Information sharing to protect vulnerable children and families:

Full report

Contents

Executive summary

Poor information sharing between multi-agency partnerships[1] has been identified as a compounding factor that can lead to the serious harm, abuse or death of a child.[2] This has been well documented th rough Serious Case Reviews and national policy, which state that there is a clear need for effective multi-agency working and information sharing in order to secure improved safeguarding outcomes.[3]

The Centre of Excellence for Information Sharing (the Centre) has been working in partnership with the Department for Education (DfE) to explore information sharing challenges that exist around vulnerable children and families.

The overarching aim of the work is to identify what can be done to "support practitioners in understanding what approaches work best in information sharing, and how to overcome real and perceived barriers." These approaches include those used within the early help space, where information sharing practice has been less understood.[4]

In order to examine the information sharing barriers that exist within multi-agency safeguarding, the Centre adopted a triangulated approach to its work. Firstly, a thematic review of 25 Serious Case Reviews (SCRs) was undertaken. Secondly, to verify the findings, a small sample of in-depth field interviews with Safeguarding professionals was conducted. Thirdly, in order to develop a deeper understanding of the key themes, professionals from across the country were invited to attend one of five regional roadshows that took place during February and March 2016.[5]

This work has identified three overarching factors crucial to the successful sharing of information by early help and safeguarding[6] partnerships. These are:

▶ **Understanding vulnerability and risk**

▶ **Providing strategic leadership and communication**

▶ **Developing professional capability.**

Group worksheet from the regional roadshows.

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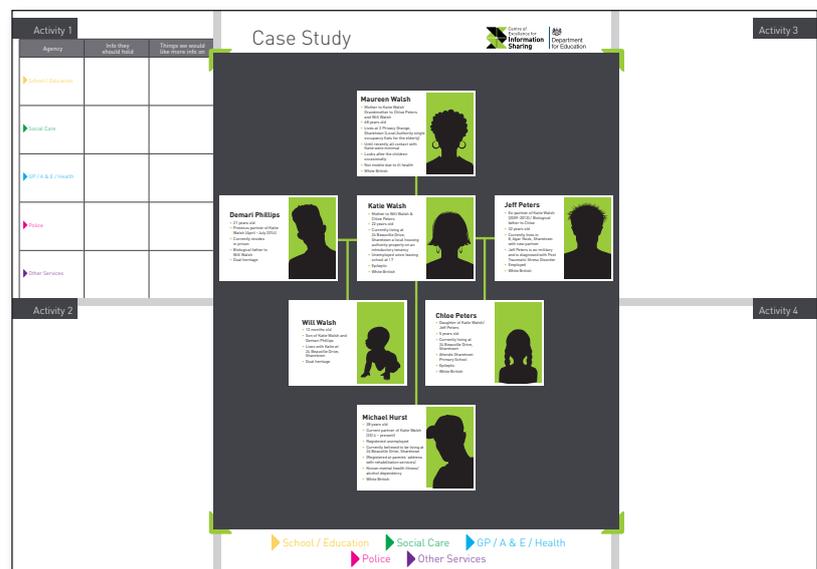
[1] See Glossary of terms (glossary) in appendix vii for definition of Multi-agency partnerships, referred to throughout this report as 'partnerships'.

[2] Home Office (July 2014) Multi-agency working and information sharing project: Final report. Available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/338875/MASH.pdf (Accessed: 6 June 2016).

[3] For example, HM Government (March 2015) Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children, p.16. Available at: www.gov.uk/government/publications/working-together-to-safeguard-children--2 (Accessed: 6 June 2016).

[4] Department for Education (DfE) contract: schedule 1. For the complete statement of aims, see appendix i.

[5] See appendix ii for the full methodology.

[6] See glossary for definition of Early Help and Safeguarding.

Understanding vulnerability and risk

Throughout the work, 'not knowing the bigger picture about vulnerable children and families' was cited as a reason that information was not shared. Professionals[7] often struggle to understand the purpose for sharing crucial pieces of information that may help protect children and families without the full context of a family's history. Without this holistic view, the most appropriate early help and safeguarding interventions may not take place.

Alongside a greater understanding of the vulnerabilities of children and families', professionals told us that they wanted to be able to make better decisions about risk. Risk to vulnerable children is managed most effectively when information is shared proactively, enabling agencies to join up and intervene earlier.

Providing strategic leadership and communication

Systems leaders cause routine information sharing to happen through a clear and consistent vision for the partnership, cutting across traditional organisational boundaries, and supporting middle managers to drive change in early help and safeguarding practice. Through adopting better ways of collaborating to discuss and exchange information about children and families, and stronger governance arrangements to scrutinise decisions to share information, partner agencies[8] will develop more trusting inter- and intra-agency relationships, in order to share information earlier.

Professionals should also use collaborative working approaches to agree and communicate common thresholds for early intervention and develop a shared language for information sharing, especially when sharing information about families who move between different authorities (be these Council, Police or Health). These approaches should be supported at a national level by simplified and coordinated messages about best information sharing practice.

Developing professional capability

Professionals highlighted that workforce development could be improved to include better multi-agency induction and bespoke training on information sharing. There was a call for on-going opportunities for professional development and reflection in order to be able to share information confidently and challenge poor practice.

Through collaborative approaches to partnership learning, and stronger links with their community, professionals will be able to develop their information sharing capacity. Service transformation will be driven by understanding what information sharing practice works best in early help and safeguarding partnerships to protect children and families.

Working through an exercise at the regional roadshow in Newcastle.

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[7] See glossary for definition of Professionals.

[8] See glossary for definition of Partner agencies (Agencies).

Conclusion

The findings indicate that poor information sharing cannot be diagnosed and treated as a distinct problem that lies outside of professional practice. In fact, information sharing is part of practice.

To support partnerships to promote and deliver earlier intervention, there is a pressing need to ensure that information sharing is seen as an integral part of professional practice. Genuine commitment is now required from multi-agency partnerships, with the support of national safeguarding bodies, to learn lessons from past failures to share information.

Engagement Manager, Emma Hart talks about her experiences of the regional roadshows. You can also download the video from **www.informationsharing.org.uk/safeguarding**

Pockets of skilled and reflective information sharing practice exist locally in many places. However, in order to move beyond small scale changes in response to serious incidents, and ensure all partnerships are doing an excellent job of protecting vulnerable children and families, there needs to be a nationwide commitment to making information sharing everybody's business.

Overarching recommendations

▶ **Central Government departments** to work together with **other 'nationally based' agencies and VCS organisations** to develop a consistent cross-government strategy that supports a **greater understanding of the context of information** which could be shared about vulnerable children and families

▶ **Local early help and safeguarding partnerships** to develop a strong and coherent approach to **making decisions about the balance of risk** when sharing information about vulnerable children and families

▶ **Central Government departments and local leaders** to work in partnership to support **Systems Leadership approaches** that create the conditions for successful information sharing

▶ **Central Government departments and local leaders** to recognise the importance of **communication and coherent messages** in focussing effort on how information sharing supports earlier intervention

▶ **Central Government departments** to support **local early help and safeguarding partnerships** to develop their partners' **information sharing capability.**

1. Introduction

Poor information sharing between multi-agency partnerships has been identified as a compounding factor that can lead to the serious harm, abuse or death of a child.[9] This has been well documented through Serious Case Reviews and national policy, which state that there is a clear need for effective multi-agency working and information sharing in order to secure improved safeguarding outcomes.[10]

In order to understand more about the key barriers that prevent successful information sharing, the Centre of Excellence for Information Sharing (the Centre) has been working in partnership with the Department for Education (DfE) to explore information sharing challenges that exist around vulnerable children and families. This programme builds upon the Centre's 2015 work, funded by the Home Office.[11]

The Centre adopts a unique perspective: whilst we acknowledge the challenges that IT systems and Information Governance brings to information sharing, we seek to shift the emphasis towards the cultural and behavioural barriers that impact on the success or failure of partnership working and information sharing. In doing so, we put people at the heart of information sharing.

> The overarching aim of the Centre's work on this programme is to identify what can be done to
> **"support practitioners in understanding what approaches work best in information sharing, and how to overcome real and perceived barriers."**

Within this overarching aim, the Centre was specifically asked to consider a deeper understanding of the cultural aspects of information sharing within the early help space. For this reason, the report looks at information sharing issues within the wider continuum of need,[12] from the earliest point of intervention through to child protection procedures.[13]

To achieve this aim, the Centre provides recommendations for improved information sharing for bodies with local and national responsibility. Throughout this report we also share case studies of good practice where local places are working to overcome their information sharing barriers.

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[9] Home Office (July 2014) Multi-agency working and information sharing project: Final report. Available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/338875/MASH.pdf (Accessed: 6 June 2016).

[10] For example, HM Government (March 2015) Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children, p. 16 Available at: www.gov.uk/government/publications/working-together-to-safeguard-children--2 (Accessed: 6 June 2016).

[11] See, Centre of Excellence for Information Sharing (April 2015) Information Sharing – Understanding its role in the development of Multi-Agency Safeguarding Hubs (MASH) Available at: http://informationsharing.org.uk/wp-content/uploads/2014/10/P0075-MASH-briefing.pdf (Accessed: 6 June 2016).

[12] See glossary for definition of Continuum of need.

[13] DfE contract: schedule 1, see appendix i.

This work has identified three overarching factors crucial to the successful sharing of information by early help and safeguarding partnerships. These are:

▶ Understanding vulnerability and risk;

▶ Providing strategic leadership and communication; and

▶ Developing professional capability.

These factors cut across the barriers to information sharing that we discuss later in this report. Findings demonstrate that small scale change to information sharing practice is possible by focusing action on individual barriers. However, to transform multi agency working so that information sharing becomes everybody's business, this report concludes that each of these factors must be addressed and resolved holistically (see diagram 1).

