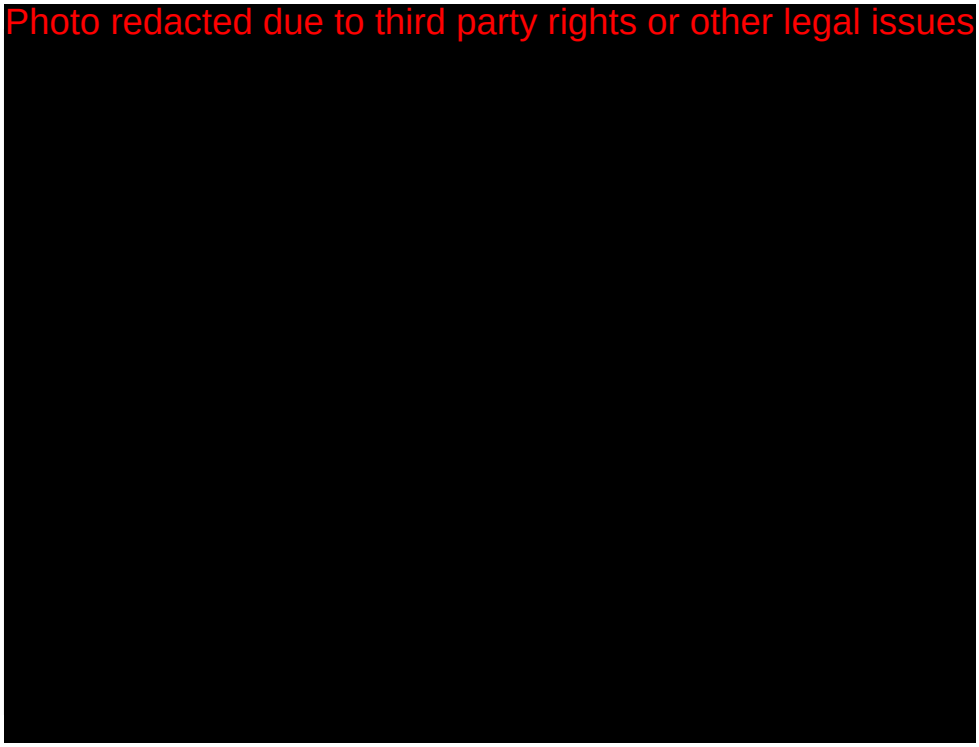
HM Government

Information sharing: Case examples

Integrated working to improve outcomes for children and young people



Every Child Matters
Change For Children

These eight case examples support the cross-Government guidance document *Information Sharing: Practitioners' Guide* by illustrating for practitioners the practical application of the guidance.

The case examples cover a range of situations of relevance to everyone who works with children and young people, whether they are employed or volunteers, working in the public, private or voluntary sectors. The document is for staff working in health; education; early years and childcare; social care; youth offending; police; advisory and support services, and leisure. It is also for practitioners who work in services provided for adults, for example mental health services and drug and alcohol services, as many of the adults accessing those services may have parenting or caring responsibilities.

The case examples are also suitable for use as discussion materials to support training in information sharing. The eighth example illustrates the potential consequences of information not being shared effectively in a child protection case.

Alongside this guidance, we are publishing:

- the cross-Government guidance *Information Sharing: Practitioners' Guide*;
- a supporting document entitled *Information Sharing: Further Guidance on Legal Issues*
- a set of training materials available for local agency and multi-agency training, and for use by providers of initial training and continuous professional development for the children's workforce.

Go to www.ecm.gov.uk/informationsharing

Contents

1. Sharing information with consent to support a parent's parenting capability

Kate, a single mother with a three year old son and a new baby is visited by a health visitor. Kate appears to be struggling to cope with the children and it becomes clear that since she and her husband separated that she has no family support.

Kate says that she has been feeling really low. She complains that both bedrooms are damp and they are all suffering with chest infections. She says she hasn't reported it to the housing office because she doesn't feel confident enough to go out with the children, particularly to new places. The health visitor suggests that she could arrange an outreach visit for Kate. She explains that the outreach worker can help her make contact with the housing office and arrange for someone to make sure any necessary repair work is carried out to the property. She can also provide her with information about what services are available in the local children's centre and the local area and help Kate identify the ones that would be of benefit to her and the children.

Kate takes up the offer of support and is assigned an outreach worker, Kelly, who calls to arrange an initial visit. On the first visit Kelly takes time to develop a rapport with Kate. She listens as Kate explains how difficult she is finding life as a single mother to a toddler and a new baby, how tired she feels, how she never gets any time for herself and how worried she is about their living conditions. Kelly recognises the importance of making sure that Kate doesn't feel rushed or pressured.

