

Consultation

Launch Date 27 October 2004

Respond by 19 January 2005

Ref: DfES

**Information Sharing Databases in Children's Services:
consultation on recording practitioner details for
potentially sensitive services and recording concern
about a child or young person.**

The 'Every Child Matters' Green Paper published in September 2003 proposed the development of information sharing databases to support early intervention to help children and young people. This consultation seeks views on two aspects of the databases: recording practitioner details for potentially sensitive services and recording concern about a child

department for

education and skills

creating opportunity, releasing potential, achieving excellence

Information Sharing Databases in Children's Services: consultation on recording practitioner details for potentially sensitive services and recording concern about a child or young person.

A Consultation

To

Issued 27 October 2004

If your query is related to the policy content of the consultation you can contact Simon Brown on:

Telephone: 020 7273 5651

e-mail: informationsharing.consultation@dfes.gsi.gov.uk

Enquiries To

If you have a query relating to the consultation process you can contact the Consultation Unit on:

Telephone: 01928 794 888

Fax: 01928 794 311

email: consultation.unit@dfes.gsi.gov.uk

Contact Details

General enquiries about this consultation may be sent by email to informationsharing.consultation@dfes.gsi.gov.uk or by post to Simon Brown, Information Sharing and Assessment, 4G Caxton House, Tothill Street, London, SW1H 9NA.

1 Executive Summary

1.1 Information Sharing Databases

Sharing of information amongst practitioners working with children, young people and their families is essential to safeguard and promote their welfare. In many cases it is only when information from a range of sources is put together that a child can be seen to be in need or at risk.

- 1.2 The information sharing databases will help practitioners by giving them a tool for them to:
- identify quickly a child or young person with whom they have contact;
 - identify whether that child or young person is getting the universal services (education, primary health care) to which he or she is entitled; and
 - identify needs earlier and take earlier and more effective action to address them by enabling them to identify who else is involved with or has a concern about a child or young person.
- 1.3 The databases would contain: basic data in order to identify a child and whether they are receiving universal services (education, primary health care); name and contact details for other practitioners involved with a child or young person; and an indicator of whether a practitioner currently has a concern about a child or young person.
- 1.4 **How practitioners working in children's services which may be regarded as sensitive, should record their involvement on the database with a child or young person.**

There are two aspects in particular where we are seeking views: whether practitioner contact details should be recorded for all targeted and specialist services as a matter of course, or made subject to consent; and, where such practitioner details are recorded, whether access to those details should be available to all users of the databases, or restricted only to certain categories of users.

- 1.5 The Government's initial views are that details of practitioners in targeted and specialist services would normally be put on the database only with the consent of the child, young person or parent/carer, as appropriate. However, in exceptional circumstances, where the professional judges that it is in the best interests of the child to put their details on the database notwithstanding the lack of consent, this should be possible.
- 1.6 On the issue of whether all authorised users or only certain groups of them should be able to access the details of practitioners who have indicated their involvement on the database, the Government's view is that this should depend on the type of service involved, and the sensitivity of that particular service's involvement. For most targeted and specialist services, all authorised users should be able to see which other practitioners are involved. However, it could be counter-productive for practitioner details in relation to specialist services in the areas of sexual health, HIV or abortion

to be available to all users of the database, therefore this could be restricted only to essential practitioners. The involvement of other services which could be particularly sensitive, such as substance misuse, youth offending, and mental health services may also need to be restricted to essential practitioners only, or to essential practitioners plus any other practitioners specified by the child, young person or parent/carer as appropriate.

1.7 Recording concern about a child or young person.

A facility to indicate that a practitioner has a concern about a child or young person would allow other practitioners to see whom they should contact as a priority. The Government's view is that a flag or indicator of concern should be raised only when a practitioner involved with the child wishes to identify him or herself as wanting other practitioners who may access that child's record to contact him/her because he/she holds important information about the child.

1.8 It is therefore proposed in this document that a practitioner involved with a child should raise an indicator of concern against his or her name on the child's record if:

(i) there is important information about that child's needs or situation which other practitioners need to know; or

(ii) prospective intervention proposed by other practitioners should be discussed with the practitioner first because of information he/she holds or action he/she is already taking or about to take; or

(iii) the practitioner has completed an assessment, for example under the Common Assessment Framework, for that child and is prepared to discuss sharing that assessment with other practitioners.

