Information Sharing for Safeguarding Children Policy

Originator: Safeguarding Children Committee
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Information Sharing to Safeguard Children

“There is nothing within the Caldicott Report, the Data Protection Act 1998 or the Human Rights Act 1998, which should prevent the justifiable and lawful exchange of information for the protection of children or prevention of serious crime.”

Carlile Report 2002

1. INTRODUCTION

1.1 This Policy has been produced to facilitate information sharing between professionals / staff for the purpose of safeguarding children.

1.2 This Policy also extends to staff who have identified an adult with a health condition or behaviour that has the potential to impact on their parenting capacity.

1.3 Effective information sharing by professionals / staff should be central to safeguarding and promoting the welfare of children. This sharing of information makes an important contribution to the shift to addressing children’s needs at an early stage rather than when serious problems have developed.

1.4. Whereas this policy, as does National guidance, applies to all, further: detailed guidance for specific professionals and context of practice is provided within the following Public Health Wales (NPHS) documents.

‘A Guide for Safeguarding Children and Young People in General Practice’ (Part 1)

‘Managing Child Protection Information in General Practice’ (Part 2) and

‘A Guide for Child Protection Arrangements in General Dental Practices’

1.5 Finally, this Policy should also provide contact details for ABMU Health Board Named Professionals where specific advice needs to be sought. (See Appendix 2), or from the Designated Professionals from the Child Protection Service of Public Health Wales (NPHS) as appropriate.

2. SCOPE OF POLICY

2.1 A fundamental way to improve outcomes, in terms of welfare and safety, for children in Wales is for agencies to work together to keep safe the children who are most vulnerable.
2.2 It is intended that better communication across all services and departments will enable potential risks to children to be identified so that appropriate safeguards can be put into place. Communications should not be limited to primary and/or secondary care staff, but in all areas across the Organisation, to improve inter and/or multi-agency working.

3. BACKGROUND

3.1 The All Wales Child Protection Procedures sets out common standards for all of Wales to guide work in order to safeguard children, to make clear how agencies should work together, and to make sure that practice is consistent and of high quality. These Procedures are for use by all those whose work involves contact with children and families. An exchange of relevant information between professionals is essential in safeguarding children. Those providing services to adults and children may be concerned about the need to balance their duties to protect children from harm and their general duty towards their patients or service user, the overriding concern must always be the welfare of the child across departments and agencies, and are relevant to those working in the statutory, voluntary and independent sectors, i.e. Health, Education, Police, Social Services, the Probation Service or Voluntary Sector Support Services.

4. AIMS AND OBJECTIVES

4.1 The aim of this Policy is to ensure that all staff are aware of their responsibilities in relation to information sharing where it relates to safeguarding the welfare of a child.

4.2 Research consistently indicates that keeping children safe from harm requires professionals to share information about a child’s health, development and exposure to possible harm. Often it is only when information from a number of sources has been shared and put together that it becomes apparent that a child is at risk of/or suffering harm. In general the law will not prevent staff from sharing information within the organisation and other agencies if:

- those likely to be affected give consent; or
- the public interest in safeguarding the child’s welfare overrides the need to keep the information confidential; or
- disclosure is required under a court order or legal obligation

5. ROLES AND RESPONSIBILITIES FOR INFORMATION SHARING

5.1 The law permits the disclosure of confidential information necessary to safeguard a child or children in the public interest. This means that the public interest in child protection may override the public interest in maintaining
confidentiality. Disclosures should be justifiable in each case, according to the particular facts of the case, and legal advice should be sought in cases of doubt. Advice regarding confidentiality and the safeguarding of children can be sought from the Named Child Protection Professional and/or line managers with a responsibility for child protection.

5.2 All professionals who work with families, whether they work with adults or with children, have a duty to share information if they consider a child is at risk of harm.

5.3 The Policy promotes inter-agency information sharing for the purposes of assessing and planning the delivery of services for vulnerable children living within their own families, to promote a satisfactory level of health and development as defined by Section 17 of the Children Act 1989. There is a presumption that agencies will work in partnership with families and that, whenever possible, consent to any action or sharing of information will be sought.

5.4 The approach to sharing confidential information should be the same whether the disclosure is internal or between agencies. Under the Human Rights Act 1998 defending a child’s rights could include disclosures between professionals / staff to establish whether a child’s welfare needs safeguarding. Exercise of this statutory function would cover sharing of information amongst Social Services and other agencies in connection with a Section 17 (child in need) Assessment or a Section 47 (child at risk of significant harm) enquiry.

6. CHILDREN IN NEED UNDER SECTION 17 OF THE CHILDREN ACT 1989

6.1 The consent of a competent child or parent or person with parental responsibility is required in order to share information concerning a child in need; however you should not do so if you think this would be contrary to the child’s welfare.

6.2 Children are entitled to the same duty of confidence as adults provided that in the case of those under 16 years of age they have the ability to understand the choices and the consequences. Consideration should always be given to achieving consent of the child (where the child is Fraser/Gillick competent). In exceptional circumstances where it may be believed that a child seeking advice, for example, on sexual matters is being exploited or abused, consideration must be given to the wishes and feelings of the child. However, confidentiality may be breached following discussion with the child.

