

# Oxfordshire's Early Help Assessment Guidance



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# 1 Introduction

## 1.1 Early Help

All agencies working with families have a responsibility to work together closely, to ensure that children and young people receive the right support at the right time, before their needs increase, and services are delivered in a co-ordinated way.

## 1.2 Early Help Assessment

The Common Assessment Framework (CAF) has been updated following feedback from young people, parents and professionals across Oxfordshire. It is now called the Early Help Assessment (EHA). It supports identification of need at an early stage for children and young people and how those needs should be met.

Oxfordshire County Council (OCC) and partner agencies want all children and young people to have the best start in life and receive the ongoing support that they and their families need to fulfil their potential.

Services for all children and young people (such as schools, colleges, early years settings, health visiting, community & voluntary agencies) have a key role in promoting wellbeing and preventing problems. For the majority of children and young people high quality universal services will enable them to achieve good outcomes and reach their full potential.

However from time to time some children will become “vulnerable”. They may have difficulty making a transition from primary to secondary school; their development may be delayed; they may break the law; or have emotional difficulties. Others may be vulnerable because of their own development, family circumstances or environmental factors.

Families in Oxfordshire have said that when they need support, they want services that:

- Provide help from when problems first arise and before things deteriorate
- Put children and families at the centre and involve them in decision making
- Are coordinated across agencies with one contact person
- Rely on fewer assessments - reducing duplication and the need for the family to repeat their story
- Are organised so that they are easy to access locally
- Take a whole family / Think Family approach (See section 1.3).

Our aim is to support children, young people and families to reach their full potential and improve their life chances.

This means all services working in an integrated way. An important part of this early approach is the role of the Early Help Assessment and the Team Around the Family (TAF) processes. These processes provide essential tools to work alongside families to identify problems when they first emerge and agree solutions which work for them.

### 1.3 A Think Family Approach



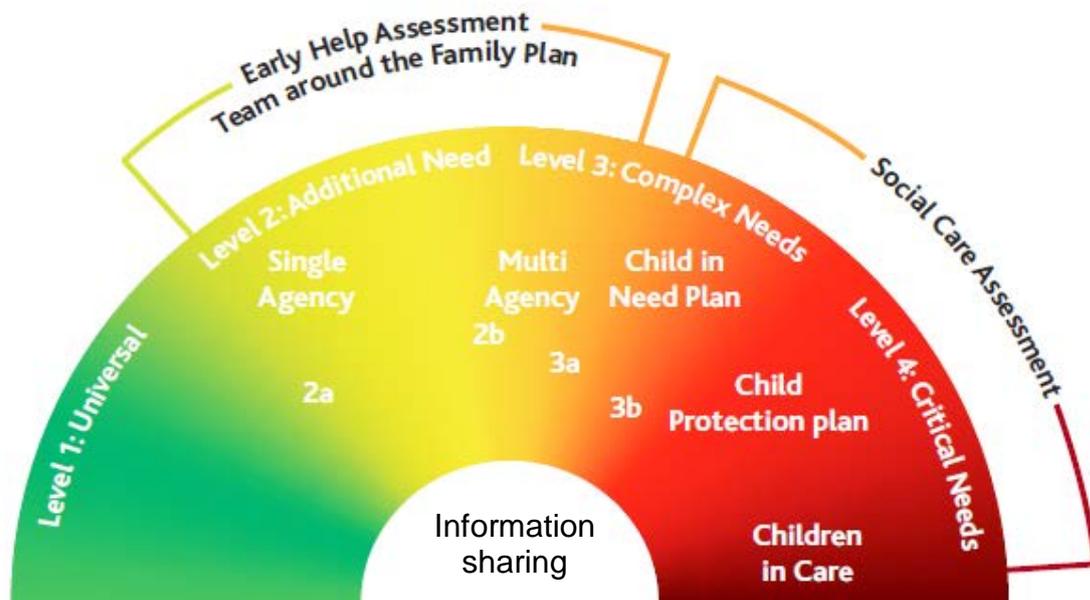
Children do not exist in isolation – their strengths, difficulties and needs are related to their wider circumstances, particularly their family environment.

Most children and their families also have a wider network through which they receive the appropriate support to navigate normal day to day challenges and thrive. Some, however, experience more complex difficulty and require additional help from targeted services.

Where such help is required, it is important that we work in a 'Think Family' way. This means ensuring there is:

- One lead professional – who acts as the main contact point for families and coordinates appropriate support
- One whole family assessment – which considers the needs of all family members, and how these interrelate, and also retains a central focus on the wellbeing and safety of children
- One family plan – all involved agencies and the family are working towards. This plan should be developed in partnership with both services and family members, should consider the family's expressed wishes, and should clearly articulate the desired outcomes to address identified concerns.

## 1.4 Threshold of Need



**Figure 1.** The windscreen above describes the different levels of children and young people’s needs.

### Level 1 (universal)

Most children reach their full potential through the care of their families, communities and the support of a range of services provided universally e.g. schools, primary health care and leisure services

### Level 2 (vulnerable)

From time to time some children will become vulnerable and will require additional support because of their own development, family circumstances or environmental factors. These children and young people are at risk of not reaching their full potential and life chances may be impaired without the provision of additional services.