1.9 On the database the indicators of concern might be simply coded "Information", "Action", and "Assessment". The cause for the concern would not be recorded on the database.

2 Background and Context

2.1 Introduction

- 2.2 The 'Every Child Matters' Green Paper published in September 2003 set out a strategy of reform in children's services to shift the focus from reaction when things have gone wrong, to prevention and early intervention. We believe that such a shift will help children and young people to achieve the five outcomes which matter most to them and their parents and carers:
- being healthy;
 - staying safe;
 - enjoying and achieving;
 - making a positive contribution to society; and
 - social and economic well-being.
- 2.3 Improved information sharing will make more effective use of resources so staff spend more time delivering services and less time chasing basic information and dealing with inappropriate referrals. Children and young people will receive an earlier, better informed, and more personalised response to their needs as practitioners will have the tools to assemble a fuller picture of the child or young person, through better communication with others already involved. Responses to the consultation on the Green Paper, which included many responses from children and young people, were generally supportive of the need for improved information sharing.
- 2.4 In March 2004 the Government published a Children Bill ¹ that proposes to give the Secretary of State for Education and Skills powers to make regulations to require local authorities, or another specified body, to establish and operate a database or databases containing basic information on children and young people. Any regulations made about the information sharing databases will be debated by both Houses of Parliament under the affirmative resolution procedure. The purpose of the databases is to facilitate contact between professionals who are supporting individual children or who have concerns about their development, well-being or welfare. Databases are not an alternative to action by professionals; they are a tool to support action professionals take in doing their job. Databases would be established in pursuance of new duties proposed in the Children Bill on children's services authorities and other bodies. The new duties are to cooperate to promote the well-being of children (Clause 10) and to safeguard and promote the welfare of children (Clause 11). Effective information sharing, with or without databases, is an integral part of what needs to be done for agencies to fulfil these duties.

1 - Clause 12 of the Children Bill relates to information sharing databases. A copy of the entire Bill can be found at www.parliament.uk/bills. References to the Children Bill in this document relate to the version of the Bill following amendments in Committee in the House of Commons on 22 October 2004.

2.5 Section 2.8 -2.35 of this document sets out our vision for how databases would work. A number of aspects of their operation are yet to be determined, and work is underway to address these matters. Discussion with children's charities, professional bodies and in the Lords stages of the relevant clause of the Bill have highlighted two difficult issues in particular where the Government believes it would be valuable to consult further before taking decisions. These are:

- how practitioners working in services which may be regarded as sensitive, should record their involvement with a child or young person; and
- how and when practitioners should record on the databases that they have a concern about a child or young person.

2.6 We are aware of the worries that some stakeholders have expressed about how these aspects of the databases will work. We need to make sure that the databases provide the most helpful support to effective information sharing. This consultation gives us the opportunity to benefit from the views of children, young people, parents, practitioners, representative bodies, service delivery organisations, local authorities and other stakeholders on these important issues. Responses will help to inform the draft regulations which would need to be put before Parliament to implement the database provisions of the Children Bill.

2.7 This document comprises the following:

- Section 2.8 - 2.35 sets out in some detail the Government's plans for information-sharing databases, subject to Parliament's approval, and provides essential context for the consultation;
- Section 3.1 - 3.15 identifies services which may be regarded as sensitive and sets out options for recording practitioner details where a practitioner is delivering such a service to a child; and
- Section 3.16 - 3.29 sets out a proposal for the circumstances under which a practitioner might record that they have a concern about a child or young person and how that indication would be recorded on the database; and
- Sections 3.15 and 3.29 set out the questions on which responses are

invited and sections 4.1 – 4.2 how to respond.

2.8 **Information Sharing Databases**

2.9 This section sets out the Government's proposals for information sharing databases covering:

- the objectives;
- how databases relate to wider information sharing and workforce reform;
- what information will be kept;
- which children and young people will be covered;
- the approach to consent, both for placing information on the database, and for subsequent sharing of information between practitioners;
- which services will have practitioners who would have access to the databases;
- how security will be ensured;
- how the quality of data will be maintained; and
- next steps.

These proposals are subject to Parliamentary approval of the relevant provisions, both in the Bill itself, and subsequently in regulations.

2.10 **Objectives**

Sharing of information amongst practitioners working with children, young people and their families is essential to safeguard and promote their welfare. In many cases it is only when information from a range of sources is put together that a child can be seen to be in need or at risk. Government and all the agencies involved in providing services to children and young people need to work together to improve professional practice in sharing information.

