



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



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.



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



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.



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



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 15th April, with a view to seeing whether the new protocol has been fully embedded in practice.

8. AN AUDIT OF ALL CONTACTS

On 22nd April 2013 I looked at half of all completed contacts received on April 15, 16, 17 and 18th. 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



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:

Referrer	How many referrals?
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
Total	33

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



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.



Haringey Council

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;