### Level 3 (complex)

These are children and young people whose needs are more complex. This

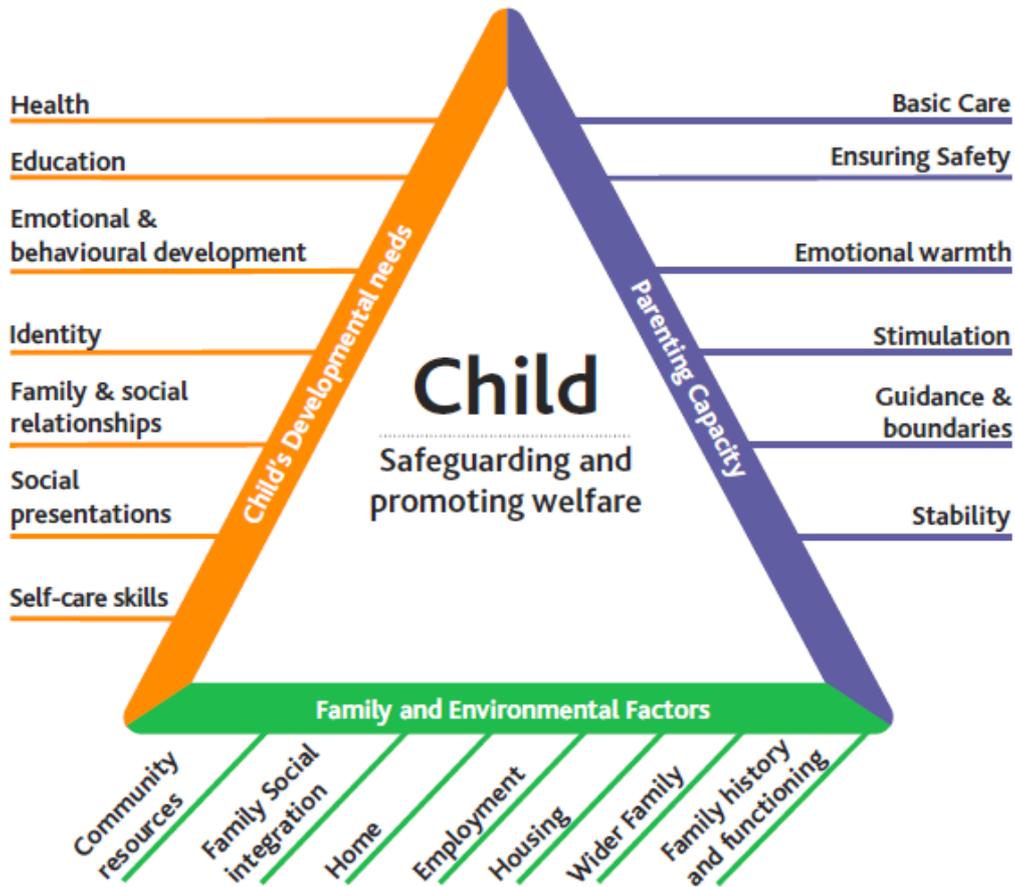
refers to the range of needs and depth or significance of the needs. They are at risk of social or educational exclusion. Their health, welfare, social or educational development is being impaired; and life chances will be impaired without the provision of additional services.

### Level 4 (critical)

These children and young people have needs that are complex and enduring. They are at risk of significant harm or removal from home. Children can move across and between these levels of vulnerability according to their particular circumstances. The divisions between the levels should not be conceived of as ‘hard and fast’. The presence of single or multiple combinations of factors the age of the child and protective factors will all need to be taken into account.

## 1.5 Oxfordshire Threshold of Needs Matrix

In order to be able to describe in detail the different levels of children’s needs, professionals in statutory and voluntary agencies in Oxfordshire have developed a Threshold of Needs matrix. This matrix is based on the domains and dimensions of the Assessment Framework.



For further information please see:  
[http://www.workingtogetheronline.co.uk/chapters/chapter\\_one.html#early](http://www.workingtogetheronline.co.uk/chapters/chapter_one.html#early)

It is intended that the matrix be used as a tool to enable agencies to communicate their concerns about children using common language and understanding of the level of concern or risk.

The matrices are not definitive lists, but illustrations to help practitioners have a shared understanding of the whole needs of the child/ young person/family.

The presence of single or multiple combinations of factors, the age of the child and protective factors will all need to be taken into account. In all instances the practitioner will have to make a judgement about whether or not the child/young person fits the broad definition at each level. It should also be noted that children may move in/out and between the levels of concern in ranging timescales depending on the nature of their particular circumstance.

Please go to <https://www.oxfordshire.gov.uk> or the OSCB website and search for ‘Threshold of Needs’.

If training is required please contact your local Locality and Community Support worker for further information email: [LCSS.North@oxfordshire.gov.uk](mailto:LCSS.North@oxfordshire.gov.uk); [LCSS.Central@oxfordshire.gov.uk](mailto:LCSS.Central@oxfordshire.gov.uk) or [LCSS.South@oxfordshire.gov.uk](mailto:LCSS.South@oxfordshire.gov.uk)

Should professionals become aware of any of the following they should contact the Multi Agency Safeguarding Hub immediately:

### Response on same working day if:

- Allegations/concerns that the child has been sexually/physically abused.
- Concerns that the child is suffering from severe neglect or other severe health risks.
- The child is frightened to return home.
- Concern that a child is living in or will be returned to a situation that may place him/her at immediate risk.
- The child has been abandoned or parent is absent.