Diagram 1: Behavioural Information Sharing Model
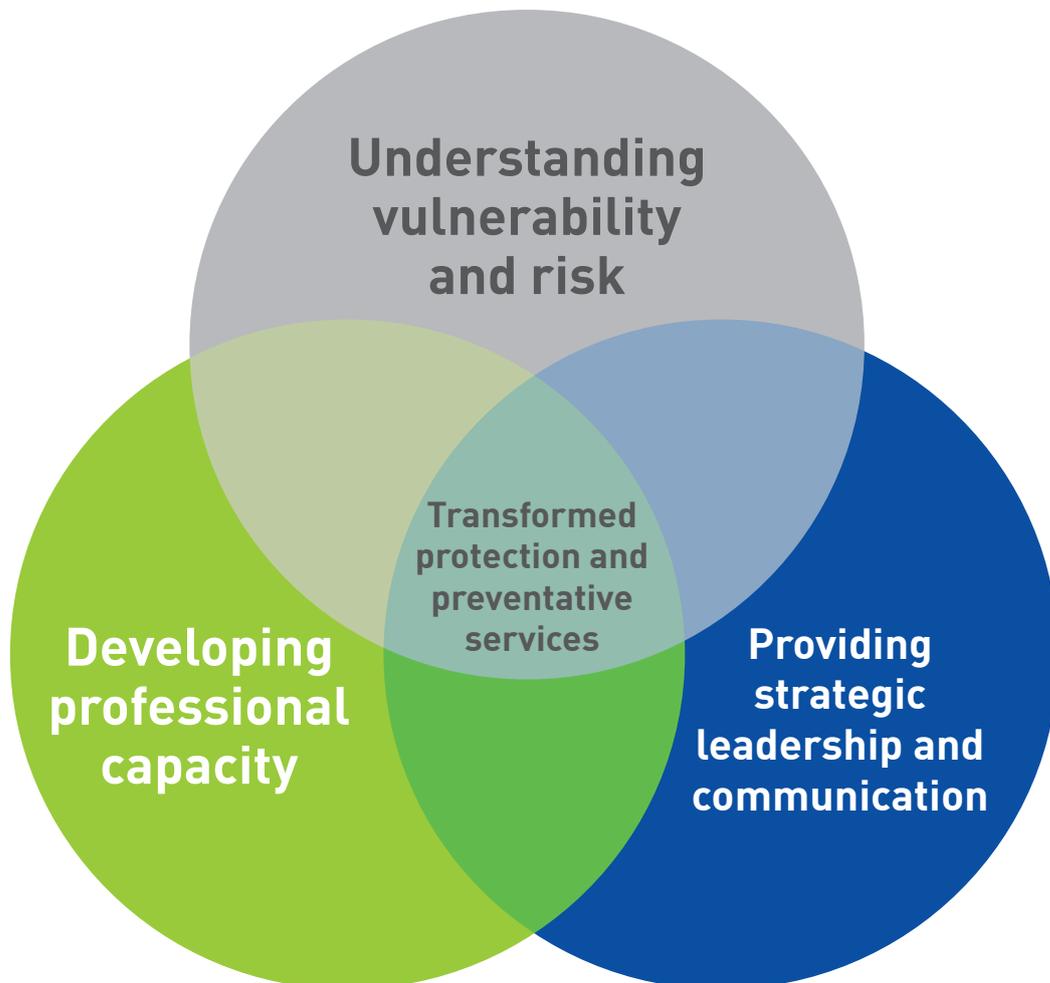
2. Understanding vulnerability and risk

2.1. Greater understanding of families' vulnerability

Our work has shown that for information to be shared swiftly, agencies need to develop and maintain a full understanding of the potential vulnerability of children and families. Without this understanding, professionals do not fully appreciate the value of sharing additional information in order to support and prevent those vulnerabilities. This is especially the case where family members may be unwilling to comply with requests for information. Until this understanding is reached, all of the pieces of the 'jigsaw' are not brought together to get the full picture by the agencies involved. As the thematic analysis of SCRs shows clearly, this picture only becomes visible as a result of a serious incident.

A partial picture of vulnerability prevents further understanding required to share information: in particular, the reason that agencies need to share information, the types of information that they need to share and the agencies that they could or should share information with. By investing more time in understanding the context in which interventions happen, early help and safeguarding partnerships can create a virtuous circle of information sharing, with agencies undertaking specific actions to understand more about the vulnerability of the children and families, which would entail more time dedicated to sharing information (see diagram 2).

Diagram 2: Virtuous circle of information sharing to protect vulnerable children and families

Actions taken to understand vulnerability

More time given to information sharing

Better understanding of the context of interventions

When considering the needs of families, consideration needs to be given to the agencies that could provide support, and how sharing information could lead to more positive outcomes. By developing capabilities, tools, and approaches that help professionals and agencies create the environment and confidence in which judgements can be made on what information to share, earlier support will become available to vulnerable children and families.

The underpinning themes that we use to describe greater understanding of families' vulnerability within multi agency information sharing are:

1. Listening to and capturing the voice of children and families throughout interventions;

2. Tackling false compliance from children, parents and family members; and

3. Stronger links to wider agencies and the Voluntary and Community Sector (VCS).

2.1.1. Listening to and capturing the voice of children and families throughout interventions

Information sharing to protect vulnerable children and families should always begin with their best interests at heart. Article 12 of the United Nations Convention on the Rights of the Child (UNCRC)[14] recognises the child as an active agent in the exercise of his or her rights:

> **"information-sharing and dialogue between children and adults [must be] based on mutual respect. If adults are to fulfil their obligations to promote the best interests of children, they need to listen to children themselves."**

The Wood Report argues that children are concerned about the risks they are exposed to when information is not shared about them because agencies' work is poorly co-ordinated. In her submission to this review the Children's Commissioner notes the "additional distress" caused by this lack of co-ordination, and the resultant need to tell their story repeatedly to those in authority.[15]

If partnerships are to make informed decisions about the risks vulnerable children and families face, they need to maintain a sharp focus on the needs of the child, taking account of the child's personal experience. Including the voice of children and families in risk assessments requires a nuanced understanding of whether the child or parent is a perpetrator, as well as victim, of harm or abuse. By focussing on individual experience practitioners can develop a shared

understanding of risk, and better support the needs of families.[16]

Several of the SCRs that we analysed noted that insufficient understanding of vulnerability leads to missed opportunities for information sharing. One example of this is SCR7, which highlights poor recording of information by a nursery about the mother of an attending child.[17] Staff members at the nursery didn't record their concerns about unusual patters in the mother's behaviour, or share these concerns with her social worker. Had they done so, serious harm to the child may have been avoided. This example illustrates a lack of clarity by the nursery staff about the information they could share about the family, compounded by a failure to take account of the child's and mother's viewpoints. Similar examples from other SCRs involve health agencies, including primary and acute care facilities.[18]

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[14] Save the Children and UNICEF (2011) Every Childs Right To Be Heard: A resource guide on the UN Committee on the Rights of the Child General Comment No. 12. Available at: www.unicef.org/crc/files/Rights_overview.pdf (Accessed: 6 June 2016).

[15] Department for Education (March 2016) Wood Report: Review of the role and functions of local safeguarding children boards, p. 39. Available at: www.gov.uk/government/publications/wood-review-of-local-safeguarding-children-boards (Accessed: 6 June 2016).

[16] Agencies' attitudes to risk, and the decisions made to share information that they inform, will be discussed in the next theme.

[17] See appendix iii for a full table of SCRs researched during this work, including the numbering system used to reference these reviews throughout the report.

[18] For instance, SCR12

The majority of professionals who contributed to this work felt that a greater understanding of the needs of vulnerable families is greatly enhanced by routine information sharing. They emphasised that operational pressures and fractured links to non-statutory and community organisations all contribute to a lack of awareness of the severity of families' needs. They pointed to examples of time-strapped or inexperienced practitioners lacking appropriate support and guidance to ensure that families remain at the centre of their case-work. Listening carefully to the stories children and families tell would enable individuals at the heart of the case to become the co-authors of their interventions, rather than merely the passive recipients.

2.1.2. Tackling false compliance from children, parents and family members

Whilst the views of vulnerable families are in some cases marginalised or even discounted, the thematic analysis highlighted that insufficient understanding of vulnerability can arise as a result of relying too heavily on the picture families paint themselves. Information is often not shared despite professionals' concerns when families 'falsely comply' with child welfare agencies, giving the appearance of co-operation to avoid raising suspicions and allay concerns.[19] One example of false compliance from SCR2 shows that opportunities for sharing information about the potential abuse of a child were missed by professionals because the "rule of optimism", on the part of the professional, prevailed in their response to a fracture and other bruises.

> This appeared to reflect a
>
> **"tendency by social workers and health care workers towards rationalisation and under responsiveness in certain situations".**

SCR12 paints a similar picture of practitioners treating with optimism the information that families provide about the extent of their vulnerability, and responding insufficiently. For example, this review discusses a situation in which practitioners believed the claims of a mother of an abused child that she wasn't a victim of domestic abuse as she had never been hit (ignoring the possibility that she had suffered emotional abuse and controlling behaviour). Equally, the midwife who conducted the initial social assessment did not make a referral, as she felt the family deserved a chance and she had seen children returned to parents "with lots more problems". Professionals also spoke of the need to develop assertive support processes for dealing with parents whose children are involved in criminal proceedings, so that they are encouraged to disclose the true picture of the risk they face.[20]

The phenomenon of false compliance is not limited to parents of children at risk of harm. As SCR4 makes clear, children and young people in need can also present as complying with statutory services and taking the necessary steps to avoid harm, when in fact the available evidence indicates the opposite. In just one example from this case the teenage victim had attended a Compliance Panel for three serious offences (sexual assault, robbery and assault). The panel officer passed information about these offences and the victim's links to gang activity to the Youth Offending Team (YOT). However, a pervading belief that the victim was making every effort to atone for his criminal behaviour resulted in the record not being updated, and the new information was not shared with any other agencies.

A senior manager involved in the case suggested that the lack of understanding of the risks caused by the victim to himself, and others, was compounded by the use of 'stand-down' (light-touch) post-sentence assessment processes, often used to bypass the need for a full risk assessment.[21] Delegates[22] made the case that such processes also negatively impact on information sharing practice, because they serve to downplay the level of risk to vulnerable children.

[19] See glossary for definition of False Compliance.

[20] Field interview.

[21] Field interview.

[22] See glossary for definition of Delegates

2.1.3. Stronger links to wider agencies and the Voluntary and Community Sector (VCS)

Throughout the course of this work, professionals referred to the importance of including wider partner agencies, including: Registered Social Landlords (RSLs), Clinical Commissioning Groups (CCGs), Blue-light services, Probation and Housing services, Welfare Support teams, Domestic Abuse and Drugs and Alcohol specialist services, Mental and Military Health agencies, Citizen's Advice Bureaus, Community Paediatricians, Day Nurseries and Children's Centres within the wider information sharing picture.[23]

Professionals argued that to improve understanding of vulnerable families, local places needed to embed a 'Think Family' approach in their partnership work, by mapping and reaching out to these groups and building their unique perspectives on the lives of vulnerable families. Through the construction of a wider network of agencies and organisations that understand vulnerability better, partners will be supported to share information earlier. They suggested that this approach could be modelled on the successful, and recently expanded, Troubled Families programme.[24]
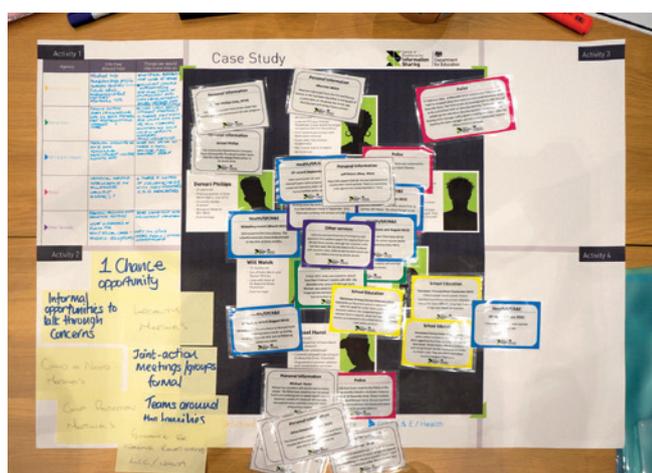
A completed worksheet from the Bristol regional roadshow.

