

25 April 2013

To: All Members of the Children's Safeguarding Policy and Practice Advisory Committee

Dear Member,

Children's Safeguarding Policy and Practice Advisory Committee - Tuesday,  
30th April, 2013 7.30pm

I attach a copy of the following reports for the above-mentioned meeting which were not available at the time of collation of the agenda:

**4. MINUTES (PAGES 1 - 6)**

To consider the minutes of the meeting held on 21 March 2013.

**9. ADULT REFERRALS (PAGES 7 - 22)**

The Independent Member has completed an audit of cases which were referred to Children's Services from Adults services . The audit will examine the interface between Adults services and Children's Services and how the cases have been taken forward by the Children's Service. **A separate response to the audit is also attached from Adult and Community Services.**

**10. AUDIT OF A SAMPLE OF REFERRALS MADE BY THE SCREENING TEAM (PAGES 23 - 36)**

Following the Committee's initial discussion of the findings of the Judicial Review, the Independent Member has been asked by the Chair to complete a short audit of the work of the screening team . The audit will examine in particular how consent has been gained to share information on cases, proportionality, and the thresholds being worked to.

Yours sincerely

Ayshe Simsek  
Principal Committee Co-ordinator

**MINUTES OF THE CHILDREN'S SAFEGUARDING POLICY AND PRACTICE ADVISORY COMMITTEE**

**THURSDAY, 21 MARCH 2013**

Councillors Stewart(Chair), Adamou, Bull, Scott, Allison, Hilary Corrick

Apologies Councillor Bull, Councillor Scott.

Also Present: Councillor Waters, Libby Blake, Marion Wheeler, Lisa Blundell, Chrissy Austin, Arantza Faiges

<b>MINUTE NO.</b>	<b>SUBJECT/DECISION</b>	<b>ACTON BY</b>
<b>CSPAPC 122</b>	<b>APOLOGIES FOR ABSENCE</b>  Apologies for absence were received from Councillor Bull and Councillor Scott.	Clerk
<b>CSPAPC 123</b>	<b>URGENT BUSINESS</b>  There were no items of urgent business put forward.	
<b>CSPAPC 124</b>	<b>DECLARATIONS OF INTEREST</b>  There were no declarations put forward.	
<b>CSPAPC 125</b>	<b>MINUTES</b>  The minutes of the meeting held on the 28 <sup>th</sup> January were agreed as an accurate record of the meeting.	
<b>CSPAPC 126</b>	<b>MATTERS ARISING</b>  Noted.	
<b>CSPAPC 127</b>	<b>PERFORMANCE</b>  The Assistant Director for Children's Services reported on the positive highlights of the performance report. January saw a decrease in the number of children in care. However, there had been an increase in the number of children subject to a child protection plan which was not in line with statistical neighbours and the service were completing additional work to try and combat this increasing performance rate. There was good performance for visiting children on child protection plans. Special guardianship orders had gone up to 27, a marked increase in comparison to the same period last year.  The number of children missing from care is reviewed on a weekly basis by the Director and Cabinet Member for Children and details of each case discussed with full understanding sought of the action being taken to locate them. It was noted that the Police were reviewing the thresholds in place that instigate a search for a young person that is missing from care as it is often the case that there is an understanding of where the young person is. It was noted that this review would not have a detrimental impact on the investigations being taken forward but rather that policy thresholds will become more in line with how Children's	

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Services assess that a young person is missing and when there is cause for concern.

**HY 59(Percentage of initial assessments for children's social care carried out within 10 working days of referral)** - In relation to this performance figure, the cause of the delay had been identified by the service and this was a particular capability issue with two social workers, one of whom had resigned and the other was on capability measures. It was anticipated that the target would improve in the next quarter.