## 1.6 Legislation surrounding Early Help

### ***Working together to safeguard children – A guide to inter-agency working to safeguard and promote the welfare of children (March 2015).***

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

The ***Working Together 2015*** document is the key statutory guidance for anyone working with children in England. It sets out how organisations and individuals should work together and how practitioners should conduct the assessment of children.

‘Early help means providing support as soon as a problem emerges rather than reacting later which is more effective in promoting the welfare of children.’

**It is important to understand the definition for Safeguarding which is:** Prevention to avoid further escalation of risk. It is the umbrella across all 4 stages of the Threshold of Need and incorporates protection and prevention. The Working Together statutory guidance supports Section 11 of the Children Act (2004) which states:

***“Duty to override your main role in order to safeguard and protect”***

### ***Keeping children safe in education – Statutory guidance for schools and colleges (September 2016)***

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

Keeping Children safe in Education is statutory guidance from the Department for Education issued under Section 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 and the Non-Maintained Special Schools (England) Regulations 2015.

Schools and colleges must have regard to it when carrying out their duties to safeguard and promote the welfare of children. This means that they should comply with it unless exceptional circumstances arise.

In order to achieve better outcomes for children the following is advised within both these key pieces of legislation:

## A child centred and coordinated approach to safeguarding

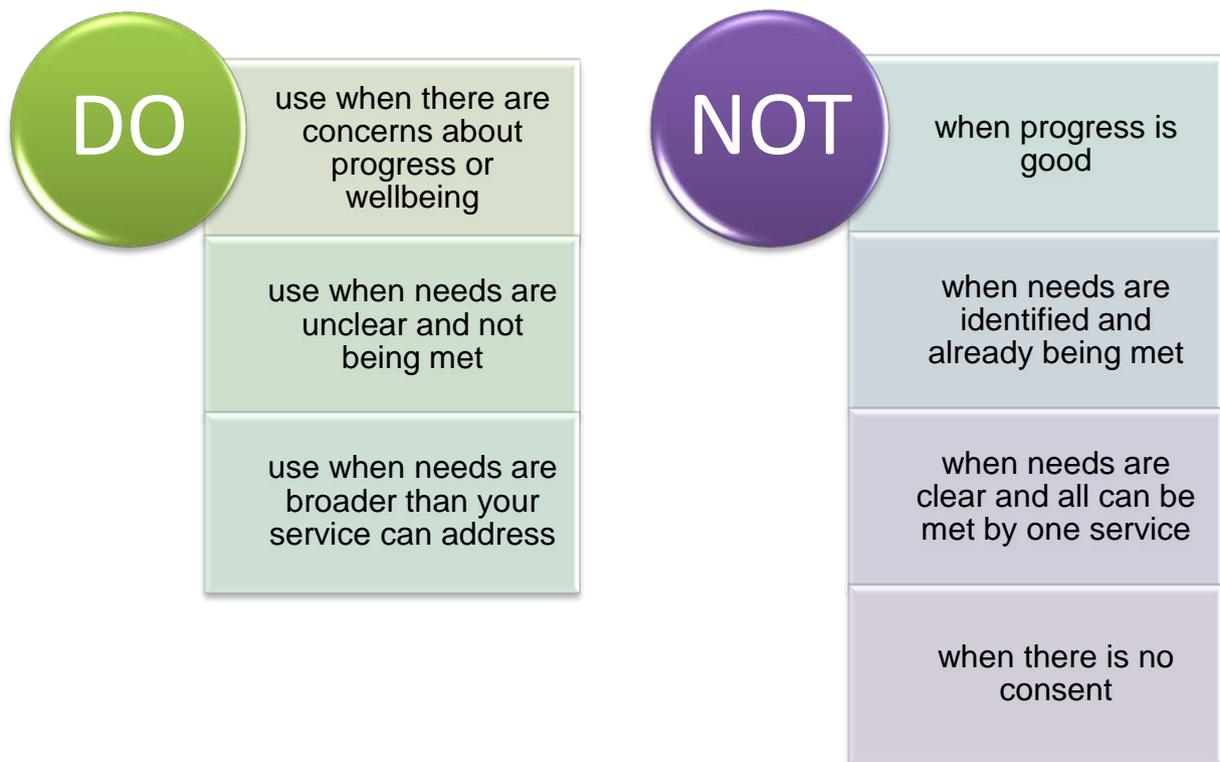
1. Any professional working with children is an important part of the wider safeguarding system for children. This system is described in statutory guidance "Working Together to Safeguard Children."
2. Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families and carers has a role to play in safeguarding children. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child-centred. This means that they should consider, at all times, what is in the best interests of the child.
3. No single professional can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.
4. Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:
  - a. protecting children from maltreatment;
  - b. preventing impairment of children's health or development;
  - c. ensuring that children grow up in circumstances consistent with the provision of safe and effective care;
  - d. and taking action to enable all children to have the best outcome