This view is corroborated by the thematic analysis of SCRs. In SCR8, for example, the health visitors did not consider making any referrals about a child in need as they did not recognise the circumstances described by the nursery as neglect (perhaps in part due to a lack of recognition of the credibility of nursery nurses). If the health visitors had a positive working relationship with staff at the nursery it is probable that they would have developed a common understanding of the issues of vulnerability surrounding the child's circumstances. Where a common understanding is in place between statutory agencies and wider services, information will be shared better, enabling an earlier assessment and swifter action to meet the needs of vulnerable children and families.

Delegates also shared their concerns about the inconsistent approach between statutory agencies and the VCS to sharing information that is relevant to a particular case. Delegates suggested that information is not always successfully shared with community-based organisations due to a lack of appreciation amongst statutory agencies of the value of information that they hold. They called for local and national communications campaigns to raise awareness of the value of the VCS. Where appropriate, they also suggested that VCS organisations should be included within early help and safeguarding processes.

"To find out from the PCSO working within early help to let us know about EDL membership."

Information sharing pledge from a South West regional roadshow delegate.

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[23] Other agencies suggested by delegates attending all five regional roadshows.

[24] See www.gov.uk/government/uploads/system/uploads/attachment_data/file/336430/Understanding_Troubled_Families_web_format.pdf for further information on understanding Troubled Families.

2.1.4. Summary

Practitioners are often encouraged to 'Think Family'. However, this work has shown that they often struggle to develop trusting relationships in order to reveal the bigger picture of vulnerable families' needs. For this reason, in the absence of strong information sharing practice which would enable them to share information with wider partner agencies and community organisations, they often rely on the information they receive directly from the family. As shown above, the concept of false compliance means that this information cannot always be fully trusted or corroborated with other sources of information. Poor training and guidance for practitioners on identifying the accuracy of information from families, and how to challenge potential inaccuracies, means that practitioners often are not in the position to identify vulnerability or risk.

> **It is vital for local places to be supported to develop greater awareness of the context and purpose of sharing information about vulnerable children and families. By learning to listen more carefully to children and their families, they can better understand the context of their situation, and intervene much earlier, supported by good information sharing processes.**

2.1.5. Recommendation

1. **Central Government departments** to work together with **other 'nationally based' agencies and VCS organisations** to develop a consistent cross-government strategy that supports a **greater understanding of the context of information** which could be shared about vulnerable children and families, by:

   a. supporting practitioners to share information and communicate effectively with families;

   b. ensuring the 'voice of the child' is central to information sharing practice in multi-agency settings;

   c. helping early help and safeguarding partnerships share best practice in managing and using consent; and

   d. providing a consistent and joined up approach to supporting local places to share information about vulnerable children and families.

"I will continue to work with partners to ensure that information sharing becomes part of the day job and normal working practice."

Information sharing pledge from a Midlands regional roadshow delegate.

Avon & Somerset Constabulary – Halcon One Team project

The Halcon ward of Taunton covers a troubled Local Authority Housing estate that for many years has experienced the worst deprivation figures in Somerset, and is within the top 4% of deprived areas nationally. Very little information about the extent of vulnerability in the ward was shared between early help and safeguarding partners, and most information was only shared verbally.

Early in 2013 a police sergeant with a Halcon beat, realising that the high levels of demand on all strategic partners could be more effectively tackled together, approached senior management with a proposal to share information about vulnerable children and families on the estate. Following approval from Taunton Deane Borough Council and the Constabulary, the Halcon One Team project was launched in April 2013. The project aims to identify the needs of the Halcon community and provide a 'right door first time' response that enables early intervention. Families' needs are assessed against five criteria:

> **Domestic Abuse**

> **Mental Health**

> **Drugs & Alcohol**

> **Impact Offending**

> **Debt Management**

A range of wider partner agencies in the community and VCS organisations share information they hold about families with these needs (53% of all families in the ward meet at least one of the criteria). The partnership includes Housing Officers, Anti-Social Behaviour (ASB) Officers, Community Development Officers, Health Visitors, Family Workers, Mental Health workers, Drug & Alcohol Support, Primary school Safeguarding leads and Head Teachers, Benefit Advisors, Citizens Advice Bureau (CAB) and Church leaders. The information shared about each family is recorded securely in the minutes of the meeting.

The meetings are described as "dynamic, purposeful and outcome focused, ensuring people are safeguarded as best as we can possibly do." Whilst some agencies are still concerned about the reasons for sharing information in these meetings, the One Team Co-ordinator is certain that frontline partners have taken an information sharing journey which has shifted the cultural mind-set of the partnership. As a result, all of these partners understand how information sharing benefits early intervention and outcome focused problem solving.

One Teams are now developing across other hard to manage or high demand areas. As a result, through listening more carefully to the needs of vulnerable children and families, the teams can better understand the context of their situation, and share information earlier to support these needs.

2.2. Risk and decision making

Throughout the work professionals highlighted the concept of risk as an underpinning factor which can both enable and act as a barrier to information sharing. If there is an immediate threat or risk of serious harm or loss of life, practitioners reported that they are more likely to share information in order to improve the safety of the children or families. The challenge exists where there is a perceived or potential, but not necessarily immediate or probable, risk to harm.

The underpinning themes that we use to describe risk and decision making within multi agency information sharing are:

1. Making decisions about sharing information in light of the risks to vulnerable children and families;

2. Risk to the practitioner and agency as a result of sharing information.

2.2.1. Making decisions about sharing information in light of the risks to vulnerable children and families

Social Workers, teachers, family support workers and other practitioners may spend months, if not years, building relationships with children and families. Delegates reported that they would give serious consideration as to the risk to the relationship with the family when deciding whether to share information with partners. They explained this was because they did not want to be revealed as a source, breaking trust and potentially putting families at risk. This attitude is really important, because the decision to share rests on the correct assessment of which is greater: the risk to the continuation of the relationship with families, or the risk of not sharing information that could protect those families from harm (see diagram 3).

Diagram 3:
Balance of Risk in Information Sharing Decisions

Reasons to share
Protecting children and families from harm

Reasons not to share
Break down of practitioner – family relationship

When an early help or safeguarding concern has been identified, risk is commonly associated with those who are the subject of the referral, i.e. vulnerable children and families. Delegates were concerned about how this could affect the safety of the child or family member. For instance, if a referral is made over concerns in relation to Child Sexual Exploitation (CSE), there is no requirement for informed consent to be obtained.[25] This is specifically to protect the safety of the child. Yet, as discussed above, without this consent it is hard for practitioners to feel that the child's views and experiences are being put at the heart of their information sharing practice.

[25] A similar situation to this was given in relation to the Prevent strand of the Government's Counter Terrorism Strategy, CONTEST. If a Prevent referral is made about a pupil, informed consent may not always be obtained. This is to manage the risk to the child until the appropriate assessments have been made, as well as to avoid false compliance. See www.gov.uk/government/collections/contest for more information.

Delegates discussed the importance of sharing information between hospitals where children are presented with injuries and Children's Social Care departments, particularly where parents falsely comply, as discussed in the previous theme. It has been suggested that the Child Protection – Information Sharing project (CP-IS) may be able to improve information sharing in these cases.[26] They also wanted clarification over where and when to obtain informed consent, specifically in relation to new early help or safeguarding areas such as Prevent. This reinforces the importance of developing a balanced approach to risk and decision making. Within the context of the Prevent strategy, deciding whether the informed consent of a parent takes precedence over potential matters of national security adds further complexity.

The thematic analysis of SCRs presents a similar picture of the difficulties practitioners face in making the correct assessment of risk to vulnerable children. For example, SCR4 refers to the 'Southwark judgement' in relation to a decision to refer the victim, a troubled 17 year old, to housing services rather than to Children's Social Care as a child in need.[27] The case highlights the tragic consequences of narrowly assessing risk on currently presenting factors only, without a deeper understanding of the "full social history" that surrounds the case. This example demonstrates how good information sharing enables practitioners to make informed decisions to protect vulnerable children, as better data would have enabled them to make a "more accurate assessment of risks, threats and vulnerabilities", and develop plans to better protect the child.

2.2.2. Risk to the practitioner and agency as a result of information sharing

Professionals were also concerned about the personal risk to practitioner and organisational risk to agency as a result of information sharing. Delegates discussed risk in the context of information that they are asked to share about a child or family. They questioned what the impact of sharing would mean to their own professional career and reputation should a decision to share information be viewed as wrong.

Equally, professionals highlighted their reluctance to share information because they did not know enough about the subject area. They were unwilling to risk their own professional reputation by choosing to share information that would be poorly received or could lack relevance to the receiving partner agency. Delegates frequently displayed risk-averse attitudes revealing a need for clear processes between partners to communicate risk, which is addressed under the factor of Providing strategic leadership and communication.[28] At one roadshow delegates stated that they wouldn't necessarily share information for fear of the negative impact on them or their organisation. The risk is heightened in the context of sharing information about new areas of safeguarding such as FGM, Forced Marriage and Prevent, where there is less coordinated guidance on the subject and few examples of professionals sharing their learning.

Professionals suggested that they are conscious that the risk of bad decision making around information sharing also extends beyond individual reputations to the way that whole agencies are perceived by professional and local communities, not to mention the media. One professional questioned why in many SCRs the media calls for 'heads to roll' when agencies are actually doing their best to protect vulnerable children and families without intervening unnecessarily and breaking those families up. As a result of this, it becomes increasingly hard for early help and safeguarding partnerships to develop their information sharing practice so that practitioners are confident that they are sharing information appropriately based on the correct assessment of risk.

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[26] See http://systems.hscic.gov.uk/cpis/work and box below for more information on the CP-IS project.

[27] "In the Southwark judgement, (G v LB Southwark (May 2009), the House of Lords established that the Children Act 1989 has primacy over the Housing Act in providing for children in need, and that the duties of local authorities' children's services to accommodate children in need cannot be circumvented by referring to the housing authority." (Overview Report, p.29) In the case of SCR4, the victim had argued that he wanted to be in control of his own affairs and had not given informed consent to be offered emergency accommodation as a Looked After Child (LAC).

[28] Insufficient communication between agencies means that practitioners are often concerned that the risk is not being effectively managed. Professionals highlighted that if partners did not provide feedback to them as a result of receiving a referral, they had little faith in the risk being managed appropriately and would be less likely to make a referral to that agency in future.

