled by a Multi-Agency group in Perth and Kinross comprising of staff from:

- NHS Tayside
- Tayside Police
- Perth and Kinross Council staff from: Housing and Community Care, Cultural and Community Services and Education and Children's Services
- Voluntary Sector.

INTRODUCTION

The Scottish Government audit of Child Protection practice, 'It's Everyone's Job to Make Sure I'm Alright (2002)', its subsequent reform programme 'Getting It Right for Every Child' and numerous child abuse inquiry reports have highlighted the importance of sharing information promptly with other relevant agencies where children are at risk of abuse, neglect or are vulnerable. A key factor in many serious case reviews has been a failure to record information, to share it, to understand the significance of the information shared, and to take appropriate action in relation to known or suspected abuse or neglect.

In 2004, the Scottish Executive Guidelines on Sharing Information about Children at Risk, states, "***If there is reasonable concern that a child may be at risk of harm, this will always override a professional or agency requirement to keep information confidential. All professionals and service providers have a responsibility to act to make sure that a child whose safety or welfare may be at risk is protected from harm, they should always tell parents this***"

It is essential that all agencies work together and share information, using an agreed protocol, to strengthen the processes for safeguarding and promoting the welfare of children. It is only when all agencies share the information they hold, that a full picture emerges upon which to reach decisions and determine a plan of action to minimise the risk of harm, and to improve the outcomes for children.

Children and their parents/carers have a right to expect that agencies will share confidential information in a responsible way to ensure that the safety and well-being of children and victims remains paramount. Safeguarding and promoting the welfare of children must always be the primary consideration. It should over-ride any perceived risk of damaging the relationship between a professional and their client/patient.

We know that practitioners recognise the importance of information sharing and that there is much good practice. Practitioners also tell us that in some situations they feel constrained from sharing information by their uncertainty about when they can do so lawfully. It is recognised that it is not always clear whether or not a child is at risk and that professional judgements may need to be made about whether or not to share information. There are also instances where confidential information needs to be shared in order to provide effective support to vulnerable children and families. This guidance aims to provide clarity on the issues surrounding information sharing. It is important that practitioners:

- Understand what information is and is not confidential, and the need in some circumstances to make a judgement about whether confidential information can be shared, in the public interest, without consent;
- Understand and apply good practice in sharing information at an early stage as part of preventative work;
- Are clear that information must be shared where you judge that a child is at risk of significant harm or that an adult is at risk of serious harm.
- Are supported by their employers in working through these issues

THE PROFESSIONAL AND LEGAL CONTEXT

Each agency may have its own internal policies related to information sharing. The following policies, guidelines and protocols already exist between the partner agencies and should be read in conjunction with this policy:

Local Guidance/Protocols/Procedures

- General Protocol for Sharing Information, NHS Tayside, Perth & Kinross Council, Dundee Council and Angus Council
- Unborn Baby Protocol (NHS Tayside)
- Interagency Protocol for Working with Parental Substance Misuse, Perth and Kinross
- Initial Referral Discussion (IRD), Perth and Kinross (Appendix 1 IRD Guidance)
- Multi-Agency Public Protection Arrangements (MAPPA)
- Single Agency and Multi-agency Child Protection Procedures
- Child Protection Guidance for working with 'under age' Young People who are Sexually Active

National Guidance

The following publications from various sources all underline the importance of information sharing in order that vulnerable children are supported and protected:

- Sharing Information about Children at Risk: A Guide to Good Practice (Scottish Executive 2004)
- 'Getting it Right for Every Child' (GIRFEC) (Scottish Executive 2004)
- 'It's Everyone's job to Make Sure I'm Alright' (Scottish Executive 2004)
- Fraser Guidelines (1985) (see Appendix 2)
- Protecting Children, A Shared Responsibility. (Scottish Office)(1998)

Legislation

Legislation acknowledges an individual's right to privacy but also enables disclosure and sharing of information in appropriate circumstances. The following legislation should be referred to:

- Children (Scotland) Act 1995
- The Human Rights Act 2000
- Data Protection Act 1998.

Since 1 March 2000, the key legislation governing the protection and use of identifiable service user information (Personal Data) has been the **Data Protection Act 1998** (www.ico.gov.uk).

The requirement to act in a child's best interest, as referred to in the Children (Scotland) Act 1995, will usually supersede the right to privacy and family life, enshrined in the Human Rights Act.

CONFIDENTIALITY

Confidentiality is an important factor in enabling service users to engage confidently and honestly with agencies. Families may be reluctant for information about them to be shared with other professionals, particularly where there are concerns about the child(ren)'s welfare or safety. Parents may fear that they will be disadvantaged or stigmatised if other professionals or agencies are given any information about them. They may also fear involvement from Police and Social Workers.