## 2 The Early Help Principles

- Children and Young Person centred
- Focused on strength as well as needs
- Think Family Approach
- Voluntary and only undertaken with consent
- A standardised process supported by the EHA Form
- Coordinated (only ever one active EHA assessment per family)

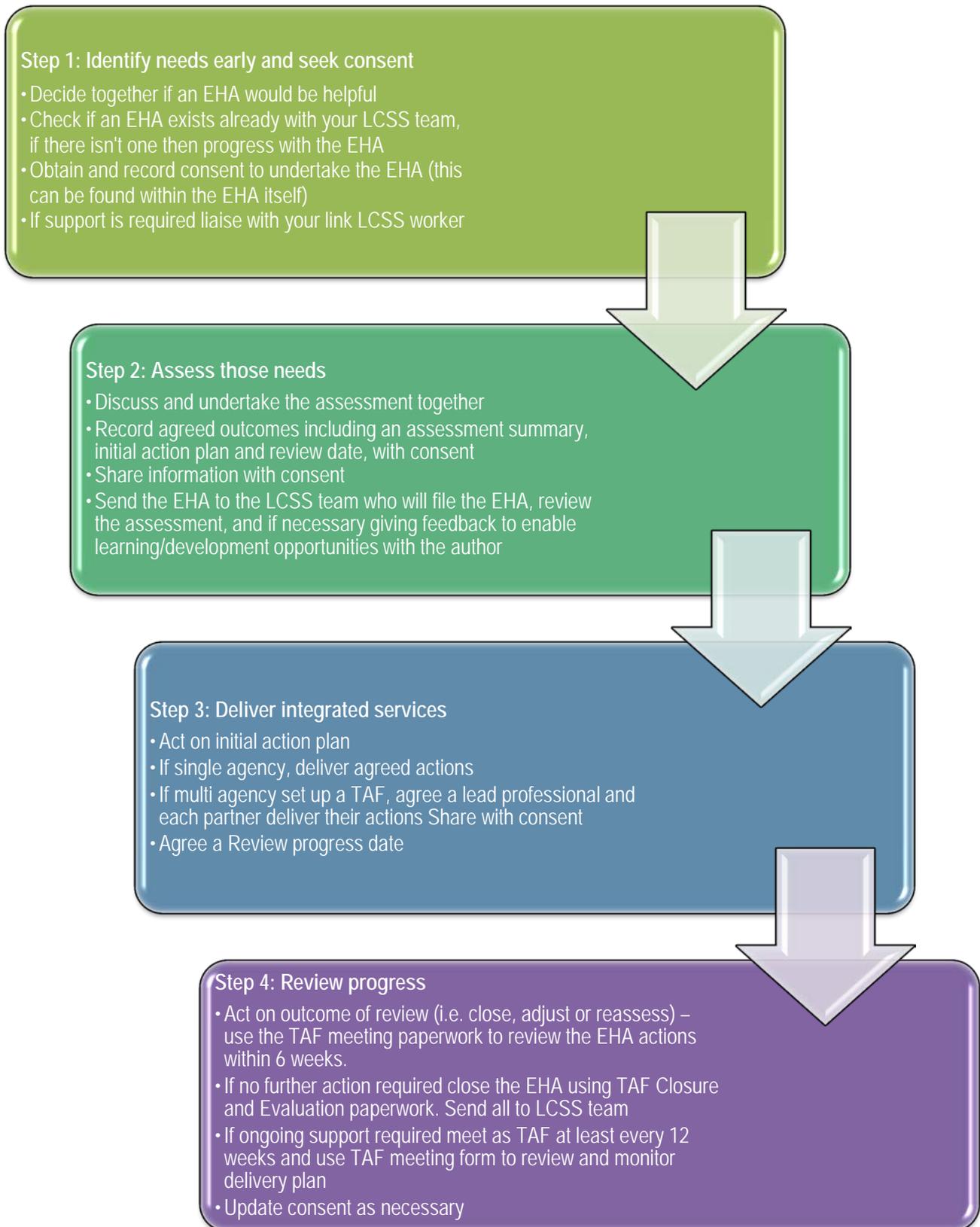
### 2.1 Who will use EHA and when?

Any practitioner can complete the EHA with an individual family, child or young person with their consent. Here are when to use and when not to use the EHA.



If, at any time, there are concerns that a child may be at risk of harm, then follow OSCB procedures without delay – these can be found on the OSCB website: [www.oscb.org.uk](http://www.oscb.org.uk)

## 2.2 An overview of the Four Steps of the EHA process



## 2.3 A good EHA conversation should:

- Be Transparent – don't record anything in the professional section that you would not speak openly to a family about
- Lead to a better understanding of strengths and needs, and what can be done to help
- Fully involve the child or young person and their family
- Build on existing information to avoid repetition
- Not be too formal or a big event
- Remain as open as possible – use "tell me more" and "what does that look like" questions to support family/young person to tell their story and generate a better picture of their world

## 2.4 What makes a good EHA assessment



## 2.5 Consent and storage of the EHA

The author and the family should complete the EHA form together. It is important that the family give consent at the beginning of the EHA process to ensure that if there is a need to liaise with other agencies during the assessment this is possible. For example, you may need to liaise with Education for different children within the family to ensure all the children are heard. You will need to complete the consent page at the end of the EHA form in order to talk to other agencies.

