Practice Guidance
Information Sharing
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Practice Guidance

Information sharing across agencies that are working as part of a Team Around the Child (TAC)

This guidance is based on the principles set out in HM Government’s ‘Information Sharing: Guidance for Practitioners and Managers’. Services will have their own service-specific policies and protocols; this document supports the practical application of your information sharing policies and should be read alongside such policies.

INTRODUCTION

**Definition: information sharing:**
Where professionals actively exchange their knowledge about a child or young person and their family to enable more co-ordinated/comprehensive support.

Information sharing is essential to enable early identification, intervention and prevention work and to safeguard children from risk or harm. Most of the recent serious case reviews have identified effective information sharing as a vital part of effective safeguarding for children, young people and their families.

The approach set out in this guidance has been developed with key service leads across the partnership and agreement has been sought from both the Wandsworth Safeguarding Children’s Board and the Children and Young People’s Partnership Board. Frontline staff will be supported by their line managers and service heads, through their service’s supervision and personal development process.

The Children Act 2004 provides the legislative framework to support better integrated planning, in particular the act places a duty on the local authority (LA) to make arrangements through which key agencies co-operate to improve the wellbeing of children and young people by agencies working together, to share information, to identify difficulties and to agree a common plan as early as possible. To support practitioners to do this all partners in Wandsworth have adopted the Signs of Safety and Wellbeing (SoSWB) approach to assessment, planning and reviewing work with children, young people and their families. For more information on this and other processes to support integrated working A Guide to Early Help Processes’ is available online at www.wandsworth.gov.uk/fis

This guidance is in two parts:

**Part One** – provides information on what to consider when making a judgement to share information with others.

**Part Two** – provides information on what to consider when seeking consent to share information.
Part One

Who this guidance is for

This guidance is for frontline staff working in universal, targeted, preventative and specialist services. For all staff working at the universal, targeted and preventative level consent to share information with other services must always be sought and agreed by the parent or young person, prior to this happening. Staff working in specialist services will also need consent to share in most cases, except those cases where the child is thought to be at risk of immediate, significant harm.

Definitions

Continuum of Need
Indicators of need across four levels to inform discussion and planning between services and agencies about the level of support needed. The London Continuum of Need provides an agreed approach which is set out in the Young London Matters Common Assessment Framework Protocol which has been adopted by the Wandsworth Children and Young People’s Partnership.

Universal Services (Level 1)
Universal services are those that are available to all children, young people and their families who live or attend school in Wandsworth.

Targeted and Preventative Services (Level 2/3)
Targeted and Preventative services are those that provide additional support needed by children or young people at Level 2 and would be accessed as a result of a SoWB Early Help Assessment.

Specialist Services (Level 3/4)
Specialised and/or statutory support needed by children who have high or complex unmet needs, usually requiring long-term intervention such as special educational needs (SEN) services, Child and Adolescent Mental Health Services (CAMHS), specialist health service, youth offending services or Children’s Specialist Services (CSS).

Vulnerable child, family or young person
Families or young people who need extra support to manage their family life or child’s development.

This section of the guidance gives questions or prompts that you can consider when making a decision about sharing information with other members of the TAC, or a new service. This will provide a framework to support you in making a judgement to share information. It provides details about secure ways to share information, including how you have recorded the information and agreed actions.
WHY

You should always start by considering why you need to share the information, what outcome you want and what will be different as a result.

Information you share should be factual and you need to be clear about your reasons for sharing the information with another practitioner, and your expectation from that person as a result of sharing the information. You may wish to consider the following points when asking yourself why you need to share information. Sharing may happen in order to:

Assess risk and make appropriate referrals to safeguard children from harm
If at any time you consider an unborn baby, child or young person is at risk of significant harm, discuss immediately with your manager and/or nominated Child Protection Lead within your agency. Make an immediate referral to Children's Specialist Services (CSS) Referral and Assessment Service (RAS) by telephone (020 8871 6622) and confirm in writing within 24 hours your concerns. If an Early Help Assessment (EHA) is in place update this and forward it to RAS, if not then use the inter-agency referral form.