2.11 The information sharing databases will help practitioners by giving them a

tool for them to:

- identify quickly a child with whom they have contact;
- identify whether that child is getting the universal services (education, primary health care) to which he or she is entitled; and
- identify needs earlier and take earlier and more effective action to address them by enabling them to identify who else is involved with or has a concern about a child.

Information sharing databases will in this way be an important tool to encourage better communication and closer working between different professionals and practitioners.

2.12 Information sharing databases are not intended to:

- provide an integrated case management system;
- replace case record systems already under development in health (NHS Care Records) or social care (Integrated Children's System); or
- record statements of a child's needs or observations about a child.

Instead, they should contain a minimum amount of information sufficient to identify a child and the services the child is receiving. Detailed sensitive information about a child or young person's needs and circumstances will be kept in individual practitioners' case records, not on the database.

2.13 **How databases relate to wider information sharing and workforce reforms**

Databases are part of a range of reforms to improve the delivery of children's services. The broader framework of the proposals for the development of integrated services to children, young people and families includes:

- New duties on public bodies to cooperate to improve the well-being of children, and on a range of bodies delivering services to children to safeguard them and promote their welfare. These duties are set out in Clauses 10 and 11 of the Children Bill. Statutory guidance on these duties is due to be published in draft in November 2004 and its final version in March 2005. This guidance will make clear that effective arrangements and procedures to share information on children and young

people is part of how bodies should discharge their new duties.

- Joint Area Reviews of children's services, as well as the annual performance assessment of children's services provided by the local authority, which will inform Comprehensive Performance Assessment, will judge local children's services on outcomes for children and how services work together;
- Establishing a common assessment framework to improve the quality of diagnosis of a child's needs before referrals are made; to improve the transferability between professionals of basic assessments of a child's needs; and to reduce the number and intensity of separate assessments that a child with additional needs has to undergo;
- Changes in how universal, targeted and specialist services should work together through multi-agency working to identify children with additional needs and address those needs, including the role of a lead professional for such children and young people and their families;
- The inclusion of knowledge and skills on information sharing and multi-agency working within the common core of knowledge and skills for all in the children's workforce. The common core will gradually be embedded in initial training, vocational qualifications, continuous professional development and local change programmes across children's services;
- The development of children's services directories which enable practitioners, and parents, young people and children, to see what services are available locally and whether children are eligible. This will facilitate referrals including self-referrals.

2.14 To assist in the development of the information sharing proposals, the Government has allocated £1 million each to ten Trailblazers, involving fifteen Local Authorities, to test new ways of information sharing and multi-agency working. Their work on culture change and piloting of local information sharing databases has informed the proposals in this document. All other local authorities have each been allocated £100,000 to undertake specific work to improve information sharing and assessment across their areas. Further funding for 2005-6 has already been allocated through the Change Fund.

2.15 **What information will be kept**

Databases would contain the following information:

- (i) basic details to identify a child and whether they are receiving universal

services. These are name, address, date of birth, gender, a unique identifying number, name and contact details of a person with parental responsibility or care of the child, name and contact details for school or other educational setting, and names and contact details of GP practice and of any health visitor or equivalent;

(ii) name and contact details for other practitioners involved with a child, so professionals who need to can see who to contact if they wish to discuss a child's additional needs with another practitioner. Detail on who will have access to the database can be found at 2.26 below;

(iii) an indicator of whether a practitioner currently has a concern about a child, so professionals can see who they might need to contact first among those working with a child, to discuss the child's additional needs.

2.16 **Which children and young people will be covered**

The basic data at 2.15 (i) above would be recorded for each child up to their 18th birthday. It is important and appropriate to cover every child because:

(i) it is estimated that at any one time 3-4 million children and young people have needs for additional targeted and specialist services. It is not possible to predict accurately in advance which children will have such needs, or which children will never have them;

(ii) any child or young person could require the support of those services at any time in their childhood; and

(iii) all children have a right to the universal services of education and primary health care - the databases will show whether or not they are receiving those services and will then as necessary trigger local action to ensure they do receive them.

2.17 To help ensure that the transition from youth to adult services is managed smoothly, it may also be desirable to make provision to retain information on the databases for young adults with multiple needs, for example care leavers and young people with disabilities, for a period after their 18th birthday, with their consent.

