NHS Services and Children's Centres – how to share information appropriately with children's centre staff

department for
children, schools and families

Department of Health

Contents

A. Who is this leaflet for? 2

B. How this leaflet can help you 4

C. Legal framework and guidelines – brief overview 7

D. Sharing information about an individual child, parent or family 11

E. Sharing information about a group of children, parents or families 21

F. Facilitating appropriate information sharing locally (including case-studies) 24

G. Where to find out more 34

Annex – A consent form template 37

A. Who is this leaflet for?

1. **This leaflet is for all staff working in, from, and with, Sure Start Children's Centres.** This includes children's services and health professionals – for example children's centre leaders, children's centre staff; health visitors, midwives, community nurses, therapists, those in maternity services, and other healthcare professionals. General Practitioners (GPs) may find this leaflet helpful, but they are bound by their own codes of practice in relation to information sharing and patient confidentiality to which they should also refer.[1] The position is the same for social workers and other registered health professionals. It relates specifically to sharing information relevant to delivering health services via children's centres.

2. **This leaflet comes at a critical time, as children's centres become a universal service for young children and their families.** This year, in 2010, there will be at least 3,500 children's centres. Through your work in, and with, children's centres, you are helping young children and their families get practical support on parenting, access to family health services, childcare and links to job and training opportunities. You are at the forefront of delivering integrated services, personalised to meet the needs of local communities – helping every child get the best start in life and helping them to be healthy, stay

---

[1] Including General Medical Council guidance for doctors on Confidentiality (October 2009), available at www.gmc-uk.org.

safe, enjoy and achieve, make a positive contribution, and achieve economic well-being – the five vital Every Child Matters outcomes.

3. **This leaflet is designed to be read alongside Together for Children's Information Sharing Toolkit**, which offers more practical advice and examples of how to make information sharing work in practice. The wider cross-government guidance on information sharing, *Information Sharing: Guidance for Practitioners and Managers* is also essential as it sets out in more detail how those working with client information should make decisions about information sharing.

PHOTO REDACTED DUE TO THIRD PARTY RIGHTS OR OTHER LEGAL ISSUES

B. How this leaflet can help you

4. **Appropriate sharing of information where necessary can help to improve outcomes for young children and their families.** It is important in promoting the well-being of children and families, as well as, in more serious cases, protecting children and young people from harm, abuse or neglect. The risks of not sharing data can be great, while sharing appropriately can have considerable benefits for the development of children and their families. The risks attached to sharing information must always be considered alongside any risks that might arise from not sharing.

5. You may need to have access to information about: (i) individual children, parents or families and/or (ii) groups of children, parents or families in those cases where it is clear that fuller knowledge will help you and your colleagues:

   - Personalise services delivered in children's centres to the needs and well-being of individual children and their families;
   - Safeguard children; or
   - Support vulnerable families at risk of poor outcomes.

6. **But sharing needs to be done in an appropriate way, in accordance with the law.** The Government understands that it is most important that people remain confident that their personal information is kept safe and secure and that practitioners maintain the privacy of the individual, while sharing information to deliver better services. It is therefore important that practitioners can share information appropriately as part of their day to day practice and do so confidently. Families have a right to expect that information held about them will be held and shared appropriately. Otherwise they may be reluctant to seek support. You should ensure that consent to share information is obtained when necessary, and that families understand the importance and benefits of information sharing.

7. **Lord Laming,[2] in his report "The protection of children in England", emphasised the risks of not sharing information, particularly where a child may be at risk of harm.[3]** And he recommended that: "All Children's Trusts should have sufficient multi-agency training in place to create a shared language and understanding of local referral procedures, assessment, information sharing, and decision making across early

---

[2] In 2001, Lord Laming chaired the public inquiry into eight-year-old Victoria Climbié's death and was then appointed in November 2008 to investigate social services following the death of Baby P.

[3] Lord Laming's March 2009 report *"The protection of children in England: A progress report"*. http://publications.everychildmatters.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=HC+330

years, schools, youth services, health, police and other services who work to protect children….”.

8. **This leaflet sets out the framework for information sharing between all practitioners based at a children’s centre (as defined in paragraph 1), so that information can be shared appropriately. It focuses particularly on sharing information relevant to delivering effective health services via a children’s centre.** It sets out the legal context, and explains different approaches to sharing information on a case-by-case basis, and pre-planned bulk sharing of information. The leaflet flags the important distinction between the need for centres systemically to have access to basic personal information, and the need to share more detailed information on a case by case basis.