Support families in identifying goals
You may need to share specific information with a professional who has skills and expertise in an area different from your own, the reason for sharing would be to help you and the parent or young person to identify what help or support is needed.

Gain a clear understanding of what life is like for a child or young person
If you identify that a child is not doing as well as you would expect you need to take action, even when the difficulties are in an area that is outside of your skills and knowledge.

Decide if another service should take action
To enable a new service to assess if they should become involved they will require information about the concerns that relate to their work area, any current work and previous work undertaken and the outcome of this, and information about other services who are currently working with the family or young person and the outcomes so far.

Enable shared planning across services
If you are working with a family where there is a need for a number of services to work with a child or young person or other members of the family you will need to share information about your plans so that the TAC can establish a plan for appropriate support which ensures a manageable timetable for a family.

Support transitions
Sharing key information that would help a child or young person starting or moving school, moving to a new area or getting a new key worker, can make the difference between a positive or negative experience.

Prevent duplication of service or work focus
If everyone working with a family understands the focus or key messages that are needed then this prevents duplication or mixed messages and strengthens the positive impact of all services’ involvement.

Set realistic and measurable timescales and targets
If a family, child or young person is going to engage with a plan then they need to feel it is realistic and valuable to them. Sharing information across services means there is more chance of a realistic plan of action with a clear idea about what would be a successful outcome.
Ensure all appropriate information is in one place
If all services can see the same basic information about their own and other services’
engagement with a family this can help build a fuller picture and enable more
effective safeguarding.

Support the Lead Professional (LP) in their co-ordination role
As a member of a TAC you may need to change or update your actions and you will need to keep
the LP updated, to enable them to carry out their co-ordination role effectively.

If you need to seek advice and guidance
If you need advice or guidance from another professional, possibly to access the service or to see
if a family has reached the threshold for specialist services you should use anonymised
information that will help those whose advice you are seeking to make an informed judgement.

WHAT

What information to share is a matter of judgement and will vary from case to case. The
suggestions below are not exhaustive, they are for guidance and should act as a trigger for
making judgements about what information should be shared, when and with whom. Any
information shared should be factual, not based on personal opinion. Some of the sorts of
information that should be shared may include:

Information that will help form judgements about risk
● If you have seen or been told about behaviour that puts a child at risk of harm
● If you are unable to gain access to a child
● If a parent does not attend sessions that have been agreed at a TAC meeting
● If a violent partner has returned to the home
● If a parent’s health deteriorates

Information to support transitions
● If a child or family has additional needs which will need adaptations or adjustments
● If a child or family is vulnerable and will need extra support
● If a family has literacy needs or language needs that will require extra support to
access information
● If a child is a risk of harm or has a CAF, Child Protection Plan or SEN statement

Information that will improve service delivery
● If a child or family has additional needs that will affect their ability to access a service
● If there are any risks to a practitioner engaging with a family
● If there is any action plans or assessments that will help a service plan to meet a child or
family’s needs
● The LP to support them in their coordination role
**Information to seek advice and guidance**

- If you need professional guidance you can share anonymised information with another professional.
- If you wish to invite a new service to a TAC you may need to provide information to support the invitation.
- If you are concerned a child has reached the threshold for specialist services you could discuss with the Referral and Assessment Services or your consultant/allocated social worker.
- If you need information about possible services or support in accessing a service you could discuss with the Family Information Service (FIS) (020 8871 7899 www.wandsworth.gov.uk/fis).

**Information to support a referral to another service**

- An assessment of a child or family need that supports the referral (EHA).
- An action plan that would support reasons for referral and information about other actions and service involvement to support new services in planning work.
- Information about consent to share, lead professional and details of TAC members and review dates.

**WHEN**

You will not need to share all information about your work with a family. You will need to share some information with others when changes for the child or your service will have an impact on the child and you need other services to respond or support the child as a result.