Kate also mentions that she is expecting a visit from the midwife in the next couple of days. Kelly offers to makes contact with the midwife supporting Kate to let her know that she has visited the family and also to make contact with the housing office. Kate agrees, saying that it would save her from explaining everything to the midwife and that she appreciates the help getting their home repaired. Kelly explains that she will contact the health visitor to let her know what she and Kate have agreed today.

Kelly contacts the housing office, the midwife and the health visitor to seek any further information about Kate's situation. Each of the agencies must consider whether any of the information they hold should be treated confidentially before sharing any of it with the outreach worker. Some information is shared and it is agreed that they will alert each other if they have any concerns about the welfare of the children. Kelly arranges to visit Kate again a couple of days later. On this visit Kate appears much happier. The housing office has responded to Kelly's call and has arranged to make the necessary repairs to Kate's home.

Kelly takes the opportunity to mention to Kate that the local children's centre has a mother and baby club that has been really successful and suggests that Kate and the children might attend a couple of sessions. She and Kate talk about how it might be good for her to get out of the house and spend time with other new mothers, that it might enable her to make some new friends and possibly develop a local support network. They also talk about how good it would be for her son to mix with other children of the same age. Kelly offers to go to the first few sessions with Kate if it would help her to feel more comfortable.

Kate agrees to give it a go and they make arrangements for Kelly to call for Kate and the children the following week and to go with them to the first session. Kate enjoys the break from her normal routine. Kelly goes with her to another session but then Kate feels able to attend the group without any additional support. Kate continues to meet with Kelly on a regular basis. She appreciates the support, grows in confidence and becomes a regular visitor at the local children's centre, accessing a range of services there and in the local community. In time, Kate returns to work part-time. Kelly helps her to arrange childcare through the centre.

2. Sharing information with consent following concerns about a toddler's development

Home-Start is a charity that recruits and trains volunteers to support parents with children under five. Volunteers can have contact with a wide variety of health, social, education and other practitioners while supporting a family.

Cathy is a teenage mother who has no contact with the father of her two young children, Ben (three years) and Jake (six months). She has recently been re-housed in a hostel which is mainly for lone young parents but includes tenants with a wide range of needs.

Cathy was referred to Home-Start by Ben's school nursery because of Ben's erratic attendance at the nursery. Cathy is wary of any agency support due to unhappy experiences as a child but after several visits a trusting relationship was established with the Home-Start organiser and the volunteer assigned to her case.

The main issues that emerged through discussion with Cathy were:

Ben's attendance at nursery: Cathy had fled from a violent relationship and was anxious not to let anyone know where they were living. Ben had been allocated a place at a school close to the bed and breakfast accommodation where the family lived at the time he was registered. When the family were moved to the hostel this meant a long walk to and from the nursery for Cathy as there was no cross-town public transport. As soon as she got home from dropping him off, it was time to set off to pick him up again and as a result she often didn't take him. The organiser explained to Cathy that her consent was needed to allow Home-Start to speak to the nursery and share information with them to try and resolve the problem. Cathy was then able to give 'informed consent' to share relevant information. As a result arrangements were made to relocate Ben to a closer school nursery and his attendance improved.

Ben's health: The volunteer had concerns about whether Ben had hearing difficulties. Ben had missed many of his developmental checks including the hearing checks as a baby due to the family changing address frequently, not being sent appointments or not keeping them. Cathy avoided clinics as she felt that staff were critical of her parenting skills. The volunteer raised the concerns with the Home-Start organiser who decided to speak to Cathy about using the Common Assessment Framework for children and young people (CAF) to get a full picture of Ben's needs. The organiser completed the assessment with Cathy and once again consent was sought to share relevant information, this time with the health visitor. The consent to share information Cathy had given previously was for a different purpose and so it was necessary to seek consent again. The volunteer accompanied Cathy and Ben to the clinic. Hearing tests identified that Ben had a problem with adenoids; he was referred on to his GP so treatment could be arranged.

Cathy's isolation: The CAF process had also helped to identify that being relocated away from her own family with no easy access to public transport led to Cathy feeling isolated. The volunteer worked hard to get Cathy involved in school events and managed to persuade her

to attend the Home-Start group where she met other mothers. Over time Cathy joined in more with group activities and made friends with other young mothers.

3. Respecting a parent's refusal of consent to share confidential information following concerns about a child's development

Jenny and Jack are six and four years old and attend the same school. They have a younger sister aged 12 months.

Jack's teacher is a bit concerned about him because he is quite often late and usually the last to be collected from school, he looks a bit grubby and she thinks he is small and thin for his age. Jack sometimes seems to be very hungry and other children have complained that he is taking food from their lunchboxes. He has sometimes fallen asleep in the classroom.

