

# SCOTTISH EXECUTIVE

Dear Colleague

### SHARING INFORMATION ABOUT CHILDREN AT RISK: A BRIEF GUIDE TO GOOD PRACTICE

I refer to my letter of 10 February 2004 regarding the Scottish Executive Child Protection Audit and Review "*It's Everyone's Job to Make Sure I'm Alright*", and referring to recent inquiries into child deaths which identified the importance of sharing information about children at risk between professionals and agencies.

Health professionals have to manage the perceived competing demands of the need to share information and to maintain confidentiality. In relation to child protection, guidance for health professionals must be clear that they should always disclose any information needed in order to protect a child from risk of death, serious harm or neglect. If there is concern that a child may be at risk of harm, this will always override a professional or agency requirement to keep information confidential. Your responsibility to children is not limited to responding to requests for information from other professionals or agencies. All NHS staff are responsible for acting on concerns about a child, even if the child is not a patient.

I am grateful for all the feedback received on the leaflet *Sharing* Information About Children at Risk, and as a direct result of this the Health Department has produced a one page brief guide to sharing information about children at risk, and this is attached. All professionals and service providers have a duty to take action to make sure that a child whose safety or welfare may be at risk is protected from harm, even if the child is not a patient. Health professionals also need to be very clear about their legal duties when the interest of a child and parents or other adults do not coincide. Sharing information about parents which may be relevant to protecting a child can be complex but health professionals should be clear that the child's needs are paramount. Professionals responsible for adults with serious illness, including adults with severe mental illness, drug or alcohol dependence or brain injury should always consider the needs of any dependent children.

## From the Chief Medical Officer

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#### SEHD/CMO(2004)19

#### For action

Chief Executives: NHS Boards GP Practice Managers Caldicott Guardians Directors of Public Health Directors of Nursing Medical Directors Lead Commissioners for Child Health Royal Colleges

#### For information

Chairs of Child Protection Committees Chief Executives: Local Authorities Directors of Social Work

#### **Further Enquiries**

Ms Sarah Corcoran Miss Kelly Martin Scottish Executive Health Department, Women and Children's Unit, St Andrew's House, Edinburgh EH1 3DG Sarah.Corcoran@scotland.gsi.gov.uk Kelly.Martin@scotland.gsi.gov.uk



It is absolutely essential that the brief guide is disseminated to everyone in your organisation who may need to act in the interests of a child's welfare. Laminated copies of the brief guide have gone to all GP Practice Managers who should be responsible for inserting local contact information and will be expected to keep this information up to date.

Whilst the brief guide has been produced for staff working within the NHS, I am sending copies to the Chairs of Child Protection Committees, local authorities and partner agencies who may also find it useful.

The BMA and the GMC are content with the advice contained within the guide and agree that it is consistent with their own guidance on confidentiality and data protection.

We have tried to ensure a wide distribution of this important document, and as mentioned above, would be grateful for your assistance in ensuring that it reaches the many practitioners and others within your organisation who may need to act in the interests of a child's welfare. This document is available on the Scottish Health Service (SHOW) website and the Scottish Executive's website - <u>http://www.scotland.gov.uk/publications/infoaboutchildren</u>, where you will be able to download and insert your own local contact information, which <u>must</u> be checked for accuracy at least once a year. A limited supply of the laminated version is available from the Women and Children's Unit within the Scottish Executive Health Department on 0131 244 2272. Local contact information can be added to the laminated version on a sticky label.

Any queries about the guide should be directed to Sarah Corcoran in the Women and Children's Unit on 0131 244 2704 or Sarah.Corcoran@scotland.gsi.gov.uk.

Yours sincerely

&M Brothing

**DR E M ARMSTRONG** 

## Sharing Information about children at risk of abuse or neglect A guide to good practice

## All staff have a responsibility to act to make sure that all children are protected from

**harm.** Your responsibility to children is not limited to responding to requests for information from other professionals or agencies. All NHS staff are responsible for acting on concerns about a child - even if the child is not your patient.

If there is reasonable concern that a child may be at risk of significant harm this will **always** override a professional or agency requirement to keep information confidential.

**Staff caring for adults** should always ask whether there are dependent children at home who may be endangered by the adult's condition. This includes sharing information prior to the birth of a child to ensure protective plans are in place from the moment of birth.

# If staff are concerned that action is not being taken on information they have given, they should discuss this with the contacts below.

Staff should involve parents or parents-to-be in decisions about the disclosure of information, unless this would increase the risk to the child, parents or staff.

When any professional or agency approaches another to ask for information they should explain:

- What information they need (in plain English)
- Why they need it
- What they will do with the information
- Who else may need to be informed if concerns about a child persist

If a professional or agency is asked to provide information, they should **never** refuse **solely** on the grounds that all their information is confidential. They should consider:

- What information the service user has already given permission to share
- Any perceived risk to a child which would warrant breaching confidentiality
- Any relevant information on risk to the child, which would allow another agency to offer appropriate help and services or take action to reduce the risk to the child
- Whether to ask advice from their line manager, Child Protection staff or Information or Caldicott Guardians

Staff should record when, what and why information has been shared, and with whom (or why sharing was refused) as they may have to justify their decision at a later date. Staff should also keep clear, legible and up-to-date records of their contact with parents and children including:

- What information is held and any consent to information being shared
- The assessment, care plan and any changes as a result of reviews
- The date and identity of the person sharing and recording the information.

## Insert local contact information below Insert local contact information below

## Always seek advice if you are unsure

Never refuse to provide information without considering the risks of not sharing