Some areas when you may need to share additional or new information include:

**If a child or young person is at risk of significant harm**

If you are aware that a child is at risk of significant harm you need to share this information immediately. Phone CSS RAS and discuss with your line manager.

**To access a service**

You may need to share information with another service so they can:

- assess if they are able to offer help.
- enable a service to provide the most appropriate service for the child or family from the outset.

**If a service is unable to deliver**

If you are part of a TAC you should inform the LP if you are unable to deliver your service and why e.g. young person has refused the service or your service does not have the capacity to assist. You should also consider if there are other services that could offer help and the FIS could help you find other appropriate services if this is the case.

**If the circumstances have changed and this has had an impact on outcomes for the child or young person**

If you are aware circumstances or needs have changed for a child, young person or their family and that this will have an impact on the child, young person or family you should share with appropriate members of the team so they will be better able to offer support e.g., deterioration in a parent's mental health, parents separating.
**After discussion at a supervision session**
If you are part of a TAC or the LP you should discuss the cases with your line manager and part of your review should look at information and whether there is additional information you should share and when.

**If you need to seek advice and guidance**
If you need advice or guidance from another professional, possibly to access the service or to see if a family has reached the threshold for specialist services you should use anonymised information that will help those whose advice you are seeking to make an informed judgement.

**When you need to inform or seek support from other members of the TAC**
As a member of the TAC you will have sought consent to share information on the EHA from the child, young person or family. It is good practice to review this at the TAC meetings, so that parents and young people are aware of the information that needs to be shared by services in the TAC so they can better support the child, young person or family.

**HOW**
You need to share information in a proper and timely way and act in accordance with Data Protection Act 1998. Personal, sensitive or confidential information must always be shared securely. Here are some key points to remember when sharing information:

**In writing by post**
To share information securely when sending it by post you should:

- Confirm the name, department and address of the recipient
- Seal the information in a double envelope, ensuring the packaging is sufficient to protect the contents during transit
- Mark the inner envelope ‘Private and Confidential – To be opened by the addressee only’
- Make sure that there is nothing on the outer envelope that would indicate that it contains personal information
- Ensure a return address is included on both the outer and inner envelopes in case it has to be returned for some reason

**By phone**
Always confirm the identity of the person you are talking to and ensure that the conversation cannot be overheard.

**By email**
EHITS is a secure emailing system so is the best option for sharing information with other members of the TAC. If you need to contact a service not registered on EHITS and so using a general emailing system, do not put any identifying personal data in the subject line and use initials in the body of the email. Before sending check that the email address is correct. Staff employed by St. George’s NHS Trust and some other partners are only allowed to use a secure email system to share information, staff within the council can have access to a secure email address if required. Agreement on how information is to be shared should be agreed at the TAC meeting.
By fax
Sending information by fax is not ideal for personal information as it is not secure and this includes faxes sent between internal phone numbers. If there is no other option to faxing then Safe Haven principles should apply:

- Confirm the receiving fax machine is in a secure location
- Confirm the correct fax number is being used
- Confirm the named recipient is ready to receive the information
- Confirm safe receipt personally

Verbally
As with a phone conversation, where personal, sensitive or confidential information is being shared you need to ensure the conversation will not be overheard. Sharing information verbally can often feel less official than other forms of information sharing, but whenever information is shared with another service it is the same as any other form of exchange and needs to be managed in the same way.

You should establish what the recipient will do with the information and if they are intending to pass it on ensure they understand any limits to consent you have been given.

‘You should record any decisions and the reasons for it, whether or not you decide to share information. If the decision is to share, you should record what information was shared and with whom.’


WHERE
For practitioners working in universal and targeted and preventative services there are a number of formal meetings where information will be shared:

At a review – All children and families would participate in reviews, as part of a piece of work with a child or family or as a review of an individual child or young person’s progress.

At a TAC/TAF Meeting – A TAC meeting take place as part of an integrated response from services to meet the needs of a vulnerable child, young person or family.