**Although consent is required for completion of an EHA, you are reminded that consent is not needed where there are safeguarding concerns or there may be legal powers permitting the sharing of information. Practitioners working with families undertaking an Early Help Assessment should always explain clearly what the consent statement means for the avoidance of any misunderstandings.**

All completed EHA forms should be sent to your area Locality and Community Support team.

Area Team Manager	Area	Contact details	Assistant Team Managers
Emily Smout	LCSS North	Samuelson House, Tramway Rd, Banbury, Oxon, OX16 5AU Tel: 0345 2412703 Email: <a href="mailto:LCSS.North@oxfordshire.gov.uk">LCSS.North@oxfordshire.gov.uk</a>	Jo Lloyd
	LCSS Central	Knights Court, Between Towns Road, Cowley, Oxford, OX4 3LX Tel: 0345 2412705 Email: <a href="mailto:LCSS.Central@oxfordshire.gov.uk">LCSS.Central@oxfordshire.gov.uk</a>	Sally Garrad
	LCSS South	Abbey House, Abbey Close, Abingdon, Oxon, OX14 3JD  Tel: 0345 2412608 Email: <a href="mailto:LCSS.South@oxfordshire.gov.uk">LCSS.South@oxfordshire.gov.uk</a>	Clare Cambridge

Oxfordshire County Council (OCC) is responsible for storing all EHA and TAF's on its electronic system which is confidential and families need to be made aware of this process.

In some circumstances, OCC is also required to share information with the Office for National Statistics for research purposes. It is important that families are made aware of this and either give their consent or are advised of their ability to 'opt-out'. Further details of this can be found on the consent page within the EHA document.

**All** EHA forms and TAF records are required to be sent to your area LCSS teams. An EHA will support families in accessing services such as the Early Help Team.

## 2.6 Using the EHA – Outcome Star

The EHA now incorporates the Outcome Star. Professionals should access the EHA training prior to using the star where further information and guidance will be offered. Please go to the OSCB website to access this training. Should a practitioner need to use the EHA prior to accessing this training contact should be made with your area LCSS team.

The purpose of the star within the EHA is to gain parents/carers view with the author and identify their perspective. There are 10 sections which all directly relate to the Outcome Star within the EHA.

The Outcome Star both measures and supports progress for service users towards self-reliance or other goals. The Star is designed to be completed collaboratively as an integral part of the EHA.

The Outcome star consists of a number of scales based on an explicit model of change which creates coherence across the whole tool and a Star Chart (image within the EHA) onto which the service user and worker plot where the service user is on their journey.

An Outcomes Star™ reading is taken by the worker and service user at or near the beginning of the EHA. Using the scaling descriptions, they identify together where on their ladder of change the service user is for each outcome area.

Each of the 10 sections is associated with a numerical score so at the end of the process the scores can be plotted onto the service user's Star. The process is then repeated at each TAF meeting to track progress. The data can be used to track the progress of a family and measures the outcomes achieved within the TAF process.

Outcome Areas: The Family Star Plus covers ten areas of parenting essential to enabling children to thrive and in line with the UK Government's Troubled Families initiative:

1. Physical health
2. Your well-being
3. Meeting emotional needs
4. Keeping your children safe
5. Social networks
6. Education and learning
7. Boundaries and behaviour
8. Family routine
9. Home and money
10. Progress to work

## 2.7 The EHA as part of integrated working in Oxfordshire

- Practitioner determines possible need for an Early Help Assessment (EHA). This must start with a concern(s), change in circumstances or evidence of difficulties for a child/family that require further understanding, support, evidencing.
- Agreement from the parents – ideally both if parents are separated, but the main carer is essential.
- Practitioner gains consent for discussion with other agencies at the beginning of the EHA from parent/Carer. Consent information is clear within EHA and if given allows practitioner to liaise with other professionals to access a Whole Family approach.
- Discuss with the parents/carers the possibility that this might be a difficult/emotional process
- Check with family/LCSS – does an EHA exist already?

- Use the Threshold Of Need to determine if an EHA is required and if clarity is still required contact you Locality and Community Support Service.

### Completed EHA

- ALL Early Help Assessments should be typed then emailed to the local LCSS team to be electronically uploaded and stored.
- The LCSS will upload the EHA forms and review the assessment.
- If required, feedback will be provided to the EHA author and support offered as appropriate.
- On completion of the EHA form the author should set a review date within 6 weeks with the family.
- All EHAs should progress to a first TAF meeting to review the actions recommended during the EHA.
- If the EHA determines that actions are for Author and family alone then TAF meeting paperwork should be used to review these regardless. If a decision is made to close then closure and evaluation plus the final TAF paperwork should be sent to LCSS to close down on the electronic system.

If the case moves to a full multi-agency response (TAF) a lead professional should be decided prior to the TAF meeting taking place.