C. Legal framework and guidelines – brief overview

9. **For a fuller explanation of the legal framework, and detailed step-by-step guidance on making decisions about sharing personal information, you must refer to** *Information Sharing: Guidance for Practitioners and Managers* which was published in 2008 and has support from a number of professional bodies, including the Community Practitioner's & Health Visitor's Association (CPHVA) and the Royal College of Nursing (RCN). Guidance of this nature is important in ensuring that organisations comply with the Data Protection Act 1998. This leaflet is consistent with and supplements that fuller guidance.

10. **Health information obtained by a practitioner about an individual may be confidential due to the nature of the relationship between them and the expectation of the individual providing the information.** Sharing this information could be in breach of confidence. However, this would not be the case where the individual has consented to it being shared in a particular way. Even without consent,

confidential information can be shared when it is considered that this is in the public interest.[4]

11. **The Data Protection Act 1998** provides a framework to ensure that personal information about living people is shared appropriately. The Data Protection Act (DPA) is not a barrier to information sharing, but it does mean that when sharing information you need, for example, to ensure that sharing is necessary; that the minimum information necessary is shared, and that personal information is kept safe and secure. You need to be familiar with the Data Protection Act principles. More information about the Data Protection Act and data sharing is also available on the information Commissioner's Office website at: www.ico.gov.uk

12. According to chapter 3 of the recently published **DCSF Children's Trust statutory guidance, Children's Trust Boards** have an important role regarding local leadership on information sharing and Children's Trust partners should develop a partnership wide information governance framework. This should help establish common principles, policies and processes for information sharing and ensure that all staff are clear about their own organisation's position on information sharing. The framework should highlight the importance of professional judgement in information sharing at the

---

[4] Further guidance on the public interest test is given in the cross-Government guidance "Information sharing: Guidance for practitioners and managers" www.dcsf.gov.uk/ecm/informationsharing

front-line and focus on how to improve practice in information sharing within and between agencies.

13. **The Caldicott Report (1997) contains a set of guidelines for all organisations providing National Health Service (NHS) and social care services.** It contains six principles for protecting information:

    i. Justify the purpose for using confidential information.

    ii. Don’t use personally-identifiable information unless it is absolutely necessary.

    iii. Use the minimum that is required.

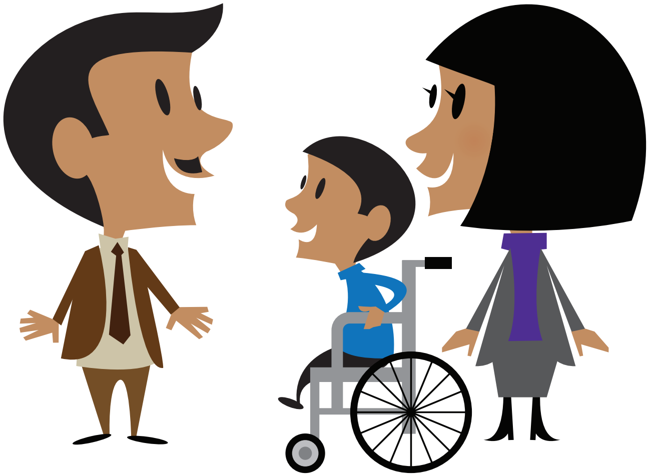
    iv. Access to personally identifiable information should be on a strict ‘need to know basis’.

    v. Everyone with access to personally identifiable information should be aware of their responsibilities.

    vi. Understand and comply with the law.

14. **Those in any doubt about whether they can share information should seek advice** from their line manager, a designated child protection lead, a Caldicott Guardian (NHS staff with a responsibility to ensure patient data is kept secure), or a professional body, including the GMC where appropriate. GPs are bound by their own codes of practice in relation to information sharing and patient confidentiality. Health professionals need to act in accordance with their regulatory body’s

legal code of conduct or equivalent which overrides their employment obligations.