At a Child Protection TAC – This meeting would be managed by the Child Protection Unit and will be as the result of a Child Protection Plan for a child/ren or young person(s).

At a network meeting – A network meeting can be called and chaired by any professional who wants to get a better picture of needs for a child or family or where professionals need a discussion about service delivery, or to resolve professional differences.

At the first three types of meeting the parents and/or young person would be invited to attend, and therefore, be part of the sharing of information. In all cases it would be helpful, where possible, to let a parent or young person know the sort of information that you will be sharing at the meeting and reasons for doing so e.g. wanting to engage additional support, completing an area of work and sharing the outcome.
There are a limited number of reasons when you may need to share information where you have not been able to discuss with the family first:

- If a member of staff is at risk of immediate harm (e.g. you know they are about to do a home visit).
- If you are not able to see a child or family and need to get this message to them.
- If you have not been able to make contact with a child or family.

In these cases you need to keep the information factual, dates and times of appointments and visits and any follow up action from yourself or others.

**WITH WHOM**

Integrated working and planning of service delivery can significantly improve outcomes for children, young people and families. If this is to work well services need to share information that enables them to plan, deliver and review services in the way that will have the most positive impact on outcomes for a child and their family. Good integrated working practice will involve sharing relevant information about your involvement with a family with the members of the TAC, as agreed by the young person or parent. To support the integrated processes it is good practice when you start working with a family to be clear about sharing information and what this would be and why you need to do this. When a family is working with more than one service it is important to share information about the following:

- Dates and times when services are being offered so this can be co-ordinated and is manageable for a family
- Key areas that need to be supported and what your service role will be, this will stop duplication of services and mixed messages
- If you are not able to engage with a family or deliver a service you should let the LP know or they will assume services are being delivered
- Outcomes of services involvement, has the work been successful are there further recommendations? Will a service continue or stop?
- The named practitioners to contact in a service and any changes to this, for example if people leave or job roles change
- If another member of the TAC is at risk of harm

To support the process of information sharing the TAC should discuss what and how information will be shared between meetings and how the parent or young person will be informed about this.
REMINDER

**Recording decisions to share information**
When making a decision to share or not to share information about a child with another service you need to record that decision in your own service case files for the child or family, you should record:

- The reason for your decision
- Agreement with your senior manager
- What information you shared
- With whom you shared the information
- How the information was shared including the date and time
- Any actions agreed with the service that you shared the information with.

You should also record how you sought consent to share from the family or young person. If for any reason you shared information prior to seeking consent, you must record why you did this, and when you followed this up with the parent/carer or young person.
Part Two

Practitioners working in the Universal (level 1) or Targeted and Preventative (levels 2 and 3) Services

Seeking consent from a young person or family to share information

As a frontline practitioner working closely with a family you will often be viewed as an ‘expert’ - someone who understands their child and what they need. It can mean that the young person or parent talks to you about concerns and worries; it can also mean that you are one of the very few people who regularly sees a family or child. You are therefore more likely to notice if a child is struggling or affected by things happening in their life. If this is the case, even if what needs to happen is not within your work area, you have a responsibility to raise your concerns with the family or young person and with their consent engage with other services in order to support the child, young person or family.

Many practitioners, however experienced, have told us they can find these conversations difficult, it can seem to push a family away and there can be a concern that the child, young person or family will stop engaging with you or the service. We have spoken with a range of practitioners and have drawn up the following list of suggestions for consideration when talking about concerns with a child, young person or family:

- Make a time to meet that is convenient for the family, young person and yourself, when you will have time to have a conversation
- Be clear that the meeting is to help you to best support the child young person or family
- Prepare for the meeting, be clear about what you need to say and what outcomes you would like to achieve
- Listen to what the child, young person or family has to say and make sure this is reflected in any decisions or actions
- Give examples that illustrate clearly your concerns
- Ask if the child, young person or family has things they would like to change
- Include the child, young person family in deciding how they can make changes
- Be clear about any actions you have agreed to take and make a time to meet again and review how things are going
- If you have completed an EHA and agreed to engage a new service then talk about what information you will need to share with the service and how this will be managed