### 2.8 LCSS can provide advice and support at any time during this process

Practitioners can contact the Locality Community Support Service (LCSS) or their Link LCSS worker should they require support in undertaking the EHA process. LCSS can offer support in a variety of ways including:

- Advise about which services would be most appropriate to support the needs of the child's family and who should be invited to the TAF.
- Managing conflict and disputes within the TAF process.
- Managing the TAF process including the setting of "SMART" goals and objectives.
- Determining if there are safeguarding issues that require Social Care involvement.
- Advising if support from the Early Help Service would be beneficial.
- LCSS can attend and support more difficult/stuck TAFs if required.
- All TAF paperwork should be sent to LCSS team to ensure they are uploaded to the electronic system within Oxfordshire County Council.
- When TAF outcomes are completed the lead professional completes the TAF closure/ evaluation form with the family and submits the final TAF minutes alongside the closure paperwork to update OCC's electronic data system.

### 2.9 The EHA is made up of 6 sections

#### Family background and information – reason for assessment.

This section collates basic family information and must be completed.

#### Parents/Carer's view

It is advised that as you work through the sections you ask the parent to score themselves as they go along so that scoring the star on completion is straight forward (detailed guidance on scoring the star above).

## Outcome star

Please ensure you have accessed the Early Help Assessment training on the OSCB website or spoken to your LCSS team prior to using the Outcome Star. If you have completed training then please use the Outcome Star Guidance document to support the completion of the star during the EHA process and within on-going TAFs.

### Child's view. Ensure the voice of the child is heard.

If there is more than one child in the family these sections can be forwarded to the appropriate professional to complete. If the child is too young to complete these sections then information from a professional can be gathered using observations or the following tools:

- Wizard and Fairies
- Three houses
- Wishes and Feelings
- Why worry

These are available on the OSCB website ([www.oscb.org.uk](http://www.oscb.org.uk)) or you can contact LCSS for these tools. Following completion these can be sent into LCSS alongside EHA/TAF minutes to ensure the Child's Voice is central to any assessment/plan.

### Professional views

This part should be given to those working with the family to share their view. The family should agree who they want to receive this part. Again, this can be copied and sent separately to professionals working with the family.

### Summary, plan and next steps

This pulls all the information together to analyse the information to inform the plan.

The section "*How will we know we've been successful?*" is important as this is where desired outcomes should be recorded. This creates an agreed whole Family action plan.

To gain a better understanding of Outcomes and Actions please contact your link LCSS worker and/ or book on future EHA training.

### Consent

Important in terms of gaining parent/carer's consent to liaise and share information with other professionals, including the Office for National Statistics, but also for OCC to record their information on its electronic systems. The consent is at the end of the EHA Form. If your agency holds the original signature but cannot scan and send to LCSS then please record this on the EHA/TAF document and state "signed consent held by XX establishment" and ensure a copy is kept in your records for the family.

## 2.10 Who can be the Lead Professional (LP)

- A professional who has experience and feels confident with EHA/TAF process (may have undertaken training).
- The professional who knows the family and the family are happy with this choice.

- Many TAF processes require multiple reviews and during this period the Lead Professional role may need to change as the support changes.

The Lead Professional should provide support to the child and family, act as an advocate on their behalf and coordinate the delivery of support services. The lead professional role could be undertaken by, amongst others, a General Practitioner (GP), family support worker, teacher, health visitor and/or special educational needs coordinator.

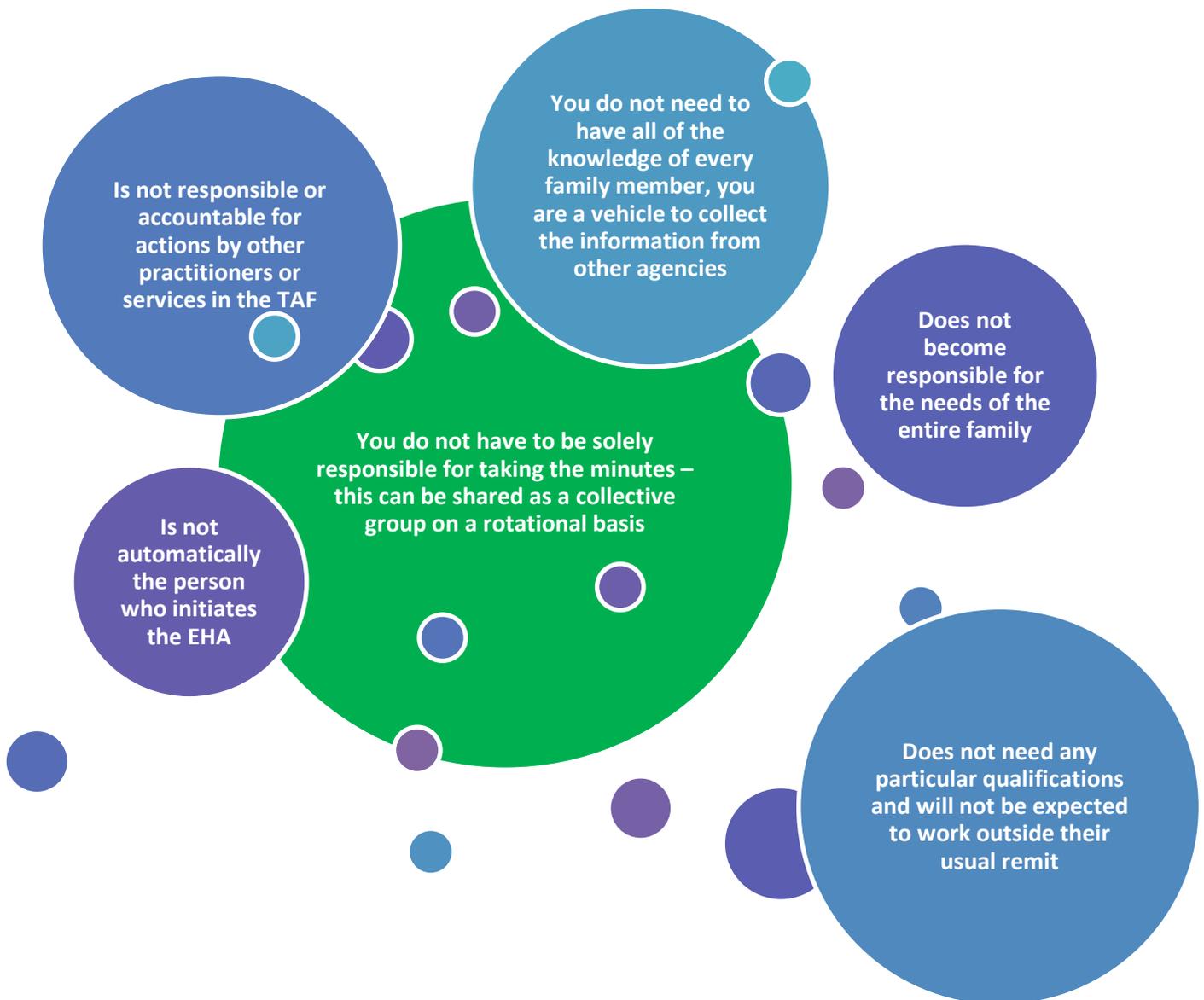
Decisions about who should be the lead professional should be taken on a case by case basis and should be informed by the child and their family. The lead professional does not always need to be the author of the EHA.