All professionals and agencies hold information given to them by service users. Not all information gathered or held by professionals or agencies is confidential although all personal health information is 'sensitive' under the Data Protection Act 1998. This information cannot be shared with others without the person's permission, unless the safety of the person or other vulnerable people may otherwise be put at risk. This general principle is enshrined in human rights

and data protection legislation, as well as professional codes of conduct which acknowledge the individuals right to privacy, but which also enable the disclosure and sharing of information in appropriate circumstances. Sensitive personal information that need not be shared include: a persons HIV status, or an adult's childhood sexual abuse.

All workers and agencies should respect the need for other professionals and agencies to protect the information that they hold on behalf of service users. However, sometimes professionals will need to share specific information with staff in their agencies or other professionals in order to intervene and support. In broad terms, sharing personal information can be legitimate because often it is only when information from a number of sources has been shared and put together that it becomes clear that a child or a vulnerable adult is at risk of, or is suffering harm. **There is an over-riding principle that the needs and rights of children come first, and when those needs and rights conflict with those of adults, any conflict must be resolved in the child's favour.**

In seeking to share information for the purposes of improved service delivery, workers/departments will adhere to the following guidelines:

- Overriding justification: "if there is a concern that a child may be at risk of harm, this will always override a professional or agency requirement to keep information confidential" (Letter from Chief Medical Officer, 2004)
- Accept the duty of confidentiality and only disclose confidential information with the consent of the person concerned, unless there are statutory grounds and/or an overriding justification for doing so without consent
- Work in accordance with the principles of the Data Protection Act 1998
- Inform those involved about information which is recorded about them unless there are valid reasons not to do so
- Where information that is confidential is shared with another agency, the reasons for sharing the information should be clearly recorded on file
- Informed written consent will be sought before information sharing on individuals as far as possible, except where the possible risks dictate otherwise
- It will be clearly stated whether the information being supplied is fact, opinion/hypothesis based on assessment, or a combination of the two.

CONSENT TO SHARE INFORMATION

Seeking consent from service users should take place prior to sharing information, except in some situations, i.e.; some emergency situations, where a child or adult may be placed at risk or an initial assessment is required to ascertain the level of risk to a child.

Practitioners in all agencies including universal, targeted and specialist services should proactively inform children and families when they first engage

with the service about their service's policy on how information will be held, stored and shared, and seek their consent to sharing information, as soon as possible. (See Appendix 3) This process should include explaining to service users the potential outcomes if they refuse to consent to sharing information.

When concerns about children's safety or welfare require a professional or agency to share confidential information without the person's consent, they should tell the person that they intend to do so, unless doing this may place the child, or others, at greater risk of harm. They should also tell the service user what information will be shared and with whom.

Each agency should make clear to people using their service that the welfare and protection of children is the most important consideration when deciding whether or not to share information with others. No agency can guarantee absolute confidentiality as both statute and common law accept that information may be shared in some circumstances.

In order to ensure that consent to the sharing of personal information is informed all agencies should have available, material which explains:

- The rights of individuals under the Data Protection Act 1998.
- Details of the procedures in place to enable service users to access their records.
- Details of the circumstances under which information may be shared without consent and the procedures which will be followed.
- Details of the complaints procedures to follow in the event that the individual concerned believes information about them has been inappropriately disclosed.
- Details of how the information they provide will be recorded, stored and the length of time it will be retained both by the point of contact agency and the agencies to which they may disclose that information.

WHEN INFORMATION SHOULD BE SHARED WITHOUT CONSENT

See Flowchart (page 9)