**OP411/OP413 (Children becoming subject to a child protection plan in the period, Children ceasing to become subject to a child protection plan in the period)** - The variation in the figures for each month was attributed to the in frequency of children coming onto protection plans and separately, children coming off plans .It was further explained that if there was a large sibling group involved, this could lead to significant variations in the figures from month to month. There had been close analysis of the numbers of children on child protection plans to understand if there were any issues of 'drift' or if the social worker not escalating issues quickly enough. The analysis had led to a key change that, once the First Response team has established that an initial assessment is required, it will now be passed to directly to the Safeguarding and Support team .This will allow the case to be taken forward by one social worker from the start and limit delays that are being caused at the moment by the later transfer, after the initial assessment has been completed.

In terms of tackling 'drift', there were already established warning mechanisms in place and the Head of Safeguarding and Support was meeting with Child Conference chairs, who had an independent role at conference meetings, to look at child protection plans and ensure there was no 'drift' and decisions were being made expediently

**OP367 (Percentage of child protection cases which were reviewed within timescales)** - This was a cut and paste error and correct comments would be circulated after the meeting.*[Completed]*

The Committee were provided with a wider understanding for the types of reasons for delaying a strategy conference. One reason could be due to the social worker being called away to court. This had happened recently and due to the crucial role that the social worker would play in the conference meeting, it had been agreed to delay this.

The Safeguarding and Support service, following an audit by the independent member of the Committee, were currently considering the thresholds for putting a child onto a plan together with the thresholds for taking a child off a plan as they seemed unequal. For example once on a plan, if a child missed appointments at a dentist or nurse this could be used as reason to keep them on a plan. This type of situation showed a need for Safeguarding and Support to work with the independent child protection advisors .Of course, there was anxiety about taking a child off a plan in case they were re – referred. Therefore, tackling anxiety and keeping up with the continual review and analysis of cases was crucial

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	<p>part of the Safeguarding and Support team ensuring that work with a family on a plan is proactive and moves at a quicker pace.</p>	
<p><b>CSPAPC 128</b></p>	<p><b>MASH (MULTI AGENCY SAFEGUARDING HUB) PRESENTATION</b></p> <p>Following the outcome of the recent judicial review, made publicly known on, Thursday the 14<sup>th</sup> March, one day after the agenda pack for this meeting had been published, the director for Children's Services had withdrawn the presentation about the work of the MASH and information sharing. The judgement had implications for the operation of the MASH and some of its procedures were likely to be subject to change. The Director of the Children's Service set out the reasons for the judicial review being pursued against the council and provided the details of the final judgment against the council. Essentially, the judge had found that the section 47 investigation had not been correctly pursued by the Children's Service. The initial assessment and strategy meeting had only been completed after the section 47 investigation had been instigated. The judge had found that, before deciding that there should be section 47 investigations, there had not been proper contact with the parents to authorise information being gathered. Information about the wellbeing of the child had been sought from the school and GP in this way. This unauthorised use of information gathering now raised questions for the information sharing protocols in use by the MASH and may be replicated by other local authorities with a MASH. The presentation had advised of the benefits of information sharing and how this was done but now there were legal questions to answer which may have a fundamental impact on how the MASH operated and shared information.</p> <p>Children's Services were now looking at how they can create space for staff in First Response to write fuller reports. Council Legal advice and advice from a QC would be sought on the collation of data by the MASH and whether they are meeting legal standards. The outcome of this discussion would be shared with the Committee at their next meeting.</p> <p>The Chair of the Committee sought clarification on whether it was only the initial decision to go ahead with a Section 47, without enough consultation that was flawed, or were there other issues as well? It was noted that the comments on the completion of initial assessments and core assessments were not good and this was specific to Haringey. The decision to go ahead with a section 47 was not properly constituted and the action taken was not proportional to the evidence in hand about the case to justify this.</p> <p>The Committee discussed the predicament of the social workers, as on one hand it could be interpreted that the action taken was overzealous but this could be attributed to the recent history of the council. They agreed that, in this case, and with hindsight the decision to proceed with a section 47 investigation was not the right one. The Committee agreed that information sharing was vital part of the safeguarding process as it was necessary to identify a child and build up an understanding of the risks that the child could be subject to as this would inform the level of action to be taken by partners. It was noted that all</p>	<p>Dir CS</p>