D. Sharing information about an individual child, parent or family

15. **Basic personal information (i.e. name, address, post code and date of birth) about children under 4 years old can be shared:**

    - **Between health professionals including midwives and health visitors (through their professional duty of care whether employed by the PCT or otherwise), and health professionals in children's centres, for the purpose of delivering healthcare, particularly the Healthy Child Programme.** Parents should be notified through a PCT Privacy Policy, or a letter, that these arrangements are in place. Parents must have a clear channel to object if they do not want their data shared.

- **With a staff member who is not a health professional, if the parent or carer gives explicit, informed consent.** Consent is needed unless there are reasons why sharing without consent can be justified as being in the public interest (usually where a child or adult is at risk of significant harm[5]). Obtaining explicit, informed consent should be a natural part of working with any family to agree the support they require.[6] We would expect new birth data to be shared with the family's local centres on a systematic basis.

16. **Where consent cannot be obtained or is refused**; or where seeking it is inappropriate or unsafe, then the practitioner must judge each case individually to determine whether there is a sufficient public interest consideration to share information. In instances where there may be issues about whether a child, for example, a teen parent, is fully able to understand the consent they are giving Fraser/Gillick competencies (relating to consent for doctors) should be referred to.[7] The Mental Capacity Act 2005 and associated guidance[8] and Department of Health guidance on explaining consent

---

[5] As above

[6] Further guidance on consent processes is given in the cross-Government guidance "Information sharing: Guidance for practitioners and managers" www.dcsf.gov.uk/ecm/informationsharing

[7] http://www.patient.co.uk/doctor/Consent-to-Treatment-in-Children.htm

[8] http://www.opsi.gov.uk/ACTS/acts2005/ukpga_20050009_en_1

are helpful where learning difficulties or mental health issues might restrict the ability to understand consent.[9]

17. Explicit, informed consent is required where:

- Anything more than basic personal information (as defined above) is being shared with anyone (including health professionals) – for example, information about breastfeeding, certain lifestyle factors, attendance at antenatal and postnatal appointments, information on emotional health. Such information is likely to be “sensitive personal data” under the Data Protection Act 1998, and therefore more stringent requirements apply.

PHOTO REDACTED DUE TO THIRD PARTY RIGHTS OR OTHER LEGAL ISSUES

---

[9] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006066

There are two different types of consent

Explicit (or express) informed consent:

Explicit informed consent means that the person giving consent has clearly expressed that they are content for their data to be shared with a third party for a specified purpose. It is often preferable to have this in writing to avoid later disputes. Where parental consent is required, the consent of one parent or legally recognised carer is sufficient. A parent can refuse consent – and has the right to withdraw consent at any time. Consent should also be re-visited from time to time.

In a children's centre, explicit consent for information sharing should usually be obtained at the start of a family or carer's involvement with the centre (for example, when a health visitor first visits and informs new parents about the centre) and should embrace all of the agencies within the service. Such consent would cover sharing information within the multi-agency team (for example with social workers) but it would be necessary to seek additional explicit consent to share information with practitioners or agencies outside the children's centre – i.e. those beyond the initial children's centre multi-agency team.

Explicit consent must be ‘informed’. This means that the person asking for consent needs to ensure the individual giving consent understands why information might be shared, what will be shared, who will see their information, the purpose to which it will be put and the implications of sharing or not sharing that information. The person seeking consent should also explain how to make a subject access request under the Data Protection Act to see the full content of their file. A record of the consent should be kept.

If there is a significant change in the use to which information will be put, for example, a new social care service within the children’s centre, explicit informed consent should be sought again.

Implied consent

Implied consent means that consent can be implied or inferred from a person's behaviour rather than given verbally or in writing. This is particularly relevant where information sharing is intrinsic to providing a good service. For example patients know that if their GP refers them to a specialist and they agree to be referred the specialist will need to see information from their medical record in order to treat them. The implication is that individuals know that in order to access a particular service, a certain amount of information sharing will need to take place. By accepting the service individuals imply consent. Implied consent is generally not sufficient as a basis for sharing sensitive personal data such as health information, but under the DPA explicit consent is not necessarily needed for a health professional to share such information if this is necessary for medical purposes.

More detail on consent is available in the cross-government guidance *Information sharing: Guidance for practitioners and managers* www.dcsf.gov.uk/ecm/informationsharing. And the Together for Children's Information Sharing Toolkit provides further ideas.