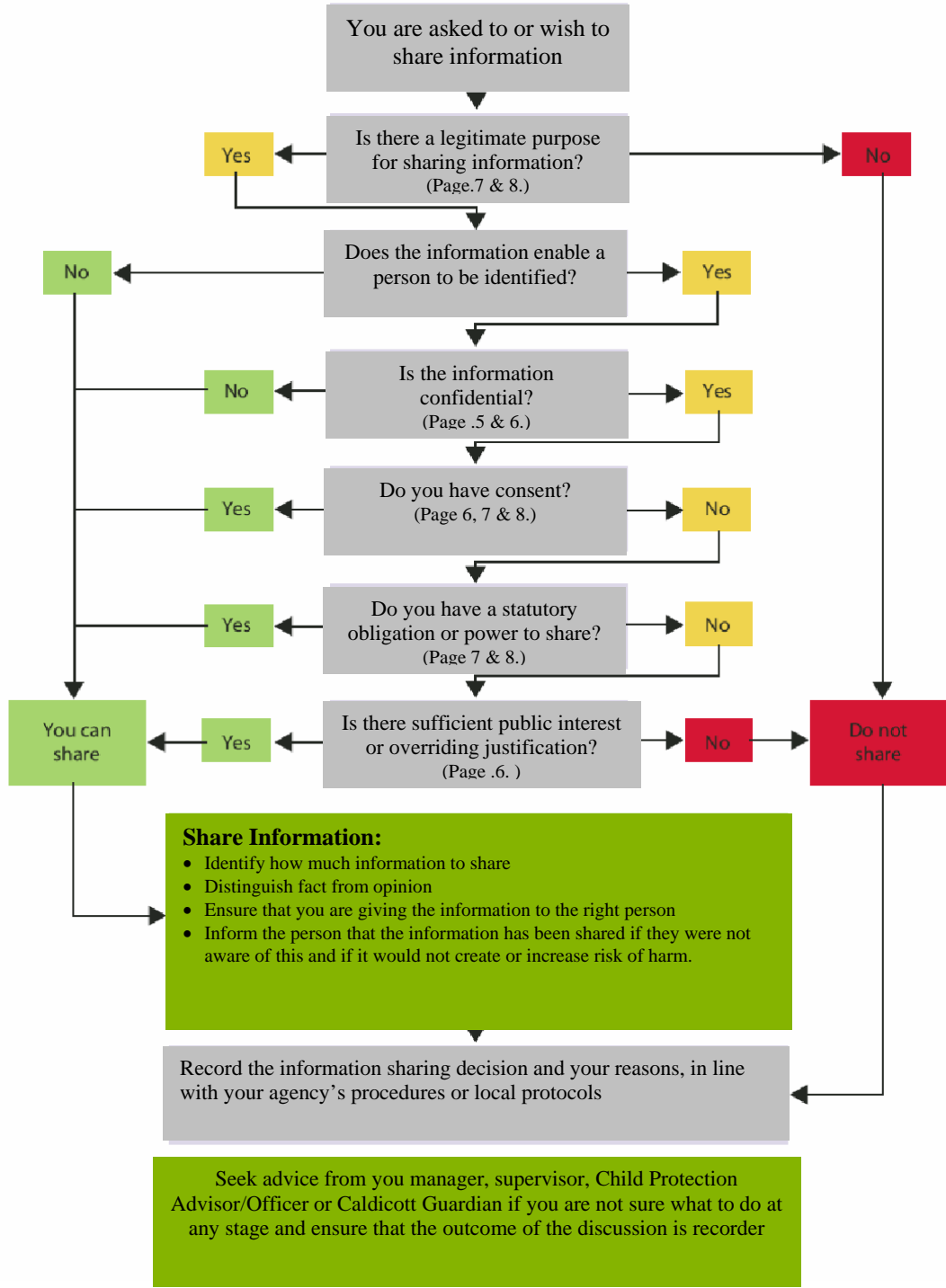
All agencies must ensure that information shared is proportionate and relevant to make assessments and decisions. When a member of staff is making a decision as to whether or not information should be shared, they must consider the following circumstances where information should be shared:

- A child's health, development or behaviour is impaired, or likely to be affected, by possible abuse/neglect
- A child may be exposed to harm, this could be due to parental substance misuse, parental mental health or parental learning difficulties

- A parent/carer may not be able to care for a child adequately or safely without help
- The behaviour/presentation of a child may indicate possible abuse
- Information held about an adult may raise concerns for children they have contact with i.e. an adult who has convictions for a Schedule 1 Offence or is violent
- Where the behaviour of an adult raises concerns for a child, or where information known about an adult raises concerns for a child
- Where a victim of domestic abuse is pregnant, or is a parent and there is concern that a child may be harmed as a consequence of this
- A child/young person who may be involved in sexually harmful behaviour to others
- Where a child/young person's mental health raises concerns about them placing themselves at risk of harm
- A child/young person who may be involved in offending.

PERTH & KINROSS INFORMATION SHARING FLOWCHART

Flowchart of key principles for information sharing



Acknowledgement: this flowchart is based on - Every Child Matters: Information Sharing: Practitioners Guide 2006

SHARING INFORMATION FOR ASSESSMENT AND INTERVENTIONS

The Assessment process requires information to be shared in order to assess the level of risk and need. The principles enshrined in GIRFEC, emphasise the importance of Integrated Working to improve outcomes for Vulnerable Children, this includes good Information Sharing, Communication and Integrated Care Plans in order to achieve Better Outcomes for Children and Families.

