Bradford Children and Young People’s Strategic Partnership

INFORMATION SHARING TOOLKIT (2)

Questions to ask if you want to share information
Questions to ask if you want to share information about a child/young person or a family

Practitioners should make sure that they follow these guidelines when sharing information within their own organisations as well as when sharing information with other agencies. These questions are to help practitioners build their confidence in information sharing, not for finding reasons not to share.

Q1 About the purpose
- Is there a legal basis and legitimate purpose to share information?
- Why do I/they want this information?
- The purpose of the information sharing should be explicit
- The information sharing will be justified if the purpose of the sharing is clearly in the best interests of the child or young person

Practitioners should be able to state the purpose of the request for information. This can be expressed in general terms, but needs to relate to the welfare of the child or young person. This may call for some thought and judgement, but should not be used as a barrier to information sharing.

Q2 Can I/they show a sufficient need to know?
- Is there a sufficient ‘need to know’?
- The actions taken or services given should be different after the information is known
- The information is necessary for the performance of a job or a statutory function

As above, practitioners should be able to state the difference that knowing the new information will make. The more explicit a practitioner can be, the easier it is to know if the information sharing is appropriate.

Q3 Is the request proportionate to the purpose for which the disclosure is sought?
- The information shared must be the minimum necessary to achieve the aim.

We frequently like to know the ‘whole story’. However, it is usually not necessary. Even within an organisation, practitioners should try to limit what they share. If the purpose is clear, then what information is necessary to achieve the purpose will be clearer.

Q4 Is the information up to date and accurate?
- Many difficulties with information sharing comes about because the information is not accurate, or because an opinion is given as a fact.

Many organisations have good routines for checking data. It is often worth
checking factual information with the family, before it is shared. This can be done by letting the child/young persons/carers (carer in this case refers to the person with legal parental responsibility) see a report before it is sent.

Practitioners must be careful to acknowledge opinions and judgements, including the source.

Q5 Will the request involve secondary disclosure?
- Information belongs to the person or agency that supplies it.
- Information should not be passed to a third party without consent
- Information gathered for one purpose cannot be used or passed on for a different purpose

In practice there is likely to be implied consent for secondary disclosure within an organisation.

Between organisations practitioners should check before passing information or reports where this does not impose a disproportionate effort. In asking for consent, a practitioner can check accuracy.

Q6 Do I need consent?
- In most cases, there is a legal requirement to obtain consent before any personal information can be shared.
- Failing to gain consent may make the individual practitioner and the agency liable to prosecution.
- The child/young person/carer must understand what they are agreeing to and the practitioner must record that consent has been given.

Most universal services assume consent to share information with colleagues within the organisation. It is good practice to make this as clear as possible to all children/young people/carers through the information given out at first contact.

Leaflets and posters can remind children/young people/carers about what information is held and how it is used.

If a child or young person is in receipt of an individual service, or if the information being gathered or held is more confidential (i.e. sensitive), then individual explicit and informed consent should be gained.

A practitioner should discuss information sharing at the first contact with the child/young person/carer or at the first available opportunity. For universal services (e.g. Health and Education), this should be done when the child or young person comes within their responsibility. This consent can be given verbally, but practitioners must record whether it has been given, and note any restrictions. Practitioners should also revisit the consent if a new situation arises.

(For more information regarding consent see Information Sharing Toolkit Guidance 3)

Q7 Have I got consent?
- Consent should not be assumed
- Practitioners must check whether the child/young person/carer still gives
consent, particularly if circumstances change.

- Practitioners must know what to do if consent is refused
- A child/young person/carer does not have to sign a consent form. Consent can be given verbally. However, this must be recorded clearly and dated. In this case practitioners must also note the outcome of discussions about any restrictions that the child/young person/carer has placed on the type of information that can be shared or the organisations it can be shared with.
- If an agency uses a consent form, it should be stored in the individual’s file. A copy of the consent form should be given to the individual.
- If a child/young person/carer has placed a limit on the disclosure of information in any way, then this needs to be clearly indicated.
- Consent to disclosure of personal information should not be viewed as lasting “for ever”. A child/young person/carer may decide to withdraw consent previously given. Consent should be limited for an appropriate period. A record should be kept of the date on which consent was given, when it is due to expire and any date on which consent may have been withdrawn.

Q8 If I cannot get consent is there another justification for disclosure?