The Maternity and Early Years Review – midwives and consent to share

In March 2010 the Government published a review setting out the maternity and early years' offer for all families. We would like it to be easier for all families to engage with local services and start to build community based support from an early stage of pregnancy – and children's centres offer an important gateway to this. To help families prepare for parenthood, we want all pregnant women, and where appropriate the father or partner, to be offered a named children's centre contact early in pregnancy, who will invite the family to their local centre.

Specific arrangements for this will be determined locally, working with the named health visitor. Since information sharing between health practitioners does not require consent, what follows is best practice with regards health professionals then passing on details to a contact in the local children's centre:

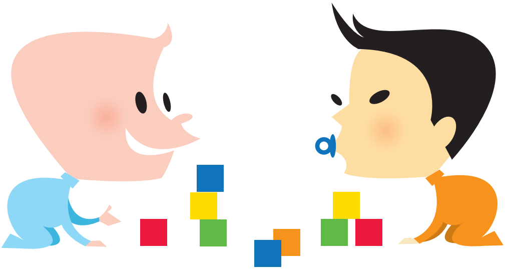
1. The midwife or other health practitioner meets the mother, explains about the work of the local children's centre and asks the mother if she and her family would like their local children's centre to make contact and introduce activities available there. She explains that to arrange this she would need to pass their basic personal information to the centre.

2. The midwife or other health practitioner would ask for explicit, informed consent to share with health and other services for a number of specific purposes, including to enable the local children’s centre contact to get in touch with the family to introduce the services available there delivering the children’s centre offer. It is important the parent understands that they are giving consent and why they are being asked to give it.
3. As best practice, the pregnant woman, and father or partner if their information is also being shared, sign a consent document to confirm they are happy.
4. Information sharing protocols (ISP) should have already been discussed and agreed for the local area – though the lack of an ISP should not prevent the sharing of information.

The children’s centre contact would need to:

5. Check that informed consent had been given before accepting any information, then contact the family to follow-up and introduce the services. Make sure the named contact is then clear about how to protect the information given and that it will only be used for agreed purpose.

18. **Safeguarding is everyone's responsibility**. If you have reasonable cause to believe that a child or young person may be suffering, or may be at risk of suffering, neglect or significant harm you should always talk to your line manager or a more experienced colleague to decide what to do. The identity of the child or young person should be protected wherever possible until it is established that there is a reasonable cause for believing that they are at risk of suffering significant harm. Where consent to share information cannot be obtained or is refused; or where seeking it is inappropriate (for example, if it is likely to put a child at risk of harm) or unsafe, then you must assess the facts of each case individually to determine whether there is sufficient public interest to share the information anyway. More information is available in the Government's guidance *What to do if you're worried a child is being abused* http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00182/



What if I am sharing information already, but I haven’t got explicit, informed consent?

The Data Protection Act requires you to make sure people know who you are, what you intend to do with their personal information and with whom you will share it. Privacy notices can support you in explaining your information policies to service users at the start of any professional relationship with them. However, if for any reason you do not have the necessary consent then we would expect you to obtain this as quickly as is practical. We would also expect information sharing to cease if consent is refused (unless the absence of consent was overridden by the need to share the information).

To prevent this happening again you urgently need to put in place procedures to seek explicit, informed consent.

As new children’s centres open we expect information sharing to be a core part of their planning, with consent sought at the very beginning of relationships.

PHOTO REDACTED DUE TO THIRD PARTY RIGHTS OR OTHER LEGAL ISSUES

E. Sharing information about a group of children, parents or families

19. **When you are working in, and with, Sure Start Children's Centres you may need information about *groups* of children, parents or families.**

20. **Group information can be useful for research, service planning or education and training, particularly when it relates directly to a children's centre's "reach area"**. It can also help centres to complete their self-evaluation framework (SEF)[10] e.g. in giving figures on "rate of emergency hospital admissions caused by unintentional or deliberate injuries to children and young people", "% of teen mothers and pregnant teenagers", "% of children in reception year who are obese" and "% of infants being breastfed at 6-8 weeks from birth".

21. Where group information does not allow individuals to be identified, it would not be subject to the Data Protection Act. Some examples might include:

---

[10] http://www.dcsf.gov.uk/everychildmatters/research/publications/surestartpublications/1852/

- Conception rates and birth rates (including teenage conception and birth rates).
- Immunisations.
- Breastfeeding initiation and continuation rates (inc by age of mother).
- Rates of hospital admissions.
- Categories beyond health including unemployment, housing, levels of deprivation.