Apart from sharing initial information there are other systems in place which require information to be shared between agencies:

- Unborn Baby Protocol – which identifies vulnerable parents, where babies may be at risk from birth and appropriate actions and supports are put in place
- Requests from the Reporter to the Children’s Hearing for Initial Assessment or Social Background Reports, these can either be due to concerns about offending or concerns regarding care and welfare of a child/young person
- Requests from the Court for Reports in cases where there are issues regarding residency and contact
- Co-ordinated Support Plans (CSPs) for children with additional support needs where several agencies are involved
- Comprehensive Assessments – which can include assessments for children who are on the Child Protection Register or Looked After and Accommodated (LAAC)
- Assessment of Parental Contact where children are LAAC
- Risk Assessments including: Child Protection Risk Assessments, Parental Substance Misuse Risk Assessments, ASSET (a model which assesses offending behaviour, the risk of re-occurrence and most effective interventions), AIMS (assesses risk of child/young person who may be exhibiting sexually harmful behaviour towards others)
- Multi Agency Public Protection Arrangements (MAPPA) – Information must be shared with staff who ‘need to know’ about adults who are a risk to children and families
- Youth Justice – Inter-agency systems are in place to share information and take appropriate action regarding children and young people involved in offending behaviour
- Anti Social Behaviour – Interagency Anti Social Behaviour Tasking Group, identifies, children and young people and families who need intervention and support
- Integrated Team Meetings (ITMs). Every secondary school in Perth and Kinross and several primary schools have ITMs. These are multi-agency and they must share relevant and proportionate information in order to decide the action and support for a child/young person

- When Social Workers are making an Initial Assessment - they must inform relevant professionals of their involvement, why they are involved and agree to share appropriate information, this must be recorded by all staff
- In cases that are allocated to a worker in a long term social work team, a Care Plan (Appendix 4), must be in place, with some exceptions i.e. requests for Initial Assessment Reports from the Reporter. The Care Plan must be compiled with information from children and their families and staff from relevant agencies. **All children, families and relevant staff must have a copy of the Care Plan**
- All staff involved with a vulnerable family have a responsibility to share information regarding: significant incidents, concerns and any other relevant changes in children and families' lives. This must be recorded
- If there is a Child Protection Investigation or a Child Protection Welfare Concern and a professional is assessing and/or investigating this, they must inform relevant staff of the outcome.

CLOSURE OF SOCIAL WORK CASES

If a Social Worker in consultation with their Line Manager is considering closure of a case, they should discuss this with other agencies to check beforehand there has been no deterioration in the situation. If Children and Families Services (Social Work) closes a case, there should be an agreement about who will provide ongoing support if this is required and what action should be taken in the event of any deterioration; this must be recorded.

WHAT HAPPENS WHEN INFORMATION IS SHARED?

If there is a concern regarding abuse, neglect and/or the vulnerability of children, information should be shared with the Child Protection Duty Team in the first instance, Contact: 01738 476768. If the child has a social worker in one of the long term team's then information must be shared with that member of staff, or their line manager. In the case of an emergency and a child is at serious risk of immediate harm then the police should be called. There is an Out of Hours Service for Practitioners and this services can be contacted on 01382 432270. (this is not the public number)

In Perth and Kinross there is a system in place to share information between Police, Health, Social Work, Schools an IRD, (see Appendix 1). The purpose of this is to ensure that information is shared appropriately following referral to Education and Children's Services (Social Work) and that proportionate action is taken.

RECORDING/STORING AND SENDING INFORMATION

Agencies are currently exploring electronic data sharing in Perth and Kinross, this guidance will be updated when this is completed.

Information must be recorded professionally. When information is being shared the following must be recorded:

- The reasons information is being shared – this could be a disclosure from a child or concern regarding possible abuse or neglect

- The date information was shared and who you spoke to
- What is fact, a professional opinion/hypothesis or an assessment
- Record the action that has been agreed, this includes, by whom and by when, it should be noted that several actions could be agreed by referrer and the person making the referral
- If no further action is agreed this must be recorded and why

In Perth and Kinross some services have agreed formats for sharing Child Protection information. NHS Tayside - Child Welfare/Protection Referral to Social Work Department. (see Appendix 5)

Increasingly, information is stored electronically. Staff in all agencies must be aware that this is confidential information and if stored electronically it must be protected and only accessible by relevant staff, on a need to know basis. Confidential information should remain in the workplace, if not information must be encrypted. **It should not be stored on memory sticks or other portable storage devices.** There are exceptions to this but staff should refer to their own agencies policies/guidance on the safe storage of information.

All paper files must be safely stored in a locked metal cabinet with only appropriate staff having access to this. Sending and storing written or electronic information should be done as follows:

- If information is faxed ensure that the fax number is correct, the fax number of the Child Protection Duty Team is 01738476250
- Personal data must not be e-mailed over internet links, without adequate security being in place;
- Personal data must only be stored electronically in a computer system which is password protected;
- Personal data in manual form must be stored in such a way as to prevent public access and when not in use, stored in a secure filing cabinet;
- Personal data must be located in a geographically secure environment.