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	<p>Multi Agency Safeguarding Hubs will need to continue to collate and share information but now it was about establishing the right thresholds to determine the level of action to be taken in relation to a referral. In taking forward the findings of the judgment, committee members asked the service to ensure that this does not lead to a significant behaviour change of social workers i.e. to less cautious, to ensure vulnerable children are protected.</p> <p>Subsequent to the meeting, the Independent Member of the Committee would take forward an independent qualitative audit on the screening team and report findings to the next Committee meeting.</p>	HC
<p><b>CSPAPC 128</b></p>	<p><b>WORK WITH FAMILIES WHO HAVE NO RECOURSE TO PUBLIC FUNDS</b></p> <p>The council are currently supporting 92 families (one of the highest across London and the UK) who have no recourse to public funds. This equates to around 6 to 10 referrals a month and does not account for the 300 per year enquiries for support that are screened out as the families do not meet the criteria for support. The budget set for this support for £2012/13 was £900k but at the end of year is projected to overspend up to £1,285,000 (£385k over).</p> <p>The No Recourse to Public Funds team are based in the First Response team and comprise of a manager, 2.7 social workers and an immigration /Human Rights Advisor. The team will undertake assessments with families who may or may not have a pending immigration application with the Home Office. It was very important to note that the council do not receive any funding from the government to support these families and therefore there is criteria compiled which the families have to meet in order to gain any support from the council. The requirement to provide support to these families comes from the scope of the Children's act 1989, Humans Rights Act 1998, and National Assistance Legislation, and the eligibility criteria is compiled according to these acts together with requiring a family connection to the borough, and following assessment of the Home Office application.</p> <p>The Committee learnt that a majority of clients come from Jamaica and Ghana and will seek to obtain status in the country through a difficult immigration process and not the Asylum process which they will not be eligible for.</p> <p>These families will be subject to tight immigration control, often be destitute and experience mental health problems, have high mobility, have no domestic support from the father for children, be vulnerable to involvement in crimes due to their severe circumstances and also prone to experiencing domestic violence.</p> <p>The Committee learnt that the families who are eligible for support will be provided with subsistence in line with NASS guidelines, accommodation and support on immigration issues. Accommodation may not necessarily be in the borough as there is limited accommodation left but</p>	

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	<p>the team will visit the family if they are living outside London to ensure they have got basic needs, access to services and children are enrolled in schools.</p> <p>The families are very reliant on the efficiency of the UKBA (UK border agency) to make decisions on their immigration status and lead them to a stable future. However, the Committee heard that decisions on immigration cases have reduced drastically in the past year with, currently, about one decision a month being made. The council has offered to provide funding for a case worker in the UKBA to take forward these cases more expediently but this has not been taken up.</p> <p>It was noted that families who have no recourse to public funds are becoming part of a second tier welfare system and because of the detrimental impact this has on children the council will continue to lobby central government to expedite cases and enable the families to gain a decision on their immigration application.</p> <p>The Committee thanked Arantza Faiges for a very insightful presentation.</p>	
<b>CSPAPC 129</b>	<p><b>ANY OTHER BUSINESS</b></p> <p>None</p>	
<b>CSPAPC 130</b>	<p><b>EXEMPT ITEMS OF URGENT BUSINESS</b></p> <p>None.</p>	
<b>CSPAPC 131</b>	<p><b>TO AGREE THE DATE OF THE NEXT MEETING</b></p> <p>Tuesday 30<sup>th</sup> April 2013 7.30pm</p>	

Cllr James Stewart

Chair

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<b>Briefing for:</b>	Children's Safeguarding Policy and Performance Advisory Committee
<b>Title:</b>	SCREENING
<b>Lead Officer:</b>	Hilary Corrick, Independent Member
<b>Date:</b>	30 <sup>th</sup> April 2013

## 1. INTRODUCTION

Members will be aware of the recent Judicial Review judgment, reported by the Director of Children's Services at our last meeting. To summarise, this judgment found against the London Borough of Haringey, on the grounds that, in this particular case, information about the child was shared without the knowledge or consent of the parents, in breach of Article 8 of the European Convention on Human Rights and their right to family life. Furthermore, that no decision to initiate a Section 47 child protection investigation was made by Haringey Children and Young People's Service, and therefore there was no basis for the enquiry to be launched.