22. **Much of this information is collected by local authorities and their Children’s Trust partners, including PCTs and JobCentre Plus**. This information should be shared with you as a matter of course to enable you to do your job properly – as long as it relates to a group/population, and is anonymised so that individual children, parents or families cannot be identified. If the size of the group/population means that it could be possible to identify an individual child, parent or family from the information (e.g. the only child of a specific ethnic group in a postcode area), or if the intention is to use new birth data to contact local parents and make them aware of their local children’s centre, then the consent procedures would apply, as outlined in section 17 above. The Together for Children’s Information Sharing Toolkit provides further information to help you understand consent.

How can ChiMat help?

The Child and Maternal Health Observatory (ChiMat) publishes a wide range of information on the health and well-being of children, young people and their mothers. This covers demographic information such as ethnicity and deprivation as well as on how areas are performing in key areas such as increasing breastfeeding or reducing obesity. This information is searchable by area and can be viewed by anyone on: www.chimat.org.uk

The Children’s Services Mapping exercise www.childrensmapping.org.uk annually collects data on children’s services across the country. This includes information on services, their location, budgets, staff numbers and specific areas of focus such as disability and commissioning.

F. Facilitating appropriate information sharing locally

23. There are many good examples of local areas already facilitating information sharing between staff working in, and with, children's centres – for example by:

Codes of Practice

- **Agreeing information sharing codes of practice including simple information sharing protocols for bulk data sharing.** Codes of practice outline the principles and standards of conduct expected by staff working in, and with, children's centres. Given that some professions have their own particular approaches to sharing information this is an important way of ensuring consistency and being clear about where responsibility lies. Protocols are not a legal requirement but can be useful where staff working in, or with, children's centres are sharing pre-specified, regular or bulk information (for example, breastfeeding rates across a local area). It is important to note that information sharing protocols are not appropriate for the situations where front-line practitioners have to make case-by-case decisions about whether and what information to share but they are appropriate for specific, pre-planned information sharing activity at a group level between organisations.

Clarifying Local Approaches

- **Training staff in how to share information appropriately and effectively.** This helps all practitioners to feel confident and supported. Training might be arranged locally; through materials prepared by Together for Children[11], or through commissioning bespoke training.
- **Making available privacy, confidentiality and consent leaflets/information for children and families.** This helps staff working in, and with, children's centres to be open and honest about why, what, how and with whom information will, or could be shared. Information should include a statement on how information will be stored, how consent will be sought, how confidentiality will be maintained and how information will be shared.

---

[11] TfC toolkit available on http://www.childrens-centres.org/

- **Supporting a culture of trust and common understanding** of information sharing practice between professionals in different sectors. In an environment where colleagues from different sectors work closely together, and all understand the importance of, and ways in which, they can share information, a more responsive and effective service will be delivered to families.

Systems

- **Investing in shared IT systems**, which staff working in, and with, children’s centres can access (with appropriate consent from parents). Access should be restricted within the system according to job roles; and practitioners should only be able to see the particular type of information they need to do their job. Guidance should be clear that signing other people in and exchanging passwords is not permitted.

- **Using ContactPoint.** ContactPoint (CP) is a quick way to find out who else is working with any child or young person – making it easier to deliver more coordinated support. The basic online directory is available to authorised staff that need it to do their jobs. Authorised staff in children's centres (someone who has an up to date eCRB and has done the required CP training and has then been authorised as a CP user) can use ContactPoint to find contact details for other practitioners working with a child. ContactPoint is currently being rolled-out nationally.
- **Using the Common Assessment Framework (CAF).** This is a standardised approach to conducting assessments of children's additional needs and deciding how these should be met. Practitioners across children's services and health services in England can use it. The CAF is a voluntary assessment process and, as such, is only undertaken with appropriate consent. The CAF promotes more effective, earlier identification of needs. It can be used for unborn babies, infants, children and young people who have additional needs that are not being met by their current service provision and who are at risk of poor outcomes.