2.18 **Consent**

The aim of databases is to provide practitioners with a tool to enable communication with others involved with the child. The proposal is that all

children and young people should be covered, and that the data on each child or young person should be kept to the minimum necessary. A system based entirely on consent would never be universal and could be likely to exclude the most vulnerable children. In general therefore the Government intends to facilitate inclusion of the basic data detailed at 2.15(i), and indicators of concern, on the databases without needing to seek the consent of the child, young person or parent in every case.

- 2.19 In most instances data would be included on the database in accordance with a legal obligation introduced by the regulations under Clause 12 of the Children Bill. This legal obligation can justify disclosure even where a duty of confidence exists relating to such data, enabling it to be included lawfully on the database without consent. Data may also be included on the database by those practitioners who are permitted (but not required) to do so by the regulations made under Clause 12 of the Children Bill. In this regard, Clause 12 contains a specific provision to give assurance to those practitioners (who are permitted but not legally obliged to include data) that they may put the required data on the database notwithstanding any common law duty of confidentiality (i.e. without having to obtain consent).
- 2.20 In summary, our view is that the regulations made under Clause 12 will create powers and duties to disclose information which will satisfy the condition that disclosure is necessary for compliance with a legal obligation such that consent is not required for the purposes of the Act. This is one of the conditions of Schedule 2 to the Data Protection Act (conditions relevant to fair and lawful processing of personal information). Of course, the disclosure to the databases must also comply in all other respects with the Data Protection Act.
- 2.21 However, notwithstanding this general approach, the Government recognises the need to consider whether information about the involvement with a child or young person of a practitioner known to be a specialist delivering a service which may be regarded as sensitive, should be subject to consent. This would be the consent of the child or young person, or if the child or young person is not competent, their parent. Case law and guidance suggests that most children will be presumed to be competent when they reach the age of 12 (but this will depend on the circumstances of each case). These issues are explored in Section 3.1.
- 2.22 Having been put in touch by the databases, practitioners will need to consider whether they have or need consent to share further information

(ie beyond the data recorded on the database itself) with another practitioner about the child or young person. The common law duty of confidentiality will apply to such information sharing and, as far as possible, the norm should be for the child, young person and family to be involved in addressing the child's or young person's needs and for such information sharing to be with consent. We want to create a climate in which children, families and practitioners all see the benefits of sharing information at an early stage and are involved appropriately in those discussions.

2.23 However, obtaining consent will not always be essential before information sharing can – and should – take place. Even where a practitioner owes a common law duty of confidence towards the child and family, in exceptional circumstances, the practitioner may decide that the interests of the child override the duty of confidentiality (for example, to prevent abuse or harm to the child). In such circumstances a practitioner may share information and override the duty of confidence even though consent has been refused, or it was considered inappropriate to seek consent in the circumstances.

2.24 Nor will this mean that on each and every occasion a particular piece of information is shared with a new practitioner, explicit consent has to be sought afresh. The child or parent/carer may have given the practitioner consent to share information of a certain type and in certain circumstances with other practitioners (perhaps with only certain other practitioners), in which case, their consent to share the information may be implied.

2.25 The Government intends to issue during 2005 new guidance to practitioners on information sharing in relation to children and young people, to offer much greater clarity on the legal framework and good practice.

2.26 **Which services will have practitioners who will have access to the system?**

It is envisaged that the following statutory services will have practitioners who will have access to the database:

- education;
- early years and childcare services;
- Connexions;
- health
- social care;

- police;
- probation;
- prisons, Youth Offending Institutions and secure training centres;
- Youth Offending Teams; and
- Local Authority Secure Children's Homes (LASCH).

Local authority housing services and non-statutory voluntary services might also have practitioners with access in circumstances where there is a clear case that this is justified. The regulations will prescribe in more detail the types of practitioners from different agencies that could be involved in this way.

2.27 **How security will be ensured**

There will be no blanket access to the database for staff working in these services. Access to the database will be restricted to designated individuals who are professionals delivering statutory or non-statutory services to children, or who have responsibility for managing the database system itself. Access will be granted by those managing the database system to those professionals who need access in order to do their job. Professionals should only access information on children known to them. Before practitioners are given access to the database they will have had relevant training, and have undergone appropriate checks, including Criminal Record Bureau checks, and checks in accordance with any new arrangements which may be established following the report of the Bichard inquiry.