## 2. BACKGROUND

*Working Together to Safeguard Children (2013)* has been revised by the Department for Education and published in March this year, effective from April. It reiterates the need for robust safeguarding systems to protect children:

(This guidance) " seeks to emphasise that effective safeguarding systems are those where:

- the child's needs are paramount, and the needs and wishes of each child, be they a baby or infant, or an older child, should be



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put first, so that every child receives the support they need before a problem escalates;

- all professionals who come into contact with children and families are alert to their needs and any risks of harm that individual abusers, or potential abusers, may pose to children;
- all professionals share appropriate information in a timely way and can discuss any concerns about an individual child with colleagues and local authority children's social care; "*(WT2013, Introduction para 6.)*"

In Haringey the development of the Multi-Agency Safeguarding Hub (MASH) has been a significant achievement, and has provided a template for other local authorities and their partners. The Borough has been at the forefront of multi-agency working and rightly proud of the co-location of staff from Health, Housing, Police, Probation, Education. Levels of trust between agencies have improved considerably.

The London Multi-Agency Safeguarding Hubs Governance document, issued in February 2012, says that the original concept for the MASH was to:

"Provide the highest level of knowledge and analysis of all known intelligence and information across the safeguarding partnership to ensure all safeguarding activity and intervention is timely, proportionate and necessary."

The Information Sharing Guidance document for London MASHs, also February 2012, states that:

"Obtaining consent remains a matter of good practice, and in circumstances where it is appropriate and possible, explicit consent should be sought from and freely given by the data subject.

However, in many cases the aims of the MASH might be prejudiced if agencies were to seek consent. In such cases the disclosing agency must consider possible grounds to over ride the consent issue."

The impact of this judgment is not an issue for Haringey alone; all other local authorities who have multi-agency teams at the point of screening need to consider the implications of this judgment.



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### **3. SCREENING**

As members are aware, some 20 – 25 children are referred to Children’s Social Care every working day. Most referrals come from professional agencies (92%), especially the police through the MERLIN notifications of situations where the police have been involved and a child has been present (36% of referrals). Many of these referrals are for domestic violence. Some referrals are from other local authorities, and some from a member of the public. Some are anonymous.

All referrals come into Haringey’s Screening team, which is part of the First Response service. Many of these referrals can be directed to more appropriate early response services; discussions are held with referrers and a CAF (Common Assessment Framework) might be suggested as the most appropriate way forward, or referrers advised of more appropriate ways to manage the concerns about the child. There is an expectation that all referrers (apart from members of the public) will have discussed their concerns with a parent and told them of their intention to make a referral to Children and Young People’s Services (CYPS).

Some referrals will require an immediate response by the service with partner agencies, particularly the police. These referrals, Section 47 enquiries, would always be the subject of a strategy discussion between a team manager and the police before action is taken. It is the responsibility of the local authority to initiate a child protection enquiry although any other agency may call a strategy discussion. (*Working Together 2013*).

### **4. PRIOR TO THE JUDICIAL REVIEW JUDGMENT**

When a referral is received with insufficient information to make a clear decision about the way forward, a member of the Screening team will always go back to the referrer for more information. Some members of the public who make a referral because of concerns about a child will be happy to give their name and contact details to a member of the Screening team, but not wish the family to know who made the referral. In these cases, it is possible to return to the referrer for more information. Only in a truly anonymous referral is it not possible to do this.

There are some agencies which can be reluctant to inform young people or their parents of their intention to make a referral to Children’s Social Care - GPs for example, and some teachers may be anxious about jeopardising their relationships with the parents. Although the receiving



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social worker may urge them to do so, they would nevertheless pursue the referral if appropriate without the referring agency having done this.