Working with disabled children

The Early Support Family File enables families with young disabled children to share information about their child and family situation with professionals working with them and prevents them having to repeat their story every time they meet someone new. It also helps with the planning and co-ordination of services. A lead professional or a key worker is generally best placed to introduce the Family File to parents and help them to get the best from it. More information about Early Support is available at: http://www.dcsf.gov.uk/everychildmatters/earlysupport

24. **The Information Commissioner's website** (www.ico.gov.uk) provides useful templates and sources of further guidance to help, as does the Together for Children's Information Sharing Toolkit.

PHOTO REDACTED DUE TO THIRD PARTY RIGHTS OR OTHER LEGAL ISSUES

Information Sharing and Early Intervention – Telford & Wrekin

At 12 weeks pregnant a young woman with learning difficulties was referred to the children’s centre for additional support. Centre staff were concerned that she might need extra support in fulfilling her parental role. After a consultation a lead member of staff contacted her local information sharing and assessment co-ordinator to discuss her concerns. It was agreed that it would be helpful to complete a common assessment (CAF) to define the parent’s needs and work out what support might be appropriate.

The lead staff member then explained the assessment process to the parent and her mother and sought consent to share the assessment information with other involved practitioners.

The completion of the CAF meant that all the parent’s relevant needs were identified at an early stage. She did not have to repeat information to different agencies and she had ongoing support.

As a result a team of practitioners, including a community midwife, social worker, health visitor, general practitioner and a children’s centre outreach worker was formed to develop a plan to address the mother’s needs. Such an approach benefited everyone.

A thoroughly integrated approach – the Chai Centre, Burnley

The Chai Centre is a combined children's centre and Healthy Living Centre, which is also the base for the Burnley North Children & Families Integrated Team in Lancashire. The health visitors and children's centre staff at the Chai Centre have worked together to tackle potentially different approaches to data and professional record keeping.

They have done this through effective co-location to aid communication; record keeping training for children's centre staff, backed up by some coaching from health visitors, and introducing shared record keeping; developing a combined home visiting programme, which helped health and centre staff see the benefits of working together; and a process for staff to feed back information to each other after all visits.

The benefits of this approach have included health visitors being able to coordinate care, thereby giving them a more manageable workload; an increase in families accessing the service; and a seamless service for users, with services delivered by the right person to meet each family's individual needs.

The local authority has started an early notification process, where midwives get agreement from expectant mothers at their 8-12 week booking in appointments to share their data with children's centres so the centres can make contact.

Coquet and Amble Children's Centres – linking into the local health visiting and midwifery services

Coquet and Amble Children's Centre is in a rural area of Northumberland. Three health visitors, one nursery nurse and a midwife work from three clinics based in the local area and the local PCT provides the children's centres with details of babies born within the area.

All three health visitors and the nursery nurse attend the children's centre's Team Meetings and Operations group and see themselves as integral members of the team. The health visitors complete a children's centre registration and consent form when they visit a family after the birth of a child and forward it to the children's centre family support staff, who then organise a new baby visit for the family, giving them information about children's centre services in the area. Health visitors also refer children/families who need additional support to the children's centres.

Thorpe Hamlet and Heartsease children's centre – helping parents understand consent

At Thorpe Hamlet and Heartsease health visitors are co-located with the children's centre team. This co-location has had enormous benefits in terms of communication, the quality of practice, information sharing and joint working practices. The centre keeps shared records and when appropriate the team carry out joint visits. Fortnightly case discussion meetings with the whole team provide an opportunity for all involved to discuss families of concern and work out individual packages of support.

The centre has a clear policy to ask for permission to share information when families register. Primarily it is the health visitors who explain how the children's centre works and help families to fill out the registration form. The centre reports that this approach means that families all understand from the outset that the centre offers a service via a seamless team.

Agreeing an approach to early notification – Lancashire County Council

A task group looked at how professionals could work together with parents to be (especially those that were deemed to be vulnerable) in the early stages of pregnancy.

As a first step, partnership meetings were set up with representatives from the Heads of Midwifery services and managers, NHS commissioners, CAMHS, Health Visitor Team Co-ordinators and children's centre staff. These forums agreed to take forward an Early Notification process - a simple notification form completed at the antenatal booking clinic and forwarded to the children's centre and health visitor.