NHS TAYSIDE HEALTH STAFF

Each NHS Board and Trust has a designated guardian of patient information, a 'Caldicott Guardian', who is responsible for the way the organisation handles and protects patients' identifiable information.

In 2004, the Chief Medical Officer of Scotland issued the following guidance: "If there is a concern that a child may be at risk of harm, this will always override a professional or agency required to keep information confidential".

Doctors

Working Together to Safeguard Children (1999) refers to the General Medical Council (GMC) guidance entitled “*Confidentiality: Protecting and Providing Information*” (1995) (subsequently updated in 2000).

'*Confidentiality*' emphasises the importance in most circumstances of obtaining a patient's consent to the disclosure of personal information but makes clear that information may be released without consent to third parties e.g. statutory agencies such as Social Services and Police, in exceptional circumstances if:

- A failure to disclose information may expose the patient, or others, to risk of death or serious harm.

The GMC has confirmed that its guidance refers to information about:

- Third parties who are of direct relevance to child protection, e.g. adults who may pose a risk to a child
- Children who may be the subject of abuse, “If you believe a patient to be a victim of neglect or physical, sexual or emotional abuse and that the patient cannot give or withholds consent to disclosure, [you should share information] where you believe that the disclosure is in the patients best interest”.

Nurses & Other Health Staff

The Nursing and Midwifery Council (NMC) has produced a code of professional conduct which contains the advice that disclosure of information may occur:

- With the consent of the patient or client
- Without the consent of the patient or client when the disclosure is required by law or by order of a court
- Without the consent of the patient or client when the disclosure is considered to be necessary in the public interest (public interest is defined to include Child Protection).

The Health Professional's Council which governs therapies and professions allied to medicine has produced a statement on confidentiality and individual professional bodies produce their own, essentially similar guidance.

In Perth and Kinross Health Staff should refer Child Protection matters to the Senior Nurse for Child Protection, Drumhar Medical Practice, Perth.

TAYSIDE POLICE

Information will be provided by Tayside Police on the strict understanding that it is confidential in nature, will only be used for the purposes of a Child Protection or Child Initial Assessment and that it may not be passed on to any third party.

Care will be taken in all cases to ensure that all information disclosed is accurate, topical, factual, proportionate for the purpose for which it is passed and above all relevant and necessary to the issue and individual concerned.

Tayside Police will share information

- Where a Child Concern has been raised or a Child Protection Referral is made and a joint investigation has begun
- Social Work are carrying out a Child Protection Investigation on a single agency basis, or are carrying out a Child Initial Assessment under the Children (Scotland) Act 1995
- Social work is faced with the immediate need to place a child with a family member or friend in an emergency

Any request for information that does not fall within these categories must be declined.

EDUCATION STAFF

Education staff have a professional responsibility to share information required for the protection of children with other professionals, particularly investigative agencies e.g. Police and Children and Families' Services (Social Work).

In Perth and Kinross each school has a designated teacher with responsibility for Child Protection issues within the school, the Child Protection Officer (CPO). School staff must be aware of, and use where appropriate, the standard recording forms for Child Protection. Any staff with Child Protection concerns must report them as quickly as possible to the CPO, or in their absence, directly to the Children and Families Child Protection Team.

SOCIAL WORKERS

The Scottish Social Services Council allows for divulging confidential information without consent of the service user or informant when there is clear evidence of serious danger to the service user, worker or other persons.

Scottish Government document 'Sharing Information about Children at Risk: A Guide to good Practice (Scottish Executive 2004), provides helpful additional guidance.

VOLUNTARY AND INDEPENDENT SECTOR AND PERTH AND KINROSS LEISURE

Staff in this Sector are governed by the same responsibilities to share information, if they think a child may be at risk of harm.

**Initial Referral Screening
and
Initial Referral Discussion**

Multi-Agency Protocol



BACKGROUND

The Scottish Executive has set out a vision for children and young people in Scotland. This is built around the idea that every child and young person in the country should be safe, nurtured, achieving, active, respected, responsible and included. This Protocol is consistent with, and actively promotes, that vision and the principles of Perth & Kinross Integrated Children's Services planning process.

Police officers come into contact with many children and young people during the course of their normal duties. Where a Police Officer has a concern about the safety or welfare of a child or young person they are expected to take appropriate action.

This protocol forms part of a framework of common protocols, policies and procedures agreed by agencies in Perth & Kinross who work with children and young people for whom professionals have concern. Drawn up between Scottish Children's Reporter Administration (SCRA), Tayside Police, NHS Tayside, Perth & Kinross Council Education and Children's Services (Children and Families Services).

It aims to ensure an informed and appropriate response for children and young people about whom the Police and other key agencies have concerns.