Initial discussion around consent to share

As soon as any practitioner starts working with a family information sharing starts. To enable you to meet the needs of any child, young person or family you will ask the parent or young person to share information that will help you do your job, and you will need to share information with them about how your service works and what your expectations are. It is useful at this early stage to talk about sharing information with others in the service or in other services and the reasons for this.
Ongoing discussion on sharing information
You will continue to share information and so it is important to come back to the reasons for needing to share information. All children and families will have times when sharing information with new services is going to be crucial to how well a new service supports a child or young person: for example when a child starts school or moves schools.

Consent to share through an EHA and/or TAC/TAF
If you are completing an assessment or convening or participating in a TAC there are formal processes for seeking consent to share information, this includes sharing information on EHITS. Consent is not static, new services will become part of a TAC, family circumstances change, consent needs to be continually reviewed at the TAC meetings and the parent and young person agreeing to who will share or view their information. To ensure that parents and young people trust the process they need to know what is being shared and with whom. Reviewing this regularly will help ensure that confidence in professionals and that their service is maintained.

Seeking initial agreement to share information
When you are working with a young person or family to complete an EHA assessment you will discuss sharing the information with other services that are identified as part of the TAC or that you want to engage with. The section in the EHA which parents or young people need to sign giving their consent to the sharing of information offers an ‘opt in’ approach, this means the family will name services which they agree to share information with. The EHA will be stored on the electronic system and any services where consent to share has been agreed will be able to access the EHA on the system.

Regular review of agreement to share information by the TAC
Each time the TAC meets you will need to review and update the current action plan and this information will be recorded on EHITS. At each meeting you need to agree continued consent to share information, particularly if a new service is involved.

Sharing information when there are CP concerns (section 47 Children Act 2004)
If you are working with a child where there are CP concerns then you will need to give consideration to the safety of the child. If seeking consent to share would put the child at risk of harm, then you may need to make the decision to share information without having sought consent. You will need to ensure that you have recorded this in line with the recording processes set out in Wandsworth Childcare Procedures 1.3 Case Recording Policy, Standards and Principles: http://wandsworthchildcare.proceduresonline.com/chapters/p_case_rec_pol.html

You may also need to share information with other services in the best interest of the child and when the child, young person or their family do not want this to happen. The needs and best interests of the child must come first. The information you share needs to be:

- Necessary, proportionate, relevant, accurate, timely and secure.

You should record your decision to share as set out in part one of this guidance.

Whatever the level of concern, whenever possible, it is best practice that you keep the child, family or young person informed about who, what and why you are sharing information.
Case studies

The following case studies illustrate some of the key strengths of the integrated processes and how these are enhanced by the sharing of appropriate information that will enable the Team Around the Child (TAC) to meet the needs of a child, young person and their family.

CASE STUDY A

Why sharing information can help support a parent in managing the needs of their child

A childminder who attends her local children’s centre requests support to fill out an application form for a nursery school for a child she minds. The child has a sensory impairment and requires a place at a nursery in another borough. The Childminder Support Service arranges a meeting with the childminder, the mother and a professional from another borough to help to complete the application.

At the meeting it became apparent that all those present had their own ideas of what would be the best form of support for the child and family. The Childminding Officer, who had been responsible for co-ordinating the meeting, realised that the transition to school could potentially be difficult and leave some of the child’s needs unmet if all the information was not gathered together and used to make a plan. And that the plan should place the views of the mother as paramount.

The Childminding Officer explained her concerns to mum, and why completing an Early Help Assessment (EHA) would be a good way to clarify which services were currently involved and to make a plan to support her child’s move to school. Mum agreed to fill out the nursery application and let the school know that her child had special needs and that an EHA was being completed to support his transition.