2.2.3. Summary

Professional judgements about risk to support information sharing are often so complex that they cannot be made in isolation from the wider context of the family's needs. In fact, decision-making about risk can reinforce the cultural barriers to information sharing that already exist between agencies. For this reason, strong partnership approaches to risk support better information sharing to protect vulnerable children and families. The very essence of sharing information within a multi-agency partnership is to take a holistic approach to early help and safeguarding, and manage risk. Without this holistic approach, agencies all too easily use a superficial, or transactional, information exchange to diffuse responsibility from one partner to another.[29]

> **To intervene earlier, information needs to be shared between partners in a way that supports better and earlier decision making about the support that children and families need. Developing a strong and coherent approach to communicating and sharing pro-active information sharing approaches would help partnerships manage risk to vulnerable children and families better.**

2.2.4. Recommendation

2. **Local early help and safeguarding partnerships** to develop a strong and coherent approach to **making decisions about the balance of risk** when sharing information about vulnerable children and families, by:

   a. signing up to a commitment to share information earlier to protect vulnerable children and families, reinforcing the message across their partnership that information sharing is everybody's business;

   b. improve partnership decision-making processes by reviewing the effectiveness and implementation of their information sharing protocols; and

   c. continuing to research and promote the latest developments in information sharing approaches that enable risks to children and families to be identified earlier.

"To develop better practice in terms of what is proportionate, appropriate and in the best interest of children and families."

Information sharing pledge from a London and South East regional roadshow delegate.

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[29] Professionals reported that they often felt that once a partner had shared information with them, it was assumed that the risk was then passed on to that agency who is in receipt of the new information. The risk associated with knowing information may facilitate transactional information sharing between partners, but does not necessarily contribute to a holistic partnership approach to joined-up working. As the 'Working Together' guidance states: "no professional should assume that someone else will pass on information which they think may be critical to keeping a child safe." (HM Government, March 2015, p.17)

Child Protection – Information Sharing project (CP-IS)

CP-IS is a nationwide solution that connects local authority children's social care systems with those used by NHS unscheduled care settings (such as emergency department, maternity services and walk in centres). It enables the exchange of key child protection information and episodes of unscheduled NHS care. In support of early detection and cross agency working, CP-IS plays a key role in the prevention of risk to vulnerable children.

This nationwide information sharing solution enables front-line staff to make informed assessments and help identify emerging problems. Use of the system brings together services sooner, across agencies, to support children and families when and where they need it.

Staff in unscheduled care settings can see if a child has a Child Protection Plan (CPP) (including children not yet born) or is a Looked After Child (LAC). They can also see when and how often the child has attended for emergency treatment.

Using CP-IS ensures local authorities are alerted when a child in their care presents for unscheduled treatment anywhere in England; providing a clear picture of the number and frequency of NHS attendances made by the child.

CP-IS directs resources towards prevention, meaning fewer children require repeat visits to unscheduled care. There is also a reduced demand for late care with fewer cases leading to serious injury or death. CP-IS can also assist in the identification of children who are moving or being moved (to mask abuse, trafficking, child sexual exploitation or displacement) across regional boundaries, or are missing from the system, and presenting for NHS treatment.

Automatic nationwide sharing of data in a standard format (dataset) simplifies decisions about what information to share and when. This removes the need to search for and provide information manually and by phone, freeing up resources to apply elsewhere.

"To share relevant information to safeguarding a child at risk of harm and to challenge agencies to do the same."

Information sharing pledge from a Midlands regional roadshow delegate.

3. Providing strategic leadership and communication

3.1. Systems Leadership to develop closer ways of working

Leadership is a behaviour that can be seen and enacted through all levels of organisations. It is equally important to provide leadership on information sharing at middle management level as it is for senior officers within partnerships. There is no doubt that local places have a wealth of great leaders but in order to achieve transformation within service delivery, a new, strategic management method must be considered. 'Systems Leadership' is suitable approach to progressing information sharing because system leaders reach beyond the boundaries of their own organisations and commit to behaving as a driving force across multiple agencies.[30]

Systems leaders naturally support a collaborative approach to joining up early help and safeguarding services. They encourage reflection on practice and can connect viewpoints across the partnership to bridge the gap between strategic vision and the reality of working. These qualities mean they are ideally positioned to champion information sharing across partnerships. 'Practice leaders', as they are referred to in current policy documents, work as systems leaders too, at the operational level. Ofsted's National Director for Social Care has said that "Good practice leaders also recognise a wider obligation to drive improvement beyond their own organisation."[31]

Findings from this work reveal that poor leadership results in a lack of appropriate governance. As a result, safeguarding boards[32] struggle to scrutinise multi-agency decisions made about whether to share information or not, and the corresponding actions taken. Professionals were keen for clearer direction and innovation from their safeguarding boards to strengthen multi-agency arrangements so that all agencies could be involved in discussions about vulnerable families.

The underpinning themes used to describe the Systems Leadership approach to developing closer ways of working within multi agency information sharing are:

> 1. Strategic vision and collaborative relationships;

> 2. Scrutiny and supervision.

"I will champion best practice, ensuring a joined up approach to providing the highest level of service delivery and support, enabling a multiagency 'one team' approach."

Information sharing pledge from a Midlands regional roadshow delegate.

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[30] See glossary for definition of Systems Leadership.

[31] Eleanor Schooling (June 2006), HMCI Monthly Commentary: Practice Leadership, www.gov.uk/government/speeches/commentary-on-social-care-june-2016. See Stanford Social Innovation Review (Winter 2015) The Dawn of System Leadership, esp. p. 28 for a good description of the core qualities of systems leaders.

[32] See glossary for definition of Safeguarding boards.

3.1.1. Strategic vision and collaborative relationships

Delegates said that they wanted senior leaders, including chief executives and safeguarding directors, to champion a strong vision for the appropriate information sharing model in that locality. They also suggested that these arrangements were regularly reviewed to assess impact and continuously improve the model over time. They argued that the strength of multi-agency relationships at a strategic level often influenced the success of information sharing.

In support of this argument, delegates provided examples of poor leadership and limited vision that led to adversarial relationships and disjointed working processes. They reported that if strategic managers take time to build strong collaborative relationships with their counterparts, both interdepartmentally and across agencies, then information would be more efficiently shared at a practitioner level. The SCR analysis supports this viewpoint. For instance, SCR5[33] discusses a

> **"lack of co-ordination between police and the local authority [during and] at the end of single agency investigations, resulting in missed opportunities for sharing findings and initiating re-referrals if required."**

The findings from this work indicate that the way multi-agency meetings are held can dictate the terms under which practitioners overcome organisational barriers to sharing information. Professionals often cited closed or unsupportive ways of working between agencies as an information sharing barrier. In one interview, a professional referred to a recent SCR in her locality as an example of "not having the right people sat around the table at the Local Safeguarding Children's Board (LSCB)."[34] This comment highlights the limitations of LSCBs to improve strategic leadership across the partnership. The Wood Report makes the distinction between the need to provide practice leadership and strategic management on key issues that include information sharing, and concludes that current LSCB arrangements often fail to provide the latter, diverting resources away from the former as a result.[35]

This position is reinforced by the views of both delegates and those developing policy. It was suggested that online collaboration or video conferencing tools, so that professionals can be present at a meeting, without being physically in the room, might relieve workload pressures. Ofsted's review of social work practice leadership, shortly to be published, heard the importance of embracing video conferencing technology, quoting a senior leader in one local authority's social care department as saying: "it's about culture and relationships, not geography"[36] As social media for business allows for instantaneous written conversations with many people at the same time, with the appropriate security protocols in place it could enable more effective use of practitioners' time, especially across a wide locality.[37]

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[33] Other examples of missed information sharing opportunities stemming from a lack of collaboration and co-ordination between partner agencies are mentioned in SCR12 and SCR15.

[34] Field interview. The effect of weak links to wider agencies and the VCS has been discussed under the Understanding vulnerability and risk factor.

[35] Department for Education (March 2016) pp 22-23.

[36] Eleanor Schooling (June 2006).

[37] Informal conversations with DfE staff. Roadshow delegates also raised the issue that these meetings are not always chaired well or given the administrative support necessary to ensure that everyone's voice around the table is heard, which prevents information from being shared and the appropriate intervention being agreed by the partnership.

To ensure that the right agencies are in the room, delegates felt that feedback should be consistently provided to agencies that have referred vulnerable families. They advised that that communication was often a 'one-way street'. Information is referred to relevant agencies but it was felt that feedback wasn't always given consistently.[38] It is therefore important for systems leaders give weight to and promote multi-agency meetings as a cornerstone for their vision of better information sharing. This will ensure that the right agencies are involved in participating in discussions, sharing information, and receiving feedback on a continual basis, until the risk has been fully addressed.

3.1.2. Scrutiny and supervision

Our work has demonstrated that the governance of Multi Agency Safeguarding Hubs (MASHs) and other co-location of services for children and families has helped build relationships between professionals, improving information sharing. When systems leaders build strong governance processes into their partnerships, partners are able to build trusting relationships by developing a shared language for their work (discussed under the next theme, see section 3.2.4). Once the right leadership and approach is in place, trust between partners to share information proactively can cascade through the workforce.

However, poor leadership often results in a lack of appropriate governance. This prevents safeguarding boards from sufficiently scrutinising decisions to share information, and monitoring the actions that are taken as a result. The thematic analysis of SCRs highlighted this danger. For instance, SCR6 talks of insufficient governance arrangements in place to scrutinise local authority decision-making. In this example, the local authority set aside the legal advice regarding the threshold for initiating court proceedings to bring vulnerable children into care. A lack of sufficient scrutiny or an inability to challenge decision-making has been shown to lead to low confidence amongst professionals to share information. Furthermore, it also increases mistrust in those arrangements both by partners who are currently involved, and partners who need to be brought on board.

Systems leadership is also necessary in order to agree the process for making information sharing decisions. During the roadshow exercises, delegates were asked to make a decision about sharing information based on the risk that they had assessed about a fictional family.[39] Delegates sometimes refused to share information on the grounds that, as part of the background information they had been given before beginning the exercise, their manager had asked them to err on the side of caution and withhold at least one piece of sensitive information from the group. Others stated that they would always share information if they felt that a child was at risk, even if they were advised otherwise by management. Following the exercise, many delegates shared their concerns over being prosecuted for incorrectly sharing information.

The SCR analysis has highlighted barriers to information sharing relating to poor managerial oversight of social workers and a lack of clinical supervision of school nurses.[40] Professionals have also suggested that in cases that are not monitored and reviewed regularly, especially where case workers have changed hands often, poor information sharing practice regularly goes unchallenged. This can result in crucial opportunities for information sharing being missed. For example, practitioners could make inaccurate assessments as a result of only obtaining partial information from partners, or practitioners decide not to seek consent to share vital pieces of information before making a decision about how to handle a case. This barrier is linked to the issue of on-going workforce development, discussed under the Developing professional capability factor, see section 4.2.

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[38] There was an emphasis on the importance of providing feedback in relation to; i) whether the information that was shared was relevant, ii) where was the information recorded iii) what actions were taken by both the reporting and receiving agency as a result iv) Any further action required from the reporting agencies.

[39] See appendix v for case study materials used at the regional roadshows.

[40] See SCR5 and SCR14, for example.

3.1.3. Summary

Professionals value leadership approaches that can provide a clear and consistent vision across all partners for information to be shared earlier to protect vulnerable children and families. The findings from this work show that a clearly defined vision drives change to information sharing behaviours at the middle management level. In addition, good governance and close scrutiny of decisions making supports partners to develop strategic relationships. This enables a trusted environment to be created for information to be shared earlier.