.....
Norma Ritchie
Authority Reporter, Perth & Kinross
Scottish Children's Reporter Administration

.....
Mathew Hamilton
Divisional Commander
Western Division, Tayside Police

.....
John Fyffe
Executive Director
Education & Children's Services

.....
Professor Stewart Forsyth
Medical Director of the Single Delivery Unit,
NHS Tayside

1. INTRODUCTION

The purpose of the protocol is to set out the respective responsibilities, duties and agreed process involved in screening, assessing, recording and acting on Police Child Concern Reports, including Child Protection referrals from other sources.

Through this pro-active, multi-agency approach the agencies are committed to supporting the protection of children and young people in Perth & Kinross by:

- Sharing relevant information swiftly, in some cases this may be the same day or next working day from when a concern has been shared
- Making an initial screening assessment of the child/young person's needs
- Ensuring decisions are appropriate and effective, and relevant supports are identified and provided
- Ensuring that referrals to SCRA are made only where compulsory measures of supervision may be necessary and in cases of significant need, risk or harm.

This protocol does not seek to introduce any process or procedure that would prevent or delay the instigation of child protection procedures where there is a concern that a child may be at risk of 'significant harm'.

This protocol also does not seek to limit the power of the Police or any other agency to make referral to the Reporter where this is considered to be appropriate. It does not seek to introduce any process or procedure that would prevent or delay referral to the Reporter where that is the required response for the child, that is, where Police believe that a child has significant needs, and/or where compulsory measures of supervision may be required.

2 ARRANGEMENTS

All agencies that are committed to the Protocol agree to the arrangements outlined below. Arrangements shall only be amended or changed following consultation with all relevant partners.

Initial Referral Screening

Where Police Officers have a concern about the safety or welfare of a child or young person they shall submit their concerns on a Child Concern Report.

These concerns can include:

- Domestic abuse where a child/young person is affected, or lives in the same household as incidents of domestic abuse
- Child/Young Person under the influence of alcohol
- Children left unattended in a household where to do so is leaving them at risk of harm

- Drugs search at home address where children/young people are in the household
- Adult arrested for committing an offence whilst having care of a child/young person
- Child/Young Person is the victim of an offence
- Child/Young Person living in neglectful circumstances
- Adult in an unfit state to care for a child
- Any other situations where a child/young person may be at risk

Actions to be taken

A copy of the Child Concern Report or Child Protection Referral from another agency is forwarded to the Child Protection/Duty Team, Perth & Kinross Council

- a) Where the child is **an active / open case**, or lives in the same household as a child / young person who is an active/open case, to Children and Family Services (Social Work), the Child Concern Report is forwarded to the appropriate Team/Social Worker.
Appropriate actions may include discussion of the report with the child and family, sharing the information with appropriate professionals, and relevant actions and/or changes to the Care Plan, where it is assessed that this is required.
- b) Where the child or young person is not an active case within Children and Families Services, a discussion will take place between Police and Social Work and a decision is made whether to:
 - Take no further action
 - To record for information only
 - To forward a letter offering support
 - To contact health visitor/nursery/school as appropriate to establish any concerns re the child
 - To carry out a home visit and assessment
 - To refer to the Reporter
 - To instigate a child protection investigation and/or assessment (I.R.D. will take place)

See flowchart - (Appendix 1)

All actions and decisions will be recorded by the respective agencies involved.

3 INITIAL REFERRAL DISCUSSION

A Referral is defined as:

Following initial screening there are agreed Child Protection concerns where further action and / or assessment is required.

Pre-referral Screening takes place to consider the referrals. IRD meetings currently include an appropriate representative from Police, Health and Children and Families Services (Social Work) and take place every two weeks.

Education and any other relevant organisation are consulted as a routine measure.

For each child discussed in the IRD Meeting, the agencies present will agree upon:

- What concerns are raised by the information contained within the Child Protection Referral?
- What needs are identified?
- Which agency is already involved in providing a service to the child and / or their family
- Risks and strengths identified
- The need for a joint interview or further assessment and what action is to be taken
- AN IRD form will be completed where appropriate, see Appendix 2 and 3.

The Initial Referral Discussion Group Meeting must agree on one of the following options for action:

- No further action needed
- Direct referral to a single agency - in which case the agency should be prepared to accept the referral and identify a “lead professional”
- Child Protection Investigation / Assessment to take place
- Immediate actions taken when there are concerns that the information provided suggests that a child may be at risk of immediate and/or significant harm, and emergency procedures are necessary to remove a child/young person from their home
- Referral to the Children's Reporter where the group believe that the child has significant needs and where compulsory measures of care may be required. Details of any previous Child Concern Reports shall be included with any referral made to the Reporter at this time or subsequently by any agency.