There are some cases where the information available in the referral may suggest that to ask a parent for permission to make enquiries of other agencies about their child would place the child at increased risk. In most cases however, best practice – and *Working Together* – requires the local authority to seek parental permission to share information. If this is refused, then a further multi-agency strategy meeting would be needed to consider the next steps.

It has been the case that, prior to the judgment, as the local authority finds out more information about a child and their family through the MASH process, it has been possible to reduce concern at that point so that what might have been a referral becomes a contact only. It gives the possibility of an appropriately proportionate response., and can avoid unnecessary intrusion.

However, it is true to say, that the availability of partner agencies in the MASH has resulted in a situation where permission to share has sometimes been sought later rather than sooner in the process. The advantages of this are obvious:

**For the child and family:**

- Information may be gathered which will make it plain that the referral is malicious or capricious and does not need further exploration;
- Full information means that social workers are less likely to jump to premature conclusions;
- First impressions of parents, and the child, will be tempered by more thoughtful information;
- It may be clear that there are significant risks to the child and action needs to be taken swiftly.

**For agencies:**

- Where an address only for the child is given, it may be possible to identify the likely child and a name tentatively established so that other information already known can be retrieved;
- It may be possible to establish who else lives in the house and the potential risks to a social worker visiting.





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## **5. SINCE THE JUDICIAL REVIEW**

Legal advice is that no information may be sought about a family, including their identity, without permission from the family. This includes looking the address up on the Register of Voters. This means that social workers, probably in twos because of the unknown level of risk, will have to visit such anonymous referrals and explain the reason for the visit and seek permission to make enquiries of other agencies.

Where permission is not granted, or the concerns are such that there is a level of urgency which precludes making this early visit, a multi-agency strategy discussion, at a senior (team manager or above) level must be convened to make that decision. This must be clearly recorded.

Agencies, including GPs, teachers, must seek consent to share information unless this would place the child at greater risk. This means that First Response will be pushing referrals back to the referrer, and this may lead to agencies considering not making referrals if they are reluctant to confront parents.

A new interim protocol has been agreed for the First Response, including the MASH, to take account of the new legal clarity. It is appended as Appendix 1.

## **6. PHILOSOPHICALLY**

The welfare of the child has been the paramount consideration in children's social care since it was made explicit in the Children Act 1989 and a welfare checklist provided. As we know, most children who are harmed are harmed within their families. It could be argued, in the context of a Section 47 investigation, that the welfare of the child is best met by agencies having the fullest possible picture at the time of first meeting the family. Apart from anything else, it may mean that the referral goes no further and the family is not disrupted by enquiry. It may also mean that workers are less likely to be distracted by angry or manipulative parents.

However, most parents would be horrified to think of teachers, doctors, health visitors, discussing their family and their child with a social worker without their permission. And most parents, despite initial distress and often anger, will usually understand the reason for the enquiry and provide permission to share. The judge in the Judicial Review points out that "A section 47 enquiry has in recent years become very damaging for the life, career and family relationships of many who are parenting or



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caring for the child being assessed.” It “can of course prove to be very damaging for a child, for her parents and for their mutual relationships.”

Some referrers may choose not to make a referral if they will now have to inform/request permission from parents to make a referral.

As with many social work decisions and situations, there is an ethical and philosophical debate to be held about this issue, which is no clearer in other local authorities than it is in Haringey. The views of members are really important within this debate, since they represent members of the public, and also hold some responsibility for the safeguarding of children within the Borough.

There will be differing views nationally and legally on the consequences of the judgment and its likely impact. Haringey’s voice should be heard in this debate. In the meantime, the screening and MASH teams are in a complex and challenging position.

#### **7. MONITORING THE PROTOCOL**

Members will recall that we undertook an audit of all referrals (ie, those cases which had moved on from the contact stage, through screening and MASH, when used, to a front-line social work team) in a week in December 2012. Whether Permission to Share had been sought was not part of that audit – practice has become lax on this nationally, in my view. Of those contacts and referrals, only three were from members of the public (neighbour, friend, relative or house mate) and there were 3 others where the source of the referral was not recorded.