All staff should be aware of the early help process, and understand their role in it. This includes identifying emerging problems, liaising with the designated safeguarding lead, sharing information with other professionals to support early identification and assessment

### **2.11 Best practice**

- Decide who the lead professional should be prior to the first TAF meeting
- The decision should be made by the family and be reviewed according to which agencies need to remain around the family
- The Lead Professional is a single point of contact for the child, young person and family
- The Lead Professional is a single point of contact for all practitioners working with a child
- Convene the TAF meetings to enable integrated multi-agency support
- Coordinate delivery of solution focused actions and ensure regular reviews
- Identify where others may need to be involved and broker involvement
- Continue to offer support if appropriate, assess if specialist assessments are needed
- Support the child/young person through key transition points
- Ensure a safe and planned handover if a different Lead Professional is agreed

## 2.13 “Myth Busting” the Lead Professional



## 2.14 Management for Lead Professionals and the TAF

Lead Professionals should expect managers to ensure:

- Lead Professional responsibilities are taken into account when setting caseloads
- Performance in delivering the Lead Professional functions is recognised and recorded
- Clear communication between agencies to support Lead Professional practice
- Appropriate and up to date training and supervision is provided along with coaching and mentoring where appropriate

TAF practitioners should also expect support to fulfil their responsibilities

## 3 Team Around the Family

A Team Around the Family (TAF) takes a 'think family' approach and considers the whole family to ensure best outcomes for children, by co-ordinating the support they receive from children's, young people's adults' and family services.

A child never exists individually and exists in a whole family unit which is important to consider when approaching a TAF meeting.

### 3.1 TAF Meetings should:

- Inform, involve and empower children, young people and parents – Young people should be invited to their TAF's. When a TAF is not appropriate for younger children their voices MUST always be collected using tools mentioned above to ensure plans are made with the children at the centre
- Offer a holistic, solution focused approach
- Encourage, support and be positive
- Give all members an equal voice
- Arrive at collective agreements
- Acknowledge differences of views and negotiate workable solutions
- Agree needs, decide and action plan and provide well organised support with a review date

### 3.2 The TAF



- The TAF is part of the EHA process
- The TAF may support several children in a family
- The Early Help Assessment is key to identifying who should be part of the TAF

### 3.3 Arranging the TAF

- Following an EHA assessment, if a multiagency response is required a TAF should be arranged by the EHA author

- The child or young person and/or their parent/carer must be kept at the centre of the process
- Invite relevant practitioners as identified through the EHA assessment and through discussion with the family
- Discuss the lead professional role before the TAF
- When appropriate a Social Worker will coordinate and lead an exit from social care to a TAF and may invite the LCSS worker along to support in the beginning stages from statutory to community based support

### 3.4 During the TAF

- Introductions
- Explore issues identified through the EHA
- Identify the reason for the meeting and ensure family know the purpose of this meeting
- Identify the child or young person's strengths as well as their needs
- Minutes should not be overly lengthy; they should be family friendly and concise.
- Draw together a clear action plan using the TAF paperwork
- Agree the Lead Professional
- Record the child/young person and family's views
- Set a review date

### 3.5 After the TAF

- TAF review notes are sent to all who attended or sent apologies
- TAF Team deliver agreed actions
- Monitor and review progress: TAF team liaise with Lead Professional
- If the child or young person's needs have been met the TAF is closed and their final comments on their experience is recorded
- Send TAF notes and closure/evaluation forms completed by a TAF Team member and the family to your LCSS team

### 3.6 Closing a TAF

- A TAF can be closed for many reasons, including:
  - Desired outcomes have been achieved
  - Child or young person moves to another area (gain consent from parents/carers to share information with new area)
  - Child or young person has made the transition into adult services – involve adult services early on
  - Consent has been withdrawn – what to do now? Liaise with your LCSS workers for advice and support

TAF process will change when children or young person require support from statutory services – including the family being part of a Child in Need plan/Child Protection planning and the TAF will cease

## 4 Information sharing

### 4.1 Sharing information if concerns about significant or serious harm.

Information sharing is vital to safeguarding and promoting the welfare of children and young people. A key factor identified in many serious case reviews (SCRs) has been a failure by practitioners to record information, to share it, to understand its significance and then take appropriate action.