> **Agencies with workforces that are fragmented or poorly led are less likely to share than those who are driven forward by systems leaders who are engaged within strong multi-agency partnerships. Consequently, multi-agency partnerships need to recognise and champion the role systems leadership plays in improving information sharing to deliver better outcomes.**

3.1.4. Recommendation

3. **Central Government departments and local leader**s to work in partnership to support **Systems Leadership approaches** that create the conditions for successful information sharing, by:

   a. developing leaders that can implement systems-thinking approaches to working across traditional organisational boundaries;

   b. directly contributing towards the partnership's strategic vision and direction for successful information sharing through capturing and disseminating of good practice;

   c. strengthening governance processes and enabling better managerial oversight of cases so that information sharing decisions are scrutinised and challenged where appropriate; and

   d. expanding the awareness of approaches to creating multi-agency arrangements for better information sharing (including approaches to staff supervision, providing feedback on cases and online communication tools).

"To make it as simple, transparent and rapid as possible for my staff to share information easily."

Information sharing pledge from a South West regional roadshow delegate.

Norfolk Constabulary – Developing a Systems Leadership approach

Norfolk Constabulary and its partners have developed a strong approach to collaborative ways of safeguarding vulnerable children and families over the last few years. Their prioritisation to ensure that safeguarding is at the forefront of everything they do has played an essential part within sharing information both now and into the future.

The driving force behind improved information sharing between practitioners on the ground are strong systems leaders. Leading beyond the boundaries of their organisation, Norfolk shares leaders within this field who have been appointed a national responsibility for Mental Health and Child Protection.

Over the last few years, Norfolk's partners have successfully implemented an all age Multi Agency Safeguarding Hub (MASH) in partnership with Adult and Children's services and more recently, the development of the Safeguarding and Investigations Command.

In 2014 funding was secured to have a team of Mental Health Nurses based within the Police Control Room in Norfolk, with the aim of enhancing the response to those with a mental ill health who come into contact with the police.

The role that Chief Inspector Amanda Ellis has played within this partnership with Mental Health services and the Office Police and Crime Commissioner (OPCC) requires a specific mention. Amanda joined Norfolk Constabulary 19 years ago as a constable; now a Chief Inspector, Amanda is part of the Safeguarding Command, having specific responsibility for harm reduction.

Amanda is very unique within her field, as she originally trained as a general nurse and practiced within the profession for 10 years. Building on this knowledge and experience, Amanda is able to adopt a systems leadership approach, looking beyond the boundaries of policing and has driven collaborative safeguarding across partnerships within Norfolk.

Focusing more specifically on improving collaboration across the partnership, the following practice has been embedded by strategic leaders within Norfolk over the last six years:

▶ **The creation of a new team of police officers dedicated to safeguarding and joining up processes across Policing and Mental Health, managed by an Inspector.**

▶ **Clear governance for Police, Adult and Children's Social Care and Mental Health Professionals around multi-agency working.**

▶ **Multi Agency Learning and development around Mental Health.**

▶ **Attendee at the Mental Health Trust Acute Services forum within Norfolk.**

▶ **A team of Mental Health nurses who triage calls within Norfolk Constabulary Control room.**

▶ **Chair to the County Mental Health and Learning and Disability Steering group also attends the Mental Health Crisis Care Concordat Strategic Group for Norfolk.**

By embedding and promoting collaborative ways of working across organisations, Norfolk Constabulary and its partners have helped to build stronger and more trusting inter- and intra-agency relationships, in order to share information earlier and to put vulnerable people at the heart of practice.

3.2. Communication and coherent messages

Professionals said that they would like information sharing systems to be reflective of practice, rather than practice being driven by the way systems are designed. They felt strongly that better methods of communication help partners to share information more easily and intervene earlier to improve outcomes for vulnerable people. To this end, they were keen to develop a shared professional language and develop feedback mechanisms to bridge real and perceived boundaries in the partnerships, especially when sharing information about families that move between different authorities.[41]

Delegates argued that practitioners would benefit both from stronger local leadership and coordinated national support to develop a more joined-up approach to information sharing policy. They believed this would help local places to "step away from fragmented local procedures."[42] Coherent messages should be designed at both the national and local level to support multi agency relationships to grow, better protecting vulnerable children and families.

The underpinning themes that we use to describe communication and coherent messages within multi agency information sharing are:

1. Cross-border information sharing;

2. Agreeing and communicating common thresholds for early intervention; and

3. Coordinated guidance.

3.2.1. Cross-border information sharing

Cross-border working usually takes place when a child or family moves from one local area to another, or for families, who live in one area but are registered with services in another. Cross-border challenges are experienced in many ways: maternity services for women who live in one area, for example, may be provided by hospitals in other areas. This makes it difficult for information about new births to pass to midwives, health visitors and children's centres. Children may attend nurseries in their parents' place of work, rather than home area, which again adds further complexity to the way in which information is shared.

In a field interview, a professional discussed cases where children had moved from one locality to another whilst receiving support from children's services. The professional highlighted the countless hurdles that have to be overcome in order to ensure that the information about children is successfully shared from one local place to another. The professional highlighted differences within procedures, organisational structures and a lack of knowledge and understanding about with whom the information should be shared as contributory factors.[43]

In order to overcome these differences, professionals from neighbouring counties often had to hand over caseloads manually. This issue was also found in the thematic analysis. For example, SCR15 notes the failure by Health Visitors to transfer notes from the host borough to the receiving one, following the mother providing notification of a new address. The review concluded that the fact that there are no national standards around handover between health visiting services when a young child moves between areas makes it likely that there will be differing standards of information sharing taking place at a key transition point.[44]

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[41] See glossary for definition of a shared professional language.

[42] Regional Roadshow – delegate comment.

[43] The professional also described the way in which IT systems often made information sharing more difficult. For example, notifications of new cases were not always successfully passed from the caseload of one area to another.

[44] Delegates advised that cross-border working arrangements are further complicated when a child moves from one country to another within the UK. Differences within organisation structures, thresholds and processes across countries commonly acted as barriers to information sharing. This point was further reinforced by the literature review.

3.2.2. Agreeing and communicating common thresholds for early intervention

Professionals advised that they have sometimes struggled to agree common thresholds for intervention. The Centre's previous work on Multi-Agency Safeguarding Hubs (MASHs) for the Home Office concluded that

> **"strong local leadership [ensures that] partners are also fully involved in the development of thresholds owned by the LSCB, and they regularly attend daily ... decision-making meetings to provide a nuanced analysis of the information being shared."** the Centre (April 2015) Information sharing – understanding its role in the development of Multi-Agency Safeguarding Hubs (MASHs)

This disparity within thresholds prevents partners from working closely with each other to better understand the needs of vulnerable children and families; consequently, practitioners find it harder to share information about these families unless their multi-agency arrangements are robust enough to allow thresholds for earlier intervention to be re-evaluated regularly.

Findings during this work support the view that there is more work to be done by senior leaders of partnerships to give professionals the opportunity to discuss and agree early help and safeguarding thresholds. This would ensure that all agencies plan and sustain consistent approaches to thresholds. A number of cases in the thematic analysis (for example SCR8 and SCR15) highlighted the importance of a shared understanding of thresholds. Without the strategic leadership and clear communication that supports shared understanding around thresholds, individual agencies have reason to claim they are "scared they might be wrong"[45] about whether a family has met an appropriate threshold to share the information they hold about them.

3.2.3. Co-ordinated guidance

Professionals also raised concerns that their ability to make swift decisions regarding what information to share, when to share it and with whom, as well as their ability to share information is compromised by poor guidance on the subject. It should be clarified that professionals were not claiming that a lack of guidance per se was a barrier to sharing information.

As shown in appendix iv, nearly 70% of delegates who responded to the pre-event questionnaire were aware of the government's information sharing advice for practitioners, including the seven golden rules for information sharing.[46]

The examples they pointed to were generally where legislation was relatively new or difficult to interpret. Delegates suggested that guidance that had been issued was either inconsistent with previous messages at the local or national level or overly complex. They recommended that examples of good information sharing that could help them translate policy into practice. They also suggested that co-ordinated, simplified, and well-illustrated guidance on information sharing was harder to find in relation to Female Genital Mutilation (FGM), substance misuse, mental health and Prevent.

Evidence from the thematic analysis supports this claim. For example, four cases demonstrate that guidance on confidentiality and consent has led to misunderstanding between health agencies and the police.[47] In SCR12 Social Care staff thought that an information sharing protocol that guided a multi-agency meeting called by the police prevented them from speaking to the parents of the child in need or other agencies. The review found that the police's actions prevented information being shared in a timely fashion, leading to an unacceptable delay on the social worker's assessment of the protection and care of the child's sibling.

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[45] Field interview

[46] See HM Government (March 2015), Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers p.4, at www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf (Accessed: 29 June 2016)

[47] See MASH workshop findings for more information on practitioners' responses to this issue, at http://informationsharing.org.uk/wp-content/uploads/2015/09/P0316-MASH-findings-report.pdf (Accessed: 29 June 2016)

Confidence of practitioners to share information about vulnerable children is even lower in cases where there is national guidance on a complex safeguarding issue, such as in SCR5, where vulnerable pupils abused other vulnerable pupils at an independent school. In this example, a conflict between national guidance issued to teachers and local guidance from the LSCB resulted in confusion about whether information about alleged perpetrators could be shared. The confusion resulted in a significant delay occurring between the concerns arising at the school and a referral being made to Children's Services. In cases like these, professionals feel prevented from sharing information where in other situations might be willing to do so. Without clearer or more consistent messages about how information should be shared, practitioners' ability to protect vulnerable children and families will continue to be inhibited in such cases.

3.2.4. Summary

Local places should take more advantage of opportunities to learn from and improve upon best practice in communicating with each other. Professionals were keen for safeguarding boards to work across authority boundaries and with national partners, to find solutions to the cultural barriers to sharing information. Coherent messages at the national level about successful operational approaches to information sharing would enable professionals to overcome cultural and organisational barriers. Additionally, separate sets of guidance issued by Central Government departments and national bodies create a lack of confidence amongst professionals that they will be supported by their leaders. Professionals have said that without strong local leadership at board level on this issue, they lack the reassurance needed to communicate proactively about information sharing issues.

A consistent approach to sharing information must be underpinned by a shared language. This shared language enables professionals to communicate more easily with each other, working collaboratively to break down borders, be they geographical, organisational or financial. Such an approach would enable professionals to speak the same language, putting the needs of vulnerable children and families at the heart of their work. Central Government can support the development of this language through communication campaigns and the dissemination of good practice.

Delegates in Birmingham working through the Walsh family case study.

"To improve communication across board partners and encourage constructive approaches towards information sharing."

Information sharing pledge from a South West regional roadshow delegate.