- 2.28 To ensure that the databases are only accessed by those authorised to do so, practitioners will have to comply with specified user authorisation mechanisms. These could include passwords, electronic keys, biometric identity verification or providing personally-known data (such as mother's maiden name and other information like that given when using telephone/internet banking services).
- 2.29 Drawing on Trailblazer experience, the system will be set up in such a way as to prevent trawling of records. Authorised practitioners accessing a child or young person's record will need to have sufficient information about a child in order to access their record. They will also have to state a reason for accessing that record. A comprehensive audit trail of all access will be retained so practitioners will know that that they are accountable for their proper use of the system. Those managing the database will be required to patrol the system and report potential abuses to the senior manager of the agency in which a professional works. It will then fall to that senior manager to ensure that appropriate action is taken under the agency's disciplinary and performance management

arrangements.

2.30 **How will the quality of the data be maintained?**

For the databases to be the effective tools for practitioners that we want them to be, the information must be up-to-date and accurate. Data protection law also places a clear obligation that information should be accurate. The Government will set out in regulations and guidance the procedures for ensuring accuracy.

2.31 Each practitioner will be responsible for ensuring that the details they have put on a child's record are up-to-date and accurate. If a practitioner is no longer working with a child or young person, they should delete their contact details from the database. Where a child's case is transferred from one practitioner to another (for example, when the original practitioner moves jobs), the practitioner details should be changed immediately. To back up this process practitioners will be prompted periodically about children on whose records they feature. Where practitioners have indicated a concern, they should remove that indication as soon as they stop being concerned. To supplement this, they will also be required to review on a regular basis whether an indicator of concern is still valid. The database management would be able to see the full history of practitioner involvement, but only the current position would be visible to others accessing that child's record.

2.32 Those responsible for the management of databases will be required to ensure that the basic details are kept up-to-date. This will include data-matching and cross-checking when records are first set up. They will also be responsible for checking that practitioners observe the requirements placed on them.

2.33 Children and parents/carers have rights under the subject access provisions of the Data Protection Act 1998 to know what information is held about them on databases. Incorrect information must be rectified. The Government will make sure that there is appropriate advice, so that children, parents and carers know how to go about exercising their rights under data protection law in connection with these databases.

2.34 **Next steps**

On the basis of independent technical advice the Government has concluded that a programme to implement databases is technically and operationally feasible, incorporating robust levels of security using proven

existing technology. Work is now underway to:

- model the processes for how the databases would work;
- identify the source for a unique identifying number;
- produce a recommended option for procuring the necessary technology;
- produce a business case covering costs and benefits; and
- develop an implementation plan.

2.35 Decisions on whether and over what timescale to proceed to implement a network of databases are due to be made in 2005. Any decision to proceed will be dependent on the passage of the relevant provisions in the Children Bill and therefore subject to the will of Parliament. It will also be dependent on the availability of resources for the set up and maintenance of such a network.

3 The Proposals

3.1 **Recording the involvement of sensitive services on the information sharing databases**

3.2 This section sets out:

- why recording practitioner details is important;
- the distinction between universal, targeted and specialist services;
- why some services may be sensitive; and
- options for recording involvement in specialist services.

3.3 **Why recording practitioner details is important**

Currently it can take a practitioner a great deal of time even to find out which other practitioners are involved with a child or young person with whom they are working. The databases will enable practitioners to find out in one place which other practitioners and services are involved with a particular child or young person. Recording the contact details of practitioners who are involved with a child or young person is therefore fundamental to the effectiveness of the database. Practitioners will be able to contact those people to build up the bigger picture of a child or young person's needs and discuss any concerns they may have with the right people. Practitioners should involve the child, young person and parent/carer in all but exceptional circumstances. This will lead to an improved, earlier and more concerted effort to meet the child or young person's needs.

3.4 **Universal, targeted and specialist services**

Contact details for where every child or young person is receiving their universal services would be recorded on the database as part of the basic data. By universal services we mean details of educational setting, GP practice, and (for babies and toddlers) health visitor or equivalent primary care nurse. But for those children and young people who have additional needs it will be important to include contact details for practitioners delivering targeted or specialist services, to enable other practitioners to identify the network of services in contact with the child or young person. This will enable improved communication between practitioners in contact

with the child or young person, to identify better their needs and enable services to be joined-up.