With the consent of the Chair, the independent member has undertaken an audit of all referrals received by the screening service on Monday 15<sup>th</sup> April, with a view to seeing whether the new protocol has been fully embedded in practice.

#### **8. AN AUDIT OF ALL CONTACTS**

On 22<sup>nd</sup> April 2013 I looked at half of all completed contacts received on April 15, 16, 17 and 18<sup>th</sup>. These dates were chosen because they were the first full week of the new protocol.

79 contacts were received on those dates: 35 on Monday, 13 on Tuesday, 16 on Wednesday and 15 on Thursday. Of the 79 contacts 14 were not yet completed (1 from Monday, 3 from Tuesday, 4 from



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Wednesday and 6 from Thursday). Of the 65 completed contacts 5 were abandoned as inappropriate since the child was already in the care system or otherwise in receipt of a service.

Of this group of contacts:

<b>Referrer</b>	<b>How many referrals?</b>
Police	12
Other local authorities seeking information	4
Hospitals, including midwife, A&E and paediatrics	4
Cafcass referral and information seeking	3
Housing	1
School	2
Probation	1
Voluntary Organisation (Women's Refuge)	1
Child already in receipt of services	3
Anonymous referrals	2
<b>Total</b>	<b>33</b>

The questions I was considering as I looked at the contacts were

- Source of referral?
- Was information shared?
- If so, was Permission to share given or sought?
- If not, were the reasons why recorded?
- Outcome?

In every case, the issue of parental consent to information sharing was considered and recorded. Where other local authorities sought information because they were conducting a Section 47 enquiry on children who had previously lived in the borough it was recorded that permission to share was covered by the fact that there was a Section 47 investigation. A referral by a midwife in respect of the unborn baby's



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mother's mental ill health was not accepted since the midwife had not discussed the referral with the mother; she was asked to do so.

Police recorded in their referrals when they were not sharing detailed information about past parental convictions because of the new protocols. In one referral from the police about the father verbally abusing the mother in the presence of the child, the threshold for referral was not met, and it was also recorded that CYPS were unable to screen without consent.

A case where the police had visited a registered childminder's house to search for illegal substances and had been attacked by her adult son, it was agreed to give information to the mother of a child being minded, as this would be proportionate in respect of the welfare of the child.

Although the issue of consent and permission to share was always discussed by managers when a decision about action following the referral was made, it was not always clear that parental consent was sought by the social worker once a Section 47 investigation was underway. For example, a referral about serious domestic violence by A&E and the police, resulted in a decision that the Section 47 threshold was met and checks could be undertaken without consent. AN IA was undertaken to be followed by a CP Core Assessment and it was not clear that the issue of permission to Share was discussed at the IA, although it was raised in the subsequent supervision session.

Another serious domestic violence case, where the mother refused consent to share information, it was agreed that the section 47 threshold was met and proportionate and relevant checks could be made.

The two anonymous referrals were taken very seriously and seen as credible. In both a decision was made to do an unannounced home visit and Initial Assessment, in the course of which the plan was to seek consent.

The recording by managers of case specific issues regarding consent to checks and permission to share, and the thresholds for disregarding this was exemplary in every case. It was impressive to observe that managers had absorbed the issues raised by the judgment and as far as I could see appropriate decisions were made. 3 referrals were not accepted, and the referrer sent back to get consent.