Failure to share information appropriately can be a serious breach of legislation and professional standards.

Sharing information without consent may be necessary and appropriate under some circumstances. These include:

a) When there is actual or potential risk of significant harm e.g.

- when the act of seeking consent would itself place the child or another child / person at risk of “significant harm”
- when the referring agency has made a professional judgement that a child is at risk of significant harm and seeking consent or the refusal of consent is likely to increase the risks to the child, or potentially compromise a child protection investigation
- when professional judgement is that there is a need to share information to build up a picture to determine whether or not a child is at risk of significant harm and making the child or family aware of this process may, in itself, increase those risks
- when a child is deemed to be ‘Fraser competent’ and is refusing consent (contrary to the wishes of their parent) and such refusal places the child at risk of significant harm

b) where information is shared to prevent and/or aid detection of a serious crime

- when instructed to do so by a court
- for statutory requirements e.g. notifiable diseases

Q9 Have I recorded that I have shared this information?
Practitioners should keep a dated record in the child’s case file of what information has been shared and with whom it has been shared. It is not necessary to keep separate records. However any case log, case record or event sheet should include a note of conversations and informal contacts. Reports and other written communications should be filed with a note of whom they were sent to.

Q10 Am I sharing this information in a secure way?

Secure means that all reasonable steps have been taken to prevent the information being passed to someone that does not have the right to it.

Transfer of information by fax

- Where possible minimise the amount of information included in the fax. The “two fax” approach can be useful where personal details without identification details are sent through on one fax, with the identifier sent on a separate fax. If the first fax went astray for any reason the second would not be sent.
- Send information to a “safe haven” fax where possible. A safe haven fax is one that is managed in such a way that its security is enhanced. These safeguards should include that:
  - The fax is sited in a secure room or cupboard
  - The recipient organisation has a written policy for handling faxes which staff have been informed about and understand
  - Identified staff are responsible for waiting by the machine until the fax is sent and for collecting and delivering the faxed information to the appropriate person
- Telephone the recipient to ensure that they are aware a confidential fax is sent and to confirm that an identified individual will collect and deliver it and that safe receipt will be confirmed.
- Ensure that the fax is sent with a cover sheet stating that it is strictly confidential. The cover sheet should also state that the fax is for the intended recipient only and in the event of error the sender should be notified immediately.
- Use pre-installed numbers wherever possible to minimise the risk of mis-dialing. Double check the fax number before sending. If possible send a test fax first.
- There are some types of personal information that should never be transmitted by fax. These include, details relating to HIV status, venereal disease, drug abuse, psychiatric history (except in limited circumstances where allowed by concessions) or incriminating evidence.
- A report sheet should be requested to confirm that the transmission was successful.
- Personal information must not be left unattended whilst the fax is being transmitted.

Transfer of information by email
• Transfer of personal information by email should be avoided unless the information is encrypted i.e. transmitted in a coded format. Organisations that want to use email for the transfer of personal information will need to agree between themselves a suitable form of encryption.

Transfer of information verbally

• A considerable amount of information sharing takes place verbally, often on an informal basis. Difficulties can arise because of this informality particularly in modern open plan offices. Care should be taken to ensure that confidentiality is maintained in such discussions.
• If information is to be shared by phone, then steps need to be taken to ensure the recipient is properly identified. This can be done by taking the relevant phone number, double checking that it is the correct number for that individual / organisation and then calling the recipient back.
• Where information is transferred by phone, or face to face, care should be taken to ensure that personal details are not overheard by other staff who do not have a “need to know”. Where possible, such discussions should take place in private locations and not in public areas, common staff areas, lifts etc.
• Messages containing personal information should not be left on answer machines/ voicemail.
• Messages containing confidential / sensitive information should not be written on white boards / notice boards.

Transfer of information by post

• Written communications containing personal information should be transferred in a sealed envelope and addressed by name to the designated person within each organisation. They should be clearly marked “Personal and Confidential- to be opened by the recipient only”.
• The designated person should be informed that the information has been sent and should make arrangements within their own organisation to ensure that the envelope is delivered to them unopened and that it is received within the expected timescale.
• If an organisation has a policy that all mail is to be opened at a central point this policy must be made clear to all partners. An alternative means of transfer should be arranged where it is essential that the information is restricted to those who have a need to know.
• The personal information contained in written transfers should be limited to those details necessary in order for the recipient to carry out their role.