Where possible, decisions should be on the basis of, consensus between all partners, or, where consensus is not achieved, the majority of those attending. Any disagreements should be discussed with the group members respective line managers.

Once a collective decision has been reached, details are recorded on the I.R.D. form and forwarded to: Children and Families Services, Education Services, Health Services, and SCRA (where a decision has been taken that compulsory measures may be necessary). Any objections and/or individual concerns will also be noted. The documentation includes details of those partner agencies in attendance.

It is the responsibility of the members of the group to collate all decisions made within their own systems(e.g. in Social Work, the Senior Social Worker, Child Protection/Duty Team will ensure the outcomes are recorded within profile notes on SWIFT). Members of the group are responsible for sharing information and

decisions with staff in their organisations who 'need to know', where it is in the best interests of a child/young person to do so.

Where there are any concerns or issues raised during the collation of information from agencies/services relating to concerning behaviour, threats or violence to staff members, this information must be shared across all the agencies to allow them to assess the level of risk and safeguard staff members.

If a service is unable to engage with the child and/or family for any reason, and there is evidence that the family's circumstances are either not improving or indeed deteriorating, they should consider making a referral to the Childrens Reporter

4. REVIEW

This protocol will be reviewed by the I.R.D. group annually along with a review of group working. Any review will evaluate all the arrangements outlined within the protocol.

5 CONCLUSION

This multi-agency working practice is seen as an opportunity to timeously identify the most appropriate and effective response to concerns about individual children and young people identified by the police, social work, health and others.

FRASER GUIDELINES

These guidelines were issued by Lord Fraser in 1985, following the House of Lords' ruling in the case of *Victoria Gillick v West Norfolk and Wisbech Area Health Authority*.

The Department of Health issued a circular on Family Planning (1986) in response to the Gillick case. It gave guidance to doctors and health professionals on providing advice and treatment to young people under 16 years of age. It applies to other professionals as guidance.

Information for workers taken from 'What Should I Do' states that *"it would be considered good practice to maintain confidentiality following all the Fraser Guidelines"*:

- The young person understands the advice that is being given;
- The young person cannot be persuaded to inform or seek support from their parents, and will not allow the doctor to inform the parents that contraceptive advice is being given. Doctors are obliged to respect young people's confidentiality;
- The young person is likely to begin or continue to have sexual intercourse with or without contraception;
- The young person's physical and mental health are likely to suffer unless they receive contraceptive advice or treatment;
- It is in the young person's best interests to receive contraceptive advice and treatment without parental consent.



Education and Children's Services Child and Family Consent

All agencies need to work together to ensure that we provide the best service to meet the needs of you and your family. We will not share all of the information that we hold about you, we will only share relevant information with relevant professionals on a 'need to know basis.' All other information that we hold regarding you, or your child, will remain confidential.

If you do not agree that information can be shared we will discuss your worries with you. Sometimes we may decide that we need to talk to other professionals even if you do not agree. This situation is not common and we will only make this decision if speaking to other agencies is necessary, i.e:

- **To protect children at risk or likely to be at risk of suffering harm,**
- **To detect or prevent a crime,**
- **To allow the Local Authority to identify children who have additional support needs, including for learning.**

(Please tick one of the following)

I agree that personal information may be shared on a 'need to know basis' with professionals working in the following agencies

Social Work	
Education	
Health	
Other	
	<i>Please tick</i>

We would not normally speak to other members of your family without your consent unless there were concerns about the safety of a child and we could not obtain necessary information from another source.

Please tick if you agree to us speaking to other members of your family, where necessary, to help you and your child?

..... *Name(s)*

I do not agree that personal information may be shared on a need to know basis with other professionals working in other agencies. **I understand when information might be shared with other agencies even if I have ticked this box**

Is there anyone you do not wish us to contact at this stage?

.....

.....
Young Persons Name *Young Person's Signature* *Date*

.....
Parent Name *Parent Signature* *Date*

.....
Parent Name *Parent Signature* *Date*

.....
Worker Name *Worker Signature* *Date*

**THIS CARE PLAN MUST BE RECORDED WITHIN THE
CHILD/YOUNG PERSON'S SWIFT RECORD**

CHILD/YOUNG PERSON'S CARE PLAN

BASIC INFORMATION:	
Date of Initial Core Group/Care Plan:	
Date of Care Plan Review:	
Current Care Plan Type (please tick the current plan type): CIN Care Plan Child Protection Care Plan LAC Care Plan LAC/Child Protection Care Plan Youth Justice Care Plan	
SWIFT ID:	
Child/Young Person's Name:	
Date of Birth:	
Current Address:	
Key Worker/Lead Professional:	
Current Statute(s):	
Overall Aim of Care Plan - please tick one only (Further details can be noted below): ECS - Alternative Placement ECS - Maintain Child/Young Person in the Community ECS - Permanence ECS - Promote Wellbeing ECS - Reduce Risk of Offending ECS - Reduce Risk ECS - Rehabilitation into the Community	
Notes on Aim of Care Plan:	

Why are Social Work involved and what are the issues?
Has a risk assessment been carried out? YES/NO
Are there any identified risks to-from the child/young person? Overall Risk - High Medium Low
Is the child/young person involved in any offending and/or anti social behaviour?
How are all health and development needs being addressed? Include any additional needs and unmet need.
How are all educational needs being met? Include any additional needs and unmet need.