Another TAC meeting was arranged for six weeks’ time, when other services and the new school would be invited to attend. The Childminding Officer would remain the Lead Professional (LP) until discussion at the next meeting to decide who would be the most appropriate person to be the LP in the future.
CASE STUDY B

What kind of information to share to support transition

Robert, aged four, is the middle child; he has an older half sister, eight years old, and a younger brother, two years old. Mum had a bad bout of post-natal depression after Robert was born and was shocked by her third pregnancy.

Mum found her eldest daughter very easy and loving, her new partner had a good relationship with her daughter, and they had both found Robert a difficult baby because he cried a lot. After she had her third child the health visitor (HV) suggested that mum attend the local Children's Centre but Robert was very aggressive and hit other children, and lots of the parents complained. Some had been very angry and unpleasant to mum and she felt she couldn't attend the centre anymore. The HV was concerned, dad said he felt mum was becoming depressed; he also said Robert's speech was really hard to understand. The HV completed an EHA with mum, who told the HV she thought Robert had learning difficulties. The HV took the EHA to an Early Years Multi Agency Panel (EYMAP), and as a result mum was offered a nursery place for Robert which would also offer him a speech therapist (SALT).

At the nursery Robert enjoyed taking part in activities but did not put his hand up to answer questions. He did play with the other children, but they did not understand him and so Robert became angry and sometimes violent. Staff felt Robert was bright and most of his aggression was about not being understood and offered to intervene if Robert asked them to. After this his behaviour improved.

The SALT worked with Robert on a one-to-one basis. He had a speech impediment and he was making slow progress but the SALT was not able to say if the speech impediment would continue or whether he would overcome it.

Robert was due to start in reception, and the nursery had arranged a TAC to plan for the transition. They had invited mum, the SALT, the early years teacher, and the reception class teacher, but she was unable to attend and had asked that she be sent the EHA and feedback from the meeting. Mum was very concerned about the move to school, she was worried that Robert would be excluded for hitting other children and she was worried about the effect this could have on her older daughter as she was very close to Robert and would probably get involved if he was fighting in the playground. The SALT explained about the impact she felt his speech impediment had on this behaviour, but she stressed that his cognitive development was actually above average. The nursery agreed and gave very positive examples of ways he had learned to communicate. They discussed what information it would be helpful to share with the school and mum agreed to the EHA being sent because it identified the difficulties he had had at the Children's Centre, and dad's concern about his speech. It did not have information about mum's post-natal depression. The information on the EHA was nearly a year old and he had made lots of progress, so the Lead Professional (LP) agreed to talk to the reception class teacher about how well Robert was doing and the processes they had put in place to help him communicate.

Robert settled well at school, his speech improved in leaps and bounds, his behaviour was excellent and he was popular with the other children.
CASE STUDY C

When would you consider it helpful to share information?

Paul is 14 years old, he is an only child who lives with his mother. She gets support from her mother, although that is a difficult relationship. Paul's father was violent to his mother and he is not currently involved in his life. Paul is bright and his attendance is excellent, but he tends to dominate in class, and he has been sexually aggressive to female pupils and staff. This behaviour has resulted in him being at risk of exclusion.

The head of inclusion at the school has met with mum to discuss Paul's behaviour and plan how to manage this to avoid exclusion. Mum was very angry and felt that the school was racist in its attitude to her son and she was not prepared to consider completing an EHA or working with any other services.

The school was unsure about next steps. They were still keen to see if there were ways to avoid exclusion, and felt that there were external issues affecting Paul's behaviour and that it would be helpful to discuss this young man at the next multi agency planning (MAP) meeting. They did not have consent to share information so they anonymised it.

Information shared:
Young man in year nine, whose attendance and time keeping were excellent, but whose behaviour within his peer group was aggressive and intimidating and with young women and female staff he was sexually aggressive. He was part of a group of older boys some of whom were in year 11. His current behaviour in school could lead to exclusion; in addition it is mum's view that the school's treatment of her son is racist and the reason for his behaviour.