**Although consent is required for completion of an EHA, you are reminded that consent is not needed where there are safeguarding concerns or there may be legal powers permitting the sharing of information. Practitioners working with families undertaking an Early Help Assessment should always explain clearly what the consent statement means for the avoidance of any misunderstandings.**

### 4.2 Practitioners must

Always consider referring concerns to children's social care or police, following LSCB procedures. Seek advice if unsure what to do.

### 4.3 Issues to consider

Significant harm to children and young people or serious harm to adults can arise from a number of circumstances. Confidential information can be shared without consent if justified in the public interest. It is good practice to seek consent and/or discuss concerns, unless this would increase the risk of harm. Timely sharing is important in emergency situations

## 5 Information sharing decisions

Decisions about information sharing should be based on an assessment of benefits and risks to the child, young person or family.

### 5.1 Decision to share

You must assess:

How would sharing information benefit the child, young person or family? What are the risks if information is not share

### 5.2 Decision not to share

You must assess:

What are the benefits of not sharing information? What are the risks if information is shared?

#### Key questions to inform decision making

- Is there a clear & legitimate purpose to share the information?
- Does the information enable a living person to be identified?
- Is the information confidential?
- Do you have consent to share?
- Is there sufficient public interest to share?
- Are you sharing information appropriately and securely?

### 5.3 The seven golden rules to sharing information

1. Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose

### 5.4 The Law

- The Human Rights Act 1998
- The common law duty of confidentiality
- The Data Protection Act 1998

### 5.5 Legislation containing express powers or which imply powers to share:

- The Children Act 1989 and 2004
- Local Government Act 2000
- Education Act 1996 and 2002

- Learning and Skills Act 2000
- Education (SEN) Regulations 2001
- Children (Leaving Care) Act 2000
- Mental Capacity Act 2005
- Protection of Children Act 1999
- Immigration and Asylum Act 1999
- Crime and Disorder Act 1998
- National Health Service Act 1977 and 2006
- The Health and Social Care Act 2003
- Criminal Justice Act 2003
- Adoption and Children Act 2002

If we believe a child is at risk of coming to Harm then we can share information if it is in a child's best interest – Data Protection ceases if we believe a child needs protecting.

## 5.6 What constitutes consent?

### Consent:

- Must be informed
- Should be explicit but can be implied in some circumstances
- Is preferably written, but can be verbal
- Must be willing and not inferred from a non-response
- Must be sought again if things change significantly
- Can be withdrawn and have limits
- Should be recorded and stored

### When gaining consent:

- Explain it at the start, using suitable language
- Explain the limits to confidentiality
- Be aware of relevant legislation
- Follow local policies and procedures

Consent is key to information sharing; it is good practice even where the law does not demand it.

## **DO NOT SEEK CONSENT WHERE IT WOULD INCREASE RISK**

Seek management advice in relation to this for example:

We wouldn't tell parents if it meant losing forensic evidence (e.g. sexual abuse) or if it put the child at more risk (e.g. disclosure of physical/emotional abuse by parent).

## 5.7 What to share and how to send it

- Share only what is necessary for purpose
- Share in a secure way
- Distinguish between fact and opinion
- Share only with those who need to know
- Check information is accurate and up to date
- Understand the limits of consent
- Establish whether recipient will pass to others – ensure they understand limits of consent given
- Record reasons for sharing; what shared; with who Inform person to whom it relates, and/or who provided information if safe to do so
- Reduce overlap and inconsistency in the services received

## **5.8 Information sharing as part of integrated working**

- How to share personal information securely
- Verbal sharing
- Electronic sharing: email; fax; text (using Secure systems like Egress is important)
- Posting and transporting information

## 6 Abbreviations

C&FC	Children and Family Centres (where FSS are based)
CAFAT	Children and Family Assessment Team
CSC	Children Social Care
CSE	Child Sexual Exploitation
EH	Early Help
EHA	Early Help Assessment
EHCP	Education Health and Care Plan
FSS	Family Solutions Service: Family Solutions statutory and Early Help teams sit together
LCSS	Locality and Community Support Service
LP	Lead Professional
LSCB	Local Safeguarding Children Board
MASH	Multi Agency Safeguarding Hub
OCC	Oxfordshire County Council
OSCB	Oxfordshire Safeguarding Children Board
CAHMS	Child & Adolescent Mental Health Service
TAF	Team Around the Family
TF	Think Family/Troubled Family
ToN	Threshold of Need
YEO	Youth Engagement Opportunities
YJS	Youth Justice Service