3.5 Practitioners in the following targeted and specialist services could record their contact details on the database:

- Special Educational Needs Co-ordinator
- teacher with distinct pastoral responsibilities
- learning mentor, BEST worker or Education Welfare Officer
- Educational Psychologist
- Sure Start worker
- Connexions Personal Adviser
- youth worker
- doctor or nurse in hospital or specialist clinic
- school or community nurse
- CAMHs practitioner
- practitioner who provides support in areas such as psychotherapy, occupational therapy, learning disabilities, visual or hearing impairment, physiotherapy, drugs or alcohol misuse, sexual health, HIV and teenage pregnancy
- children and families social worker
- worker providing family support or social care to children and families
- police officer working with children and families
- probation officer working with children and young people
- Youth Offending Team professional
- officer in prison, Youth Offending Institution or secure training centre.

3.6 **Why some services may be sensitive**

In certain circumstances the involvement of a practitioner listed in para 3.5 might be considered sensitive if the fact that a child or young person had accessed them became known to other practitioners. For example it has been argued that:

- it is possible that some young people (and – for younger children – their parents) might be deterred from accessing certain services they need for fear that other practitioners (for example a teacher or police officer) might be able to see that information. Similarly some young people may be concerned that their parents might indirectly find out that they are using services when they do not wish their parents to know about this. These arguments could apply to a range of services including social services and services in relation to youth offending, mental health, substance misuse, sexual health, contraception, HIV, and abortion. We do not want to deter children and young people from accessing the services they

need;

- some services are personally sensitive (e.g. contraception, sexual health, abortion) such that it may not be appropriate for practitioners within these services to record their involvement on the databases. In a case where sexual abuse was suspected, established child protection procedures would apply. In such circumstances, it would be the child's social worker, rather than the sexual health or abortion practitioner, who would then record his or her involvement, and place an indicator of concern on the database (see Section 3.16 - 3.29 on indicators of concern);
- it may not be in the child's best interest for a practitioner to disclose to the database the fact that a child is in receipt of particular services, such as attending an HIV clinic, given that this may lead to prejudicial judgements being made purely on the basis of that service's involvement.

- 3.7 Furthermore there are certain services, such as in sexual health, where young people can seek help either from their GP or through other services. For example, some young people choose to go to community contraceptive and sexual health clinics as they feel that this is a more confidential way to receive these services than seeing the family GP. If they access such services through the GP practice, it would not be evident on the database. It has been argued that databases should not treat children and young people differently depending on where they choose to receive these services. Practitioners working in community contraceptive and sexual health clinics will, of course, also need to comply with the NHS Code of Practice on Confidentiality in relation to Sexually Transmitted Diseases and the Department of Health's best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health.
- 3.8 We therefore need to consider these issues carefully, on their merits, and be prepared to consider the specific circumstances of individual specialist services rather than assuming a single approach to all.
- 3.9 **Options for recording involvement in specialist services**

There are two aspects in particular where we are seeking views in relation to potentially sensitive services. These are:

- whether practitioner contact details should be recorded for all services

as a matter of course, or made subject to consent;

- where practitioner details are recorded, should access to those details be available to all users of the databases, or restricted only to certain categories of users.

3.10 On the first aspect there are, in principle, 3 options for each service:

Option 1 - Details of practitioners would be put on the database without the consent of the child, young person or parent/carer;

Option 2 - Details of practitioners would normally be put on the database only with the consent of the child, young person or parent/carer, as appropriate. In exceptional circumstances, where the professional judges that it is in the best interests of the child to put their details on the database notwithstanding the lack of consent, this may be done.

Option 3 – Details of practitioners would never be put on the database, so consent would therefore not be sought.

3.11 On the second aspect there are, in principle, also 3 options for each service:

Option A - The information would be visible to all users that are able to access that child's record;

Option B – The information would be visible only to essential practitioners determined by regulations (e.g. lead professional, child protection social worker, database manager); or

Option C – The information would be visible to essential practitioners as at Option B plus individual categories of practitioner as specified by the young person or the child's parent/carer (effectively a bespoke access list).

3.12 **The Government's initial views**

On the issue of whether practitioner contact details should be recorded for all targeted and specialist services as a matter of course, or made subject to consent, the Government's initial view, on which it invites comments, is that Option 2 should be adopted for all such services. This is on the grounds that this option may offer the appropriate balance between empowering young people and parents and the protection of the

child or young person's interests.