Child/Young person's world - including extended family, friends, community and social activities:

Child/young person's views, including what they would like to improve:

Parent(s) views, including what they would like to improve:

Carer(s) views, including what they would like to improve:

What services are currently in place?

Progress and work completed since last review (if relevant):			
Desired outcomes and evidence of improvement:			
Likely actions if outcome not achieved:			
Date of next review(s) (Youth Justice, LAC, Accommodated, CIN Review, Core Group, etc):			
Activity required to improve the child/young person's circumstances/reduce risk			
Agency/Service User:	Action (Who, when):	Frequency:	Actual Start Date:

ECS - CARE PLAN**Signature Sheet - Who are the Partners to the Plan:**

Child/Young Person:	Signature	Date
Parent(s):	Signature	Date
Main Carer Giver:	Signature	Date
Education:	Signature	Date
Health:	Signature	Date
Social Work:	Signature	Date
Youth Justice:	Signature	Date
Other Agency:	Signature	Date
Other Agency:	Signature	Date
Other Agency:	Signature	Date
Other Agency:	Signature	Date



CHILD WELFARE/PROTECTION REFERRAL TO SOCIAL WORK DEPARTMENT

CONFIDENTIAL
PLEASE COMPLETE USING BLACK INK AND BLOCK CAPITALS

NHS ID

1. REFERRER DETAILS

Name of Referrer	GP:
Designation	Address:
Address/Ward/Hospital:	Telephone No:
Telephone No:	Consultant:
	Address/Hospital:
	Telephone No:

2. FAMILY DETAILS

Family Address:
 Is child currently resident at above address: YES/NO If no state address:
 Telephone No. (if known)
 Primary language of family Interpreter required Yes

Principle Carers

	Name	Relationship to child	Aliases	Date of birth (if known)
1.				
2.				

Child/ren	Name	Gender	Date of Birth
1.			
2.			
3.			
4.			
5.			

If in relation to unborn baby or mother is pregnant
 Expected Delivery Date

3. REFERRAL DETAILS

Date & Time of Referral/...../.....am/pm
 Name of Worker spoken to..... Designation.....
 Area/Hospital Social Work Team Responsible Local Authority.....
 Telephone No:
 Is the parent/carer aware of this referral? Yes No
 Is this a re-referral from your service? Yes No Date(s) of previous referral(s)

Please forward **white** copy to Social Work Dept., **pink** copy to Senior Nurse Child Protection and retain **yellow** copy in professional record.

CHILD WELFARE/PROTECTION REFERRAL TO SOCIAL WORK DEPARTMENT

CONFIDENTIAL

NHS ID

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4. REASON FOR REFERRAL/REQUEST FOR SERVICES: (to include significant medical history of child, parent/carer)

5. SUMMARY OF CONCERNS (Please indicate which category you feel the child/ren may be at risk of and risk factors associated with this referral)

6. AGREED ACTIONS (Actions agreed during telephone referral)

Signature..... Print..... Date.....

Suspicion/risk of:			Associated factors (if known):		
		√			√
1	Physical injury		1	Child illness/disability	
2	Physical neglect		2	Parent/carer illness/disability	4
3	Sexual abuse			a. physical illness	a. homeless/temp. accommodation
4	Emotional abuse			b. mental illness	b. asylum seekers/refugees
5	Non-organic failure to thrive			c. learning disability	5
7	Child alleged perpetrator		3	Parent/carer substance misuse	a. poor limited parenting skills
8	Internet child pornography			a. drugs	b. resistant to intervention/support
				b. alcohol	c. inappropriate use of health services
				c. both	6
					7
					6 Domestic abuse
					7 Other -

Social Work Services Use Only (Please tear off and return to referrer within 5 working days.)

NHS.ID

Family Name..... Social Work Department No.....

Date of Referral.....

OUTCOME OF REFERRAL/REQUEST FOR SERVICES	√	ANY OTHER COMMENTS
No further action		
Referred on to other service/resource		
Proceed to investigation		
Proceed to assessment of need and risk		
Other		

Local Authority/Area Team:		Team Manager:		Date:	
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