3.2.5. Recommendation

4. **Central Government departments and local leaders** to recognise the importance of **communication and coherent messages** in focussing effort on how information sharing supports earlier intervention, by:

   a. Uncovering communication barriers by collaboratively developing a shared language across multi agency partnerships;

   b. developing better methods of communicating information about families who move between different local authority, health or police boundaries;

   c. with support from partners, agreeing and communicating agreed thresholds for sharing information at the early help and safeguarding level, in order to intervene effectively to protect vulnerable children and families; and

   d. ensuring clarity and consistency of information sharing guidance, using good practice examples to highlight successful operational approaches to overcoming cultural and organisational barriers.

Chester West and Cheshire – Sub Regional Complex Dependency Programme

Chester West and Cheshire is currently looking to revolutionise the way that safeguarding is Cheshire is currently looking to revolutionise the way that safeguarding is delivered by improving information sharing about vulnerable people across four local authorities* through the implementation of the Sub Regional Complex Dependency Programme.

The overarching aim of the programme is to provide a service that is able to improve the way in which information can be accessed about vulnerable individuals, to put them at the centre of their care and to improve cross border information sharing.

The programme is working with four local authorities and partner agencies to develop multi-agency front doors into service for complex adults and families. Sub-regional work has been done to further strengthen information sharing agreements (ISAs) for the front doors, initially across agencies in each locality but ultimately they are working towards a single ISA for the sub-region.

The Cheshire sub-region is also looking to implement an ICT portal which will provide a single view of the information held by agencies on an individual as they are supported by services. The database will include health records, children's social care, Early help Module, Education Management System and Youth Offending data.

This project is only within its infancy stages of implementation, but the anticipated impact on the way in which information will be shared earlier, without the cross border constraints will revolutionise the way in which safeguarding is delivered to improve the lives of vulnerable children and families.

*Cheshire East, Cheshire West, Halton and Warrington.

4. Developing professional capability

Well-led early help and safeguarding partnerships will only foster robust relationships if they can continue to grow in confidence to share information earlier. For practitioners this means that their agency is committed to their ongoing professional development. Reflecting regularly on practice on its own is not enough to change it. Professionals need to be able to be appropriately inducted and to access regular training sessions in order to understand their information sharing roles and responsibilities.

Collaborative approaches to partnership development and peer learning also play a key role in helping professionals improve their information sharing practice. Where a risk-averse attitude prevails amongst agencies that mistrust each other, partnerships are unable to realise the benefits of sharing information in order to intervene early.

The underpinning themes that we use to describe developing professional capability within multi agency information sharing are:

1. Space and time for professional reflection on information sharing practice;

2. Multi-agency induction and training to support ongoing development; and

3. Networks of support that help partners learn from each other and connect to their communities.

4.1. Space and time for professional reflection on information sharing practice

Delegates reported that pressured workloads as well as siloed ways of working have contributed to less opportunities for professional reflection.[48] This barrier is particularly prominent where staff are new to the role and naturally have less confidence to share information than more experienced colleagues. This is not to say that information is only shared appropriately by senior or more experienced staff. Without giving junior or newer staff the space and time to reflect on their practice and plan their information sharing development needs with managers, they may remain unconfident in their decision making regarding information sharing. As a result, partnerships will be unable to learn lessons from past observations and improve current practice, both in the early help and safeguarding spaces.

This message also came through the thematic analysis of SCRs. For example, SCR14 noted that practitioners were repeating poor information sharing practices that were highlighted in previous cases. The review concluded that the locality was sincerely attempting to learn lessons from multiple reviews conducted over the last three years; however, the lack of opportunity for professional reflection and sufficient mentoring from managers meant that these lessons were not being embedded in frontline practice.

> To work with partners around understanding and developing the culture around information sharing and ensuring all our training is multi-agency."
>
> Information sharing pledge from a Midlands regional roadshow delegate.

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[48] As discussed previously in the Developing Strategic Leadership and Communication factor, section 3.1.1, leadership on information sharing practice is needed to ensure that workforce development continues even when resources are stretched. As Ofsted (Eleanor Schooling, June 2006) notes: "Leaders create opportunities for the workforce to reflect routinely on practice, recognising that this facilitates continuous learning and improvement."

4.2. Multi-agency induction and training to support on-going development

Delegates told us that a combination of quality training and mentoring can support practitioners to develop their information sharing capability.[49] This was particularly an issue in areas such as CSE and FGM. Professionals suggest that whilst there is training and support for sharing information to safeguard children, it is far less developed at the early help level. To prevent families reaching a point of crisis, professionals need the knowledge and skills to share information earlier. This issue has been prioritised by several national organisations, including NHS England,[50] and the DfE has recently committed to "bring the best and brightest into social work and give them the training and development they need to succeed at this highly complex work."[51]

The thematic analysis uncovered the lack of multi-agency training and support for frontline staff.[52] SCR7 recommends that early education staff, such as nursery nurses, needed more multi-agency training to increase their understanding of a family's situation to enable better information sharing. This will resolve some of the complexity surrounding understanding vulnerability, discussed in the Understanding vulnerability and risk factor (see section 2.1.1), where practitioners don't have sufficient knowledge about the vulnerability of children or families to know when to share information. Delegates also raised their concerns that without ongoing training about the safeguarding issues that practitioners deal with throughout all learning stages, education settings would be less likely to understand the indicators of risk, be aware of the thresholds for referral or challenge poor information sharing practice.[53]

4.3. Networks of support that help partners learn from each other and connect to their communities

To encourage routine information sharing, agencies need to be able to work within an open and supportive environment where trust and respect for one another are at the heart of multi-agency working. The Chief Social Worker has said that a 'good practice' approach requires "multiple sources of support to draw on, not only supervision which itself is very important".[54] Professionals who contributed to this work were committed to this approach, determined to challenge a 'blame culture' that can develop in the wake of serious incidents. However, whilst we found good examples of supportive partnership working taking place, there is still more to be done to develop an emotionally and culturally intelligent workforce that shares information efficiently and appropriately.[55]

This has important consequences for partnerships at two levels. First, if agencies do not respect each other's information sharing practice, they will be unable to learn from each other. Professionals reported an absence of peer networks of support for this issue, with one practitioner maintaining that without a single point of contact to provide practical support and reassurance on information sharing, agencies would hold back information until there was a wealth of evidence that the family has reached the point of crisis.[56] The case study exercise presented at the regional roadshows demonstrated that the definition of evidence and trigger points for sharing information may be different for each organisation, and without professional understanding and trust, vital information may not be shared.

[49] See glossary for definition of Information sharing capability.

[50] For example, through the provision of multi-agency training for health professionals on FGM and Prevent. See www.nhs.uk/NHSEngland/AboutNHSservices/sexual-health-services/Pages/fgm-for-professionals.aspx and https://www.england.nhs.uk/wp-content/uploads/2015/02/train-competnc-frmwrk.pdf.

[51] Department for Education (January 2016) Children's social care reform: A vision for change, p. 5. Available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/491968/Childrens_social_care_reform_a_vision_for_change.pdf (Accessed: 6 June 2016).

[52] See SCR4, SCR7 and SCR8 and SCR12.

[53] This is particularly the case for VCS organisations. The Wood Report (March 2016) highlights the important contribution of these organisations to "multi-agency working… at every level", particularly in helping to develop the voice of children and young people. It cites a report by the National Society for the Prevention of Cruelty to Children (NSPCC) on its members' experiences of local safeguarding partnerships, and questions the "absence of any formalised training when they joined an LSCB and the fact that best practice was rarely covered". (p. 48)

[54] Isabelle Trowler, interview with Community Care, June 2016. See www.communitycare.co.uk/2016/06/02/qa-isabelle-trowler-practice-systems-professionalism-private-influence-social-work/. The importance of regular supervision of information sharing practice has been discussed under the Providing strategic leadership and communication factor.

[55] See glossary for definition of Emotional and Cultural intelligence.

[56] Field interview.

Second, without strong regional and national support networks, partner agencies are unable to connect to their communities. Building trusting relationships between agencies and their communities is vital to ensure that they can gather intelligence to support early intervention. Housing providers, schools and the police benefit from good community relations. Through a better connected partnership, valuable information can be shared to support early intervention to families and in particular vulnerable children.

One example of this is the regional and national efforts to engage with communities and reduce gang-related violence. SCR4 concludes that "the LSCBs who have worked on this review believe they have a key role in promoting collaborative and innovative work to reduce teenage violence fatalities in North London." Stronger relationships between residents and partnerships build more resilient communities. To this end, more opportunities to exchange learning on these issues is needed across the early help and safeguarding agendas. Such ambition for change should be supported at the national level, using evidence of what works to drive transformation.

4.4. Summary

In fragmented or poorly led workforces, professionals lack space and time to reflect on their practice and develop their information sharing skills. As a result, they are unable to provide early support to reduce the number of vulnerable families reaching the safeguarding threshold. Local leaders and their safeguarding boards have an important responsibility to help partners to develop multi-agency training programmes to improve information sharing. Equally, Central Government departments can support early help and safeguarding partnerships to ensure the on-going development of their workforce by including information sharing skills within the new national system of assessment and accreditation for practitioners.

> **All early help and safeguarding partnerships must also commit to a collaborative approach to organisational development in relation to information sharing. Through a joint commitment to on-going learning, partner agencies can work together to better understand and share successful information sharing approaches.**

4.5. Recommendation

5. **Central Government departments** to support **local early help and safeguarding partnerships** to develop their partners' information sharing capability, by:

   a. including multi-agency information sharing as a mandatory module within local professional development programmes and the new national system of assessment and accreditation for practitioners;

   b. helping local leaders understand the link between well-trained front-line staff and better information sharing, and providing support to develop a more informed and confident information sharing workforce; and

   c. sharing learning on what information sharing approaches work best in the early help space, and offering peer support from organisations that have sustained the practice which has helped overcome barriers to information sharing.

Family Intervention Partnership, Durham County Council

The Family Intervention Programme (FIP) works with vulnerable children and families, alongside the Housing Intervention Project team (HIP) who work with vulnerable adults. The FIP team identified that in order to achieve better information sharing across partnerships, they needed to instill the ethos that safeguarding is everybody's business.

In order to achieve this, the team have started to use material from serious case reviews in order to start a conversation about early information sharing with departments that sit outside of the traditional safeguarding units. They have created an induction package for new staff which includes resources such as key safeguarding contact numbers and the seven golden rules of information sharing.

The FIP team also delivers training to staff and managers across Durham County Council in order to raise awareness about safeguarding being everyone's responsibility, especially those who have first-hand interaction with people. As part of this, they have established a new single point of contact for Services within Regeneration and Economic Development (RED) directorate. This person is a FIP team member who provides practical support on information sharing issues, but isn't the formal safeguarding lead for the directorate.

As a result of this collaborative approach to organisational development, County Council staff are able to demonstrate their on-going commitment to learning about the benefits and good practice associated with sharing information to protect vulnerable children and families.

"To make sure I continue to challenge other organisations."

Information sharing pledge from a Nort West regional roadshow delegate.

5. Conclusion

How can multi-agency partnerships ensure that information is shared earlier to protect vulnerable children and families?

The findings indicate that poor information sharing cannot be diagnosed and treated as a distinct problem that lies outside of professional practice. In fact, information sharing is part of practice. In order to improve outcomes for vulnerable children and families, strong partnership working is vital. The recommendations in this report are designed to support Central Government and local places embed collaborative partnerships that can share information swiftly and appropriately.