3.13 On the second aspect of whether access to practitioner contact details, where entered on the databases, should be available to all users of the databases, or restricted only to certain categories of users, the Government's initial views on which it invites comments, are that:

(i) for the targeted and specialist services listed at 3.5, the presumption should be that Option A should apply to ensure that important information on who else is involved with a child is available to other practitioners;

(ii) it could however be counter-productive for practitioner details in relation to specialist services in the areas of sexual health, HIV or abortion to be available to all users of the database and therefore Option B should be adopted; and

(iii) for other services which could be particularly sensitive, such as substance misuse, youth offending, and mental health services, one of Options B or C should be adopted.

3.14 The Government wishes to listen in particular to the views of children and young people, organisations representing them, parents and carers and practitioners on these difficult issues.

3.15 **Questions:**

1. Do you agree with the Government's view at 3.12 on whether practitioner details should be included as a matter of course, or made subject to consent ?

2. If you disagree, for each of the practitioners listed at 3.5, which option (1, 2 or 3) do you think should be adopted?

3. Do you agree with the Government's initial views at 3.13 on whether access to practitioner contact details should be available to all users of the databases, or restricted only to certain categories of users?

4. If you disagree, for each of the practitioners listed at 3.5, which option at 3.10 (A, B or C) should be adopted?

5. Are there other types of practitioners or other options which

should be taken into account?

6. What issues need to be addressed to implement these proposals successfully?

3.16 How practitioners should indicate a concern about a child on the databases

3.17 This section sets out:

- the importance of a facility to record a concern;
- in what circumstances a practitioner would record a concern on the database;
- an account of how the facility will work; and
- how these proposals address the worries which have been expressed about flags of concern.

3.18 The importance of a facility to indicate a concern

Practitioners working with a child will indicate their involvement on that child's database record. That in itself will help other practitioners identify whom they might contact if they need to discuss a child's needs. But for many children and for some of the most vulnerable, there will be many practitioners in many different specialist services involved with that child and whose contact details will be recorded on the database. Some of them may have particularly significant information about that child or be in the middle of, or about to undertake, a particularly important intervention. A facility to indicate that a practitioner has a concern about the child would allow other practitioners to see whom they should contact as a priority, for example prior to setting in train a new intervention in relation to that child. The Government therefore believes that it is important that a practitioner should have the facility to signal on the database to other practitioners that they have a concern about that child. Since the database is a tool to enable communication, not to replace it, the Government does not propose that the nature of, or any details about, the concern would be placed on the database.

3.19 In what circumstances would a practitioner record a concern on the database?

Where a practitioner in a children's service observes that a child or young person may have an additional need or is in some way struggling, we want that practitioner to take responsibility for acting. We want them to use their professional judgement in doing so, for example by taking one

or more of the following actions:

- discussing the situation with the child or young person or their parents;
- monitoring the position over time;
- seeking advice from a colleague or manager;
- taking specific action either themselves or through others in their service to address the need or problem;
- carrying out a basic assessment under the Common Assessment Framework;
- making a referral to a targeted or specialist service.

3.20 It would be appropriate for a practitioner to record their involvement with the child on the database if as a result of this action they are delivering a targeted or specialist service to the child. However the fact that a child needs a targeted or specialist service is not in itself a reason for recording an indicator of concern on the database.

3.21 A flag or indicator of concern would be raised only when a practitioner involved with the child wishes to identify him or herself to other practitioners who access that child's record as wanting other practitioners to contact him/her because he/she holds important information about the child.

3.22 The practitioner in question would already have taken steps to communicate with those others he/she judged necessary among those identified on the database as working with the child. But the indicator would be there to alert others subsequently starting to work with or newly becoming concerned about the child that they should contact the practitioner in question.

3.23 It is therefore proposed that a practitioner involved with a child and identified as such on the database should raise an indicator of concern against his or her name on the child's record if:

(i) there is important information about that child's needs or situation which other practitioners need to know; or

(ii) prospective intervention proposed by other practitioners should be discussed with the practitioner first because of information he/she holds

or action he/she is already taking or about to take; or

(iii) the practitioner has completed an assessment, for example under the Common Assessment Framework, for that child and is prepared to discuss sharing that assessment with other practitioners.

3.24 **How the facility will work**

On the system the indicators of concern might be simply coded “Information”, “Action”, and “Assessment”.