As a result Lancashire reports that families now receive a consistent approach to early notification of children's centre services across the county There is improved communication between the services, midwifery, children's centres and health visiting, and an enhanced opportunity for information sharing to meet the needs of the family. The most vulnerable families identified early by midwives and children centre staff can have support in place before the baby is born. This partnership approach to the wider aspects of family support frees midwives up to undertake a clinical rather than social role while families who access children's centres antenatally continue to access services postnatally, as a relationship of trust has been built with the centre.

G. Where to find out more

1. Information Sharing: Guidance for Practitioners and Managers (2008)

This offers a fuller description of the issues involved for personal information sharing at the front-line. It has formal endorsement from a wide-range of organisations including the Royal College of Midwives (RCM), the Royal College of General Practitioners (RCGP), the Royal College of Paediatrics and Child Health (RCPCH), the Community Practitioner's & Health Visitor's Association (CPHVA) and the Royal College of Nurses (RCN). The General Medical Council (GMC) also provided a supportive statement.

www.dcsf.gov.uk/ecm/informationsharing

2. General Medical Council Guidance for Doctors on Confidentiality (October 2009)

This offers doctors registered with the General Medical Council guidance to help identify the relevant legal and ethical considerations, and to help doctors make decisions that respect patients' privacy, autonomy and choices, and that also benefit the wider community of patients and the public.

www.gmc-uk.org

3. Together for Children Toolkits

'Information sharing toolkit' – detailed guidance as well as top tips, flow-charts, case-studies, suggestions for training and templates.

'A toolkit for the integration of Sure Start Children's Centres series and Healthcare' – a package of activities, notes, resources and workshops, intended to aid joined up working.

'Facilitating closer working with Health' – examples of innovative working practice.

http://www.childrens-centres.org/Topics/AllTfCSupportProducts.aspx

4. Every Child Matters

Working Together to Safeguard Children:
www.everychildmatters.gov.uk/workingtogether
(DFES, DH, 2006)

Supporting integrated working training
www.ecm.gov.uk/iwtraining

5. Sure Start Children’s Centres

Sure Start Children’s Centres Practice Guidance (November 2006)

Planning and Performance Management Guidance (November 2006)

Governance and Management of Extended Schools and Sure Start Children’s Centre Guidance (May 2007)

http://www.dcsf.gov.uk/everychildmatters/research/publications/surestartpublications/1854/

6. Common Assessment Framework

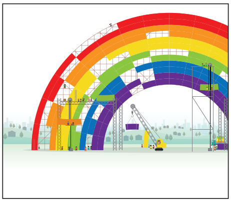
http://www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/cafframework/

7. Materials to support understanding of the key statutory context

The information commissioner’s website has useful guidance including a number of ready to use templates: http://www.ico.gov.uk/

Data Protection Act: http://www.ico.gov.uk/for_organisations/data_protection_guide.aspx

Guidance on the Children Act 2004:
www.ecm.gov.uk/strategy/guidance



You can download this publication or order copies online at
www.teachernet.gov.uk/publications

Search using ref: DCSF-00301-2010

Copies of this publication can be obtained from:

DCSF Publications
PO Box 5050
Sherwood Park
Annesley
Nottingham NG15 0DJ
Tel: 0845 60 222 60
Fax: 0845 60 333 60
Textphone: 0845 60 555 60

Please quote the ref: 00301-2010BKT-EN

ISBN: 978-1-84775-712-8

D16(8662)/0310

Annex

Consent for information sharing

I understand that the children's centre will record and share the following information about me to help it to provide the best possible service:

First Names ______________________________

Surname ______________________________

Date of Birth ______________________________

Address ______________________________

Children's Details – repeat for each child under 5

First Name ______________________________

Surname ______________________________

Date of Birth ______________________________

Address ______________________________

Your relationship to the child – mother/father/grandparent/carer etc

____

I/We agree to information about myself and any dependents, as outlined above, being kept on the Sure Start Children's Centre database and as a written record. I/We understand that this information will be used for monitoring and evaluation purposes, and for the effective provision of a range of children's centre services to our family.

I/We give permission for the Sure Start Children's Centre to share this information with its partner agencies (GIVE NAMES) for the purposes of delivering its services only.

Signed: ______________________________

(Parent/Guardian/Carer/Other)

Date: ______________________________

Signed: ______________________________

(Parent/Guardian/Carer/Other)

Date: ______________________________

If you require any further information relating to how your information is used please contact the Data Protection Officer in XX Local Authority [address]