This work has demonstrated that cultural information sharing barriers are experienced equally within early help and safeguarding partnerships. Where practice differs at the child protection level it is nearly always caused by a legislative requirement, rather than a cultural desire, for information to be shared. Therefore, understanding the attitudes and behaviours within the workforce across the continuum of need will enable a holistic approach to overcome real and perceived information sharing barriers.

Yet, individual changes to the attitudes and behaviours of the early help and safeguarding workforce are not enough. Those who are responsible for protecting and supporting vulnerable children and families must be empowered to intervene earlier in their lives and prevent them from reaching the point of serious harm, abuse or even death. This includes statutory and non-statutory agencies such as the VCS.

To support partnerships to promote and deliver earlier intervention, there is a pressing need to ensure that information sharing is seen as an integral part of professional practice. Genuine commitment is now required from all partnerships, with the support of national safeguarding bodies, to learn lessons from past failures to share information.

Only through a nationwide understanding that information sharing is everybody's business, can pockets of skilled and reflective information sharing practice be transformed into sustainable and scalable models of excellence.

Jovian Smalley
Engagement Manager
Centre of Excellence

Engagement Manager, Jovian Smalley, talks through the finished report and next steps for the project. You can also download the video from www.informationsharing.org.uk/safeguarding

6. Appendices

Appendix i: Aims of work

The overarching aim of this work is to:

▶ support practitioners in understanding what approaches work best in information sharing, and how to overcome real and perceived barriers.

The specific aims of this work are to:

▶ help local practitioners strengthen their approaches to multi-agency working and information sharing in order to safeguard vulnerable children;

▶ enable the DfE to understand the impact of existing multi-agency guidance around information sharing, and to gain direct insight into continuing barriers to better sharing;

▶ provide a deeper understanding of information sharing within the early help space, which is less well defined; and

▶ provide insight and expertise on proposals for future priorities for the Department in this area.

Appendix ii: Methodology

In order to examine the information sharing barriers that exist within multi agency safeguarding, the Centre adopted a triangulated approach (see diagram 4).

**Diagram 4:
Triangulated Methodological
Approach**

1.
Thematic analysis of Serious Case Reviews (SCRs)

2.
Field interviews

3.
Regional roadshows, including pre-event questionnaire

Thematic analysis of Serious Case Reviews (SCRs)

We initially reviewed 25 SCRs, either taken from the NSPCC website or provided by the DfE. We then undertook a thematic analysis of 15 reviews within the report, which are tabled within appendix iii, using a coding system which is used to reference individual SCRs throughout this report. To ensure that the findings reflected the current challenges that exist within multi-agency safeguarding, our sample was limited to reports that were published between January 2012 and December 2015.

The objective of the analysis of SCRs was:

▶ to identify and explore the multi-agency information sharing challenges that are reported to exist within early help and safeguarding.

Field interviews

To verify the findings of the SCR analysis, a small sample of in-depth field interviews was conducted with safeguarding professionals. To avoid bias, the sample was reflective of a number of different partner agencies at all levels, from practitioner to director.

The objectives of the in-depth field interviews were to:

1. **examine and test the information sharing challenges that are reflected within SCRs with safeguarding professionals**

2. **gain an in-depth understanding of the necessary cultural changes in order to improve information sharing within early help and safeguarding.**

Regional roadshows

To develop a deeper understanding of the key themes, professionals from across the country were invited to attend one of five regional roadshows that took place during February and March 2016. In total, 150 delegates attended roadshows across the following locations: Manchester, Newcastle, London, Bristol and Birmingham. The roadshows consisted of a warm-up exercise in which delegates were asked to draw their information sharing challenges, and four further exercises based around a case study using elements drawn from the key themes of our SCR analysis. Examples of the warm-up exercise drawings are reproduced during this report and further details of the case study exercises can be found within appendix v.

The objectives of the roadshows were to:

1. **share findings from the Centre's previous work on the development of multi-agency arrangements that enable information to be shared earlier to protect vulnerable children and families**

2. **discuss common information sharing challenges with peers using a fictional case study created by the Centre**

3. **help local places share best practice and strengthen their approaches to multi-agency working and information sharing in order to safeguard vulnerable children and families**

4. **provide delegates with the opportunity to have a direct voice to Central Government about the support and guidance that is required at a local level, with the potential of shaping future policy.**

Pre-event questionnaire

Before attending a regional roadshow, a questionnaire was circulated to each delegate.
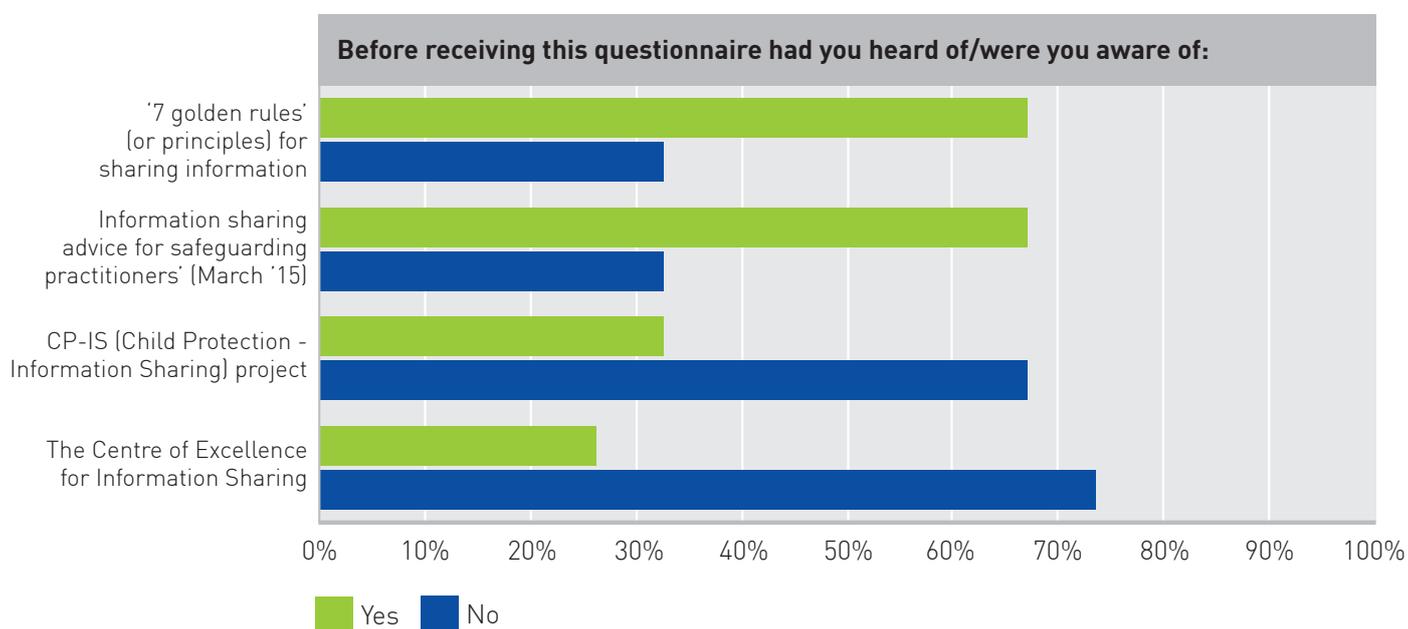
The objectives of the questionnaire were to:

1. **understand the information sharing challenges that were being experienced and overcome by delegates at a local level;**

2. **establish delegates' awareness of sources of support for information sharing issues; and**

3. **learn about what delegates would find most useful from the roadshows.**

Appendix iii: Table of thematically analysed Serious Case Reviews (SCRs)

Number	Place	Subject	Date
1	Anonymous	Child F	Aug-15
2	Coventry	Child DP	Sep-13
3	Enfield	Child CH	May-15
4	Enfield	Child AX	Jan-16
5	Hampshire	Child F	Oct-15
6	Havering	Children X,Y,Z	Jun-15
7	Lancashire	Child N	Apr-15
8	Leicestershire	Child R	Jan-12
9	Oxford	Child Y	Jul-14
10	Oxford	Child N	Sep-14
11	Peterborough	Child J	Jul-15
12	Somerset	Child Y	Oct-15
13	Southwark	Child R	Spring 2015
14	Sunderland	Baby N	Nov-15
15	Tri-borough area (Westminster, Hammersmith & Fulham, and Kensington & Chelsea)	Sofia	Dec-15

Appendix iv: Pre-event questionnaire: awareness of sources of support for information sharing issues

Before receiving this questionnaire had you heard of/were you aware of:

- '7 golden rules' (or principles) for sharing information
- Information sharing advice for safeguarding practitioners' (March '15)
- CP-IS (Child Protection - Information Sharing) project
- The Centre of Excellence for Information Sharing

Yes / No

Appendix v: Regional Roadshow case study materials

Material 1: Introduction to the Walsh family

Delegates were introduced to the case study of the Walsh family. Whilst this case study is entirely fictional, delegates were reminded that the various elements were all drawn from the thematic analysis of SCRs.

Material 2: Group worksheet

Having been introduced the Walsh family background, delegates were asked to think about what information on the family they thought should be held by statutory and wider agencies (Schools/education, Social Care, GP/Accident and Emergency/Health, Police, Other e.g. Prison/Probation/Housing/Mental Health).

They were also asked to consider what aspects of the family history they would like to know more about, and fill out the group worksheet below before feeding these responses back to the wider group.

Material 3: Sharetown Community Meeting – information cards

Delegates were asked to use their thinking from the above exercise to guide their actions in a information sharing scenario, so that the Centre's initial findings from the thematic analysis could be tested in a live environment. They were asked to imagine that their manager had asked them to attend a 'Sharetown Community Safety Vulnerable People Meeting' on behalf of a colleague, where the case of Katie Walsh and her family were to be discussed under Any Other Business.

Delegates in each group performed the role of one of the statutory or wider agencies that were regular members of the forum. Once attending the hour long meeting, they were given a number of pieces of information on the family held on their agency's database (on laminated cards an example of which is shown below). They were then asked to decide which pieces of information they wished to share with the group, based on their professional judgement, concerns for the family's welfare and assessment of risk as the meeting progressed.