3.25 A practitioner accessing a child’s record who sees such an indicator would contact the practitioner who has raised it, in order to discuss the child’s needs. The practitioner who has raised the concern will need to consider the legal position in each instance before disclosing details which may, for example, be subject to the common law duty of confidentiality.

3.26 A practitioner who has raised an indicator of concern will be responsible for removing it when the reason for it no longer applies. They will have an incentive to do so, to avoid being contacted by other practitioners when they no longer have significant reason for wanting to be so contacted. Practitioners will be responsible for keeping entries against their names up-to-date, in accordance with the requirements of the Data Protection Act, and will be prompted to do so at regular intervals by the database manager.

3.27 There will be circumstances in which the reason for the concern no longer applies. When circumstances have changed or action has been taken and the concern has been dealt with and no longer applies, the fact that a “closed concern” existed would be retained on the child’s record for a short period in case of recurrence.

3.28 **How these proposals address worries about flags of concern**

This aspect of the proposal for databases as set out in 'Every Child Matters' has attracted most comment. This section summarises the worries that commentators have expressed and how these proposals will address them:

(i) the database will “clog up” with flags of concern leading either to inappropriate diversion of resources or to system overload and inertia – *an indicator of concern will be raised only in specific circumstances where a practitioner wishes to be contacted about a child by other practitioners.*

This should lead to appropriate communication, rather than “clogging up”;

(ii) there will be many “false positives”, ie observations which identify a perceived indicator of risk in relation to a child, but which turn out to have a straightforward explanation and not to be indicative of any additional need – *the indicator will not denote one or more of any particular set of risk factors. Therefore, there cannot be a “false positive”, since either a practitioner wishes to be contacted by others about a child, or he/she doesn’t;*

(iii) recording a concern will be seen by practitioners as a substitute for action on the assumption that it will then become someone else’s responsibility to do something about it – *action should be taken or in train before a practitioner decides whether to place an indicator of concern on the database. Since the consequence of a practitioner placing an indicator of concern is that other practitioners may contact him or her with a view to sharing information, there is no basis for an assumption that someone else will act to address the problem;*

(iv) a concern could remain on the child’s record for a considerable time and generate a prejudicial reaction from other practitioners in future – *practitioners will be responsible for reviewing and deleting the indicators of concern they have raised and will be prompted to do so. This will happen in two ways - systematically and regularly by the database manager, and informally if other practitioners continue to contact them in response to an indicator of concern which is now outdated;*

(v) subjective and therefore potentially inaccurate judgements about a child will be widely accessible to other practitioners accessing a child’s or young person’s record – *the indicator of concern will not convey any information about a child or young person other than that a practitioner wishes to be contacted about that child by others who become involved;*

(vi) the term “concern” is unhelpful since it suggests that a child is at risk of abuse - *it is clear from our proposals that an indicator of concern is not designed to apply only in child protection cases, but may be appropriate in a wide range of other circumstances. We would be happy to listen to ideas for other terminology, if any alternative can clearly be shown to be less open to misinterpretation;*

(vii) A threshold for concern should be defined - *in helping children with additional needs we want practitioners to use their professional judgement rather than working to a tick-box or scoring approach. We have set out clearly in para 3.23 above the circumstances when we propose an indicator of concern should be placed on the database.*

3.29 Questions:

7. Do the proposals on indicators of concern address the issues which have been identified?

8. What issues need to be addressed to implement these proposals successfully?

9. Is there any better terminology that could be used to describe the indicator a practitioner puts on a child's record, rather than a "concern"?

4 How To Respond

4.1 On Line

You can respond on-line by selecting the 'Respond on line' option at the beginning of the consultation webpage.

4.2 Other options

There is also an option on the webpage to download copies of the consultation paper and the questionnaire. These can be returned as hard copies by post to Simon Brown, Department for Education and Skill, 4G Caxton House, Tothill Street, London, SW1H 9NA or email to informationsharing.consultation@dfes.gsi.gov.uk

5 Additional Copies

- 5.1 Additional copies of the consultation document can be requested by email from informationsharing.consultation@dfes.gsi.gov.uk, by post from Simon Brown, Department for Education and Skills, 4G Caxton House, Tothill Street, London, SW1H 9NA, or by telephoning 020 7273 5651.

6 Plans for making results public

- 6.1 A summary of the responses to the consultation will be published in March 2005.