The professionals attending the MAP meeting were Spurgeons (Diversionary Activities), Family Action, School Nurse, Education Welfare Officer, Targeted Mental Health in Schools (TAMHS), Refugee Project, Youth Offending Team (YOT), PA Connexions (TYST), Battersea Early Intervention Team (TYST), Link Social Worker (TYST), Head of Inclusion, SENCO.

The information shared allowed for a helpful discussion about potential risk for the young man, particularly because the path he was on might lead to involvement in crime and a possible criminal record. The services offered through the TYST could work with the young man and engage him in a number of positive activities; Spurgeons could also offer similar activities. Support for the mother to recognise concerns and take appropriate action was also identified and a family support worker could meet some of those needs and signpost to other sources of support. The professionals at the meeting also discussed the benefits of the school discussing the options with the young man and allowing him to make a choice to engage with services. The decision on what the next steps were remained with the school, but the discussion had helped to clarify and think through possible options.
CASE STUDY D

How to talk to families about the EHA and the Team around the Child (TAC)

Strengthening Families, Strengthening Communities (SFSC) is a 13-week parenting programme, which is for parents who have children aged three years upwards. A parent can self-refer or a referral as part of an EHA plan can be used. Each course is led by two people who have undertaken the parenting programme training. They will be drawn from a multi-disciplinary group of staff and parents from across the borough.

A mother has three children: 17- and 10-year-old girls and a five-year-old boy. The mother was 17 when she had her eldest, who is now pregnant. The headteacher of the youngest two has suggested a parenting course. Mother is having trouble with her 17-year-old as she is with a group of peers who are causing upset where they live and in addition the father of the boy is finding the girls hard to cope with.

At the fifth session of SFSC the mother becomes tearful and says: ‘I got it so wrong with the girls I want to get it right with the youngest one, but what will happen when you’re not there to help me’.

Both trainers agree that the mother has a lot to cope with and feel that completing an EHA would be helpful, and enable the mother to highlight key issues and to find out what support she and the family is currently receiving. One of the trainers arranges a meeting with mother to explain how completing an EHA would to work out where she needs support and what support is already in place. Mother stated that she had previously asked the school and GP for help, but she needs help with housing and help to manage her eldest’s behaviour.

Following the completion of the EHA the trainer explained how a TAC works and suggests they invite the school, GP and a housing officer. Mother had worries about social service having access to the information, because previously she had been involved with a partner who was violent. The trainer explained that she would put the information on the EHA onto the EHITS database and invite the school, GP and housing officer to the TAC, if mother consented to this, they would then be able to read the EHA before coming to the meeting. If at the meeting or later on if was felt mother need support from Social Services then they would talk about sharing information with CSS.

At the TAC meeting mother and her eldest daughter attended, along with housing, the school and GP. An action plan was agreed; this included a referral to TYST, and support from the school in developing a transition plan for the 10 year olds move to secondary school. They set a date for the next TAC meeting and the GP suggested they invite the midwife to start to plan for the daughter’s baby. The trainer agreed to be the LP until the next TAC meeting and then this would be reviewed. At the end of the meeting the trainer checked with mum about adding the TYST and midwife to the list of services so they could share the EHA and TAC plan. Mother said yes.
Appendix 1


Seven Golden Rules for Information Sharing
1 Remember the Data Protection Act is not a barrier to sharing information
2 Be open and honest with the person or family
3 Seek advice if you are in any doubt
4 Share with consent where appropriate
5 Consider safety and wellbeing
6 Necessary, proportionate, relevant, accurate timely, and secure
7 Keep a record of your decision and reasons

Seven Key Questions for Information Sharing
1 Is there a clear and legitimate purpose for sharing information?
2 Does the information enable a living person to be identified?
3 Is the information confidential?
4 Do you have consent?
5 Is there sufficient public interest?
6 Are you sharing appropriately and securely?
7 Have you properly recorded your decisions?