Agency	Info they should hold	Things we would like more info on
School / Education		
Social Care		
GP / A & E / Health		
Police		
Other Services		

Material 4: Sharetown Community Meeting – information not shared

Some delegates performing their role in the live scenario exercise did not feel comfortable sharing information with the group for a specific reason (e.g. they were unclear about how appropriate it was to share personal information with non-statutory partners). At the end of the exercise were asked to provide this reason on a post-it note attached to the information card they decided to withhold, as shown in the examples below.
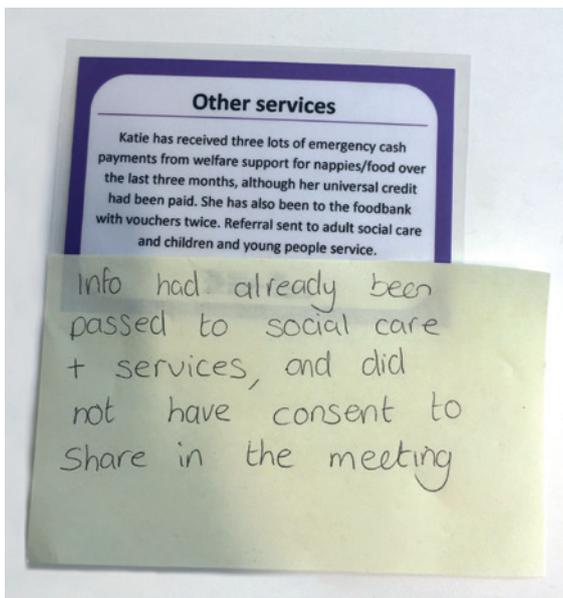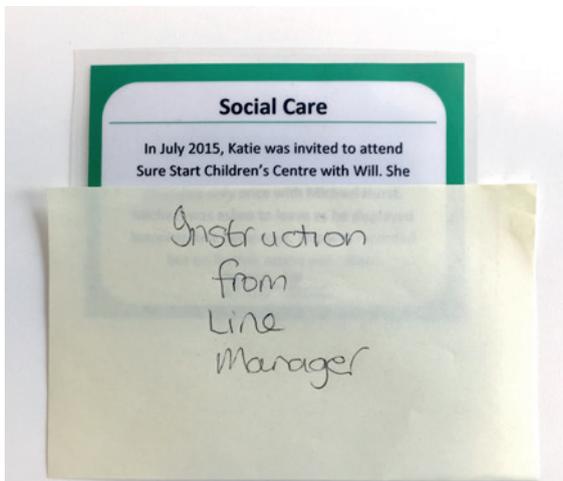
Material 5: Sharetown Serious Case Review

In the afternoon session, delegates were informed that despite the best efforts of the group, the youngest child in the family had been unintentionally killed in a violent altercation between the mother and her current partner. A front-page headline from the place's local paper, the 'Sharetown Sentinel' (shown below) was presented to each group to illustrate this element of the case study.

Having understood the bigger picture of risk to the Walsh family, and the tragic consequences when information is not shared early about vulnerable children and families, the same groups of delegates were asked to conduct a serious case review on behalf of the LSBC, to say what they would have done differently in this case, and what other agencies should have been involved. They were asked to provide three recommendations to ensure lessons were learned in future, and feed these back to the wider group.

Appendix vi: Feedback from delegates

1. Overview of feedback across all regions

THE CONTENT WAS RELEVANT TO MY CONCERNS OR WORK

12%
46%
42%

THE MATERIALS WERE PRESENTED IN AN ORGANISED MANNER

6%
44%
50%

THE FACILITATORS WERE KNOWLEDGEABLE ON THE TOPICS

4%
46%
50%

THE WORKSHOP WAS WELL PLACED WITHIN THE ALLOTTED TIMED

5%
49%
46%

THE FACILITATORS WERE GOOD COMMUNICATORS

3%
44%
53%

■ Fair   ■ Good   ■ Excellent
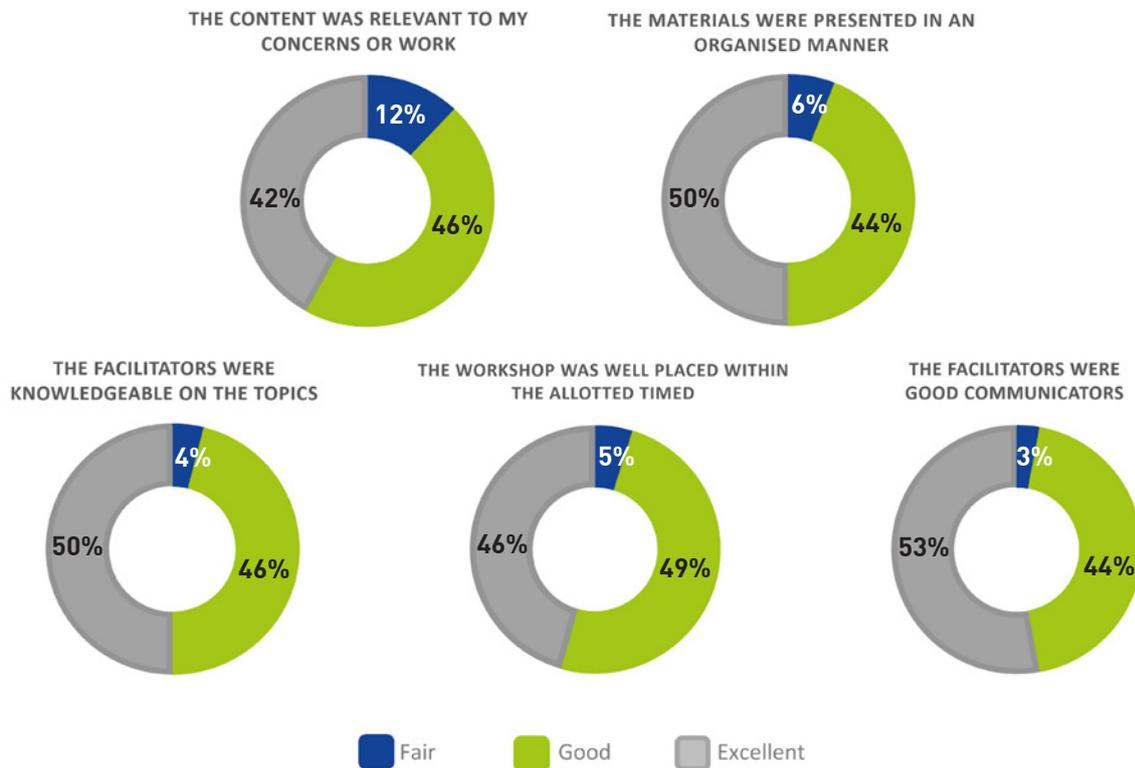
2. Examples of what delegates appreciated

"Case studies helped bring the discussions to life."

"The opportunity to network with other professionals from different agencies."

"The activities allowed for thought and reflection."

"Good mix of professionals attended the workshop. Some good group discussions. For future workshops knowledge of the ongoing work undertaken universally made clear by facilitators."

"All attendees felt comfortable to discuss topic issues with confidence and safety."

"Very interactive and engaging, having time to think about issues and provide feedback for national information."

Appendix vii: Glossary of terms

Child Protection (CP): The process of protecting individual children identified as either suffering, or likely to suffer, significant harm as a result of abuse or neglect. It involves measures and structures designed to prevent and respond to abuse and neglect[1].

Child Protection – Information Sharing Project (CP-IS) In support of early detection and cross-agency working, CP-IS plays a key role in the prevention and harmful escalation of neglect and abuse of vulnerable children. This nationwide information sharing solution enables front-line staff to make informed assessments and help identify emerging problems. Use of the system brings together services sooner, across agencies, to support children and families when and where they need it[2].

Child Sexual Exploitation (CSE): The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities[3].

Continuum of need: The model that describes Children's Social Care Services, often ranging from Tier 1 (Universal Services such as schools, health visiting and so on) to Tier 4 (Specialist services for children and families with severe and complex needs, including child protection)[4].

Cross Border Working: The sharing of information about children or families across organisational and geographical borders.

Cultural Intelligence (CQ): the ability to cross divides and thrive in multiple cultures. CQ is the natural evolution from the now well-established notions of Intelligence Quotient (IQ) and Emotional Intelligence (EQ)[5].

Delegates: Those who attended one of the Centres regional roadshows during February and March 2016, entitled 'Information sharing to protect vulnerable children and adults'.

Early Help: Early help is about taking action as soon as possible to tackle problems for children and families before they become more difficult to reverse. Early Intervention is also referred to within the same context as Early help. This report views Early Help as being at the point on the scale (see Continuum of need) where the risk is assessed before it becomes a safeguarding concern, and the appropriate intervention is provided earlier as a result[6].

Emotional Intelligence (EQ): The subset of social intelligence that involves the ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions[7].

Female Genital Mutilation (FGM): Female Genital Mutilation (FGM) comprises all procedures involving the partial or total removal of the external female genitalia or any other injury to the female genital organs for non-medical reasons[8].

False Compliance: The concept of 'false compliance' refers to situations where parents or family members present as fully engaged with services, but their engagement is superficial without a genuine commitment to, or acceptance of, the need to change their circumstances or pattern of behaviour. False Compliance may also be referred to as 'disguised compliance'[9].

Information sharing capability: The success of information sharing is reliant on the capability of partners to be able to share. Not all partners will have the same capability to share. Factors such as workload and a lack of training may be contributing factors.

Local Safeguarding Children's Board (LSCB): A Local Safeguarding Children Board (LSCB) must be established for every local authority area under the requirements of the Children Act 2004. The LSCB has a range of roles and statutory functions including developing local safeguarding policy and procedures and scrutinising local arrangements[10]*.

Multi-agency partnerships: Different agencies and teams of professionals and practitioners working together to provide services for children and adults. Multi Agency Partnerships are also referred to as partnerships or partner agencies within this report.

Multi-Agency Safeguarding Hubs (MASHs): Describes a number of models of integrated working, many of which are considered in this paper, in order to share information about vulnerable adults and/or children, and to make timely decisions about their protection or support. Also known as Multi-Agency Information / Intelligence Sharing Hubs (MAISH)[11].

Prevent: Part of the Governments Counter Terrorism Strategy, which aims to stop people from becoming terrorists or supporting terrorism[12].

Professionals: Those who we interviewed as part of our field conversations and/or wider practitioner input.

Risk: A situation whereby children and families may be exposure to danger or emotional or physical harm[13].

Safeguarding: Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect[14].

Safeguarding Adults Board (SAB): The overarching purpose of an SAB is to help and safeguard adults with care and support needs. The SAB must lead adult safeguarding arrangements across its locality and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies[15].

Serious Case Review (SCR): A SCR takes place after a child dies or is seriously injured and abuse or neglect is thought to be involved. It looks at lessons than can help prevent similar incidents from happening in the future.[16]**

Shared professional language: A common understanding and use of terminology, purpose and processes across partnerships.

Systems Leadership: The action of directing activity, that can be seen and enacted through all levels of organisations, be it from chief executives, middle managers or practitioners[17].

Vulnerability: People who are vulnerable to abuse because of their age, health, physical or mental abilities. People who rely on others can be particularly vulnerable, for example when receiving nursing care, being washed, dressed or transported[18].

Wood Report: Alan Wood's review into the role that local safeguarding children boards (LSCBs) play in protecting and safeguarding children. The review sets out recommendations for making local safeguarding children boards (LSCBs) more effective[19].

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*   In future, places may choose to discontinue their LSCBs, to be replaced by an alternative local governance process guided by Central Government. LSCBs have been referred to during this report in the context of their current statutory function.

** The SCR processes may soon become obsolete, to be replaced by a system of local and national reviews, the detail of which will be confirmed by Central Government in due course.

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