6.3 All information should always be imparted and recorded in a way that differentiates between fact and opinion. When considering what information to share, you should consider whether any facts in your possession indicate risk, in which case you have a duty to share.
6.4 If you are unsure about any circumstances relating to sharing of information, you should consult with the Named Professionals for Safeguarding Children and you may need to seek legal advice.

7. CHILD PROTECTION

7.1 Section 47 of the Children Act 1989 gives the power and the duty to Social Services (and the Police) to investigate Child Abuse concerns and places a duty on the Health Board to assist with enquiries. In such a situation, where child abuse is identified or suspected, staff should inform Social Services (and perhaps the Police) and release the relevant information. If it is deemed to put the child at further risk (whether because of delay or the alleged perpetrator is the parent) you do not have to gain the prior consent of the parent or child or inform them, however you may choose to, if appropriate. Where disclosures are made or requested, please ensure that this is documented within the individual’s records.

7.2 Throughout the Child Protection process, professionals have a duty to share all relevant information with other professionals and agencies who need to know, in order to fulfill their responsibilities for safeguarding children. The protection of the child must take precedence over all other considerations. Both children and parents/carers should be made aware that information, which has relevance to understanding any risks to children and in keeping them safe from harm, is shared appropriately. It is important not to guarantee absolute confidentiality in the hope of encouraging a disclosure of abuse.

The information to be shared may relate to:

- the child
- the parent
- siblings
- other members of the household
- extended family

7.3 Although the unborn child has no statutory status, individual staff members and professionals who have concerns about future risk to a child not yet born must make a Child Protection Referral to ensure the needs of the baby can be met following birth (para. 4.6 AWCPP 2008). Therefore information must be shared for pre-birth plans to be put in place to ensure the safety of the child following birth.

7.4 Information may also be shared when taking legal advice (or proceedings) or in taking steps to prevent, investigate or prosecute for criminal offences. Decisions to disclose information without consent should be documented and the public interest justified.

7.5 Lord Laming (2003) in his report suggested that the definition of a child protection concern should be seen in its broadest sense, given that without
information sharing pieces of the jigsaw puzzle will not be obtained and errors in judgement could occur.

7.6 All information should always be imparted and recorded in a way that differentiates between fact and opinion. When considering what information to share, you should consider whether any facts in your possession indicate risk, in which case you have a duty to share.

7.7 If you are unsure about any circumstances relating to sharing of information, you should consult with the Named Professionals for Safeguarding Children and you may need to seek legal advice.

8. **ADULT SERVICES**

8.1 The above Guidance relates equally to all staff working with adults who should follow the same advice.

8.2 Adult Mental Health and Substance Misuse Services should note that confidentiality does not mean the invisibility of children (Carlile Report 2002 Rec 6.33). Where disclosures are made to Mental Health or Psychology Services concerning historical abuse, the professional to whom it has been disclosed to, must make a professional judgement as to whether the disclosure has any impact on any children of the patient, or any children with whom the alleged abuser may currently have contact and, if so, then referral to Social Services would be required.

8.3 Mental illness in a parent does not necessarily have an adverse impact on a child however, recent reviews of child deaths show that of 100 deaths where child abuse and neglect had been a factor in death, associated parental mental illness was present in one third of the reported cases.

9. **MAKING A REFERRAL**

9.1 Working in partnership with families is essential to promoting the welfare of children. When making a Child Protection Referral, it is good practice to inform the parents/carers. However, if there is any risk of further harm to the child, then the parents/carers should not be informed. Decisions to disclose information without consent should be documented and the public interest justified.

If there is any uncertainty about whether to proceed with a breach of confidentiality, then advice should be sought from the Named Doctor or Nurse Child Protection.

10. **LEGISLATION AND GUIDANCE**

- Common Law Duty of Confidentiality
11. AUDIT

11.1 Audit of this Policy will be through the monitoring of adverse incidents. Failure to share information and breach of confidentiality are both on the trigger list for child protection incidents that would require the completion of an adverse incident form.

12. IMPLEMENTATION

12.1 This Policy will be disseminated via Executive Board members and will be available on the Document Management System.

13. GETTING HELP

13.1 If you require advice or guidance regarding the disclosure of personal information, please contact the Information Governance Department (ext 6653). For further information on matters surrounding safeguarding children, please contact a Named Nurse or Named Doctor with Child Protection responsibilities.

14. CONTACTS

Named Doctor / Associate Named Doctor 01792 517950 / 01656 752861
Head of Safeguarding Children 01639 683164
Named Midwife 01792 205666
Designated Nurse 01792 607536
APPENDIX 1

Making a Referral to Social Services
Consent to Share Information

Are there any child protection concerns?

Yes

Parental consent is not required. You have a duty to share any information relating to the child, adults and extended family if it is in the child’s best interest

Follow the child protection procedures

Further information leads to child protection

No

Agree with family any information to be included in the referral. Record what has been agreed and ask the parent to confirm consent by signing referral form

Follow procedures for referral to local authority for a Child in Need

Note: Parental consent can only be given if the parent has Parental Responsibility
ORGANISATION AND RESPONSIBILITIES

Chief Executive

Medical Director / Caldicott Guardian

Named Professional with a Responsibility for Safeguarding Children

Named Doctor: Tel: 01792 517950
Associate Named Doctor
01656 752752

Information Governance Department

Head of Safeguarding Children:
01639 683164

All Staff