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## **9. RECOMMENDATIONS**

It is recommended that members of this Advisory Committee

- 1.** Request the lead member for children to explore the issues arising from the Judicial Review with her colleagues in other local authorities, with a view to developing a national debate;

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## **Information sharing protocol in First Response and children's social care teams**

### **Contact or referrals for children in need /SECTION 17**

#### 1) Contact received

First question – Does the parent know the contact has been made, has the referrer sought consent from the parent to share the information with CYPS

Yes? – We record this in addition to it being captured on the referral form received

No? – Screening SWs advise the referrer they must go back, seek consent, and advise that they will be sharing information

**Exceptions** where consent cannot be obtained at the contact point: Some Police notifications/anonymous referrals/NSPCC or other third party

- 2) Screening team, with regard to the above (i.e. exceptions) will attempt to contact the parent and advise that information in the form of a concern or a request for assessment has been shared with this Department. A discussion is then held with the parent about sharing and receiving information from partner agencies in a proportionate way in order to understand the level of concern and what the appropriate support/intervention should be.
- 3) If consent is given – MASH process to be considered or proportionate checks undertaken via the gathering information episode.
- 4) If no consent for sharing information is obtained/or it is refused the contact is sent straight to the team on duty as a referral for action – if threshold for a social care assessment is met. If not met, NFA and request for referrer to complete a CAF – if a professional.
- 5) Initial/Core assessments – a visit occurs and consent is obtained from the parents for information to be shared across the partnership. This consent must be recorded clearly on the case file.
- 6) If consent is refused at this point, the duty social worker and manager will revert to the referrer for a discussion about how we can proceed.

### **Children where there are concerns of risk of harm /SECTION 47**

- 7) If there is concern that a child has suffered or is likely to suffer significant harm, a section 47 enquiry will be considered
- 8) The reasons for the section 47 decision must be clearly evidenced by the manager in case notes at the time of making the decision

- 9) The initial strategy discussion must consider and clearly record the issue of consent with partner agencies, including the police, as to whether it is safe to seek consent to share information from the parent and to seek the consent of the parent to speak with the child. In some urgent and exceptional circumstances, it will be necessary to consider whether a) to see the child without consent of the parent b) to share information connected with safeguarding concerns without consent across the partnership.
- 10) The strategy episode must be completed before any actions are taken
- 11) If the child is seen without parental consent, the decision to do so and the reasons must be clearly recorded in the strategy discussion document.
- 12) Wherever possible, consent to share information must be sought from parents from the outset of the section 47. In most cases consent to share information will be sought.
- 13) If, as part of the strategy discussion, it is agreed that consent should not be sought as this may further place the child at risk, this must be clearly recorded and reasons given – again, by the chair, at the time.
- 14) Section 47s where consent has been obtained must go through the MASH process
- 15) Section 47s where the strategy discussion has agreed consent should not be sought or can be set aside in the interests of safeguarding a child should then go through the MASH process.

## **GUIDANCE**

Managers must record explicitly, at every stage, the reasoning behind their decision-making in order that there is clear evidence about why information has been shared. Alongside this should be a record of who they discussed this with and what information they took into account in making that decision.

This is especially important when the level of risk has been assessed as one where the seeking of consent to share information can be put aside in the interests of safeguarding a child. This is the balancing act of competing rights – all decision making must take in to account article 6 and 8 rights.

Social workers must clearly record that consent has been obtained from the parent as part of the assessment process. Where consent has not been obtained this must be also be clearly recorded. Refusal of consent to share information does not in itself indicate an elevation of risk. Where there is a refusal of consent to seek or share information and the threshold for social care assessment is met, a balanced and



proportionate consideration of known factors, with the referrer, will assist in determining how to proceed.

The Pan London Procedures detail the complexity of information sharing issues at Section 3 of the fourth Edition. Paragraph 3.3.9; in the section headed Public Interest and Proportionality in respect of sharing information) that professionals must record the contexts in which the information is shared, the perceived levels of risk of harm at the time, the data requested, the data shared and with whom.

It further states (in paragraph 3.3.22;) that 'if there is significant change in the use to which the information will be put to that which has previously been explained, or in the relationship between the agency and the individual, consent should be sought again'. Social workers need to be clear with the parent at the point at which they are seeking consent - about what information they intend to seek and share with other professionals.

End.

Web link to Pan London Child Protection Procedures as updated 13/3/2013

[http://www.londonscb.gov.uk/files/2010/procedures/full\\_amended\\_13\\_apr.pdf](http://www.londonscb.gov.uk/files/2010/procedures/full_amended_13_apr.pdf)

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