His teacher decides to speak to her colleague about Jenny and whether there are any concerns about her. Jenny's teacher says that she is also sometimes late and not always very well dressed but is doing well in school and seems happy. The teacher doesn't have particular concerns about her.

Jack's teacher decides to speak to his mother when she collects the children from school about her concerns about Jack's weight and tiredness and says she would like to ask the school nurse to see him and offer some advice.

His mother seems a bit depressed and is rather monosyllabic in her responses - she says she thinks he is fine and she doesn't think it necessary to have him checked. The teacher comments that the mother seems tired and she responds by saying of course she's tired she's got three children under six years old!

Jack's teacher remains uneasy about him and his mother's ability to cope. She decides to seek informal advice from the school nurse about Jack's physical size, hunger and tiredness and the mother's response when concerns were raised with her. The school nurse does not believe the concerns are sufficient to consider a referral to children's social care.

The teacher and the school nurse seek advice from the school's child protection lead and they agree that in the circumstances it would be justified to contact the health visitor who is visiting the youngest child to see if she has any concerns. The health visitor says that the family has been having some difficulties. Working with the family, the health visitor had used the CAF to identify Jack's strengths and needs. The mother trusted the health visitor but had not consented to the information being shared with the school. The health visitor was able to offer additional support to the mother so that the situation should improve. However, she continued to actively monitor the situation.

Some of the information the health visitor has is confidential health information about the mother's mental health. Given the concerns expressed by the school the health visitor says that she will need to seek consent from the mother before sharing any confidential health information about the mother with the school.

When the health visitor raises this with the mother on her next visit, the mother refuses consent to share that information with the school. The health visitor will need to decide whether the public interest in sharing that information with the school outweighs the public interest in maintaining confidentiality. If there is little or no benefit to the children from sharing information with the school then it would be inappropriate to do so without the mother's consent.

The health visitor informs the school that she has decided not to override confidentiality in this case since she believes the benefit to the children would be small, and the mother is accepting services out of school which should help to improve the children's situation. The health visitor and the school staff agree to monitor the situation and confer fortnightly in the first instance, with a view to taking early action, including possible referral to children's social care, if the children's care does not improve. This arrangement is fully documented so that everyone is clear who is responsible for this interim monitoring.

4. Sharing information without consent to enable preventative work with children at risk of involvement in crime and vulnerable to exploitation

The fire service and police are called to an estate where two cars are on fire. Witnesses say that a group of youngsters who live on the estate are responsible for the fires and maintain that they are also responsible for a lot of vandalism and graffiti and that older people are afraid to go out at night. There are several families that live on the estate that everyone seems to agree are usually responsible for the trouble. In one of the families identified by witnesses:

- Father is suffering from chronic ill health and is unable to work, has been involved in petty crime in the past and did once serve a short prison sentence for handling stolen goods. He says the neighbours and police are 'picking on his kids because he has a bit of a record'.
- Mother is a hard-working woman, a bit depressed and downtrodden, wants what is best for her children but seems defeated in terms of controlling them.
- Jackie, 15 years old, is verbally abusive to her mother and the police when they come to interview them regarding the fires.
- Brett, 14 years old, says he can't see why the police are interviewing them; he denies being involved and says they always get blamed.
- Connor, ten years old, echoes everything Brett says.

Connor and Brett are picked up again one afternoon the following week for stealing sweets and they admit truanting. They are taken home, and their parents claim they last saw them off to school that morning and believed they were in school.

The police decide to issue a Reprimand for the stolen sweets. They are concerned about the risk of poor outcomes for all three children and also the risks to others through their anti-social and offending behaviour. They decide to notify the local preventative partnership, which for the purposes of this case example is the youth offending service (YOS), about these incidents and their concerns. The YOS worker can contact the children's schools without their consent, to obtain further information to help assess the risks to all the children in relation to their potential involvement in criminal behaviour. This would help the YOS worker consider whether they may be children in need, or, at risk of significant harm.

The schools have previously tried to speak to the parents about their concerns for the children without success. The schools have the power to share information with the police and the YOS under the Crime and Disorder Act 1998. However, they will need to decide whether the information they are sharing is confidential and if so, whether or not they need to seek consent to share the information, and if so, from whom.

Connor’s school believe he is a bright boy but are concerned that he is aggressive towards other children – his father condones this aggressive behaviour as his way of protecting himself and thinks all kids steal sweets sometime. His mother admits she is concerned about him but wonders what she can do. Connor has told his teacher that he was being bullied into doing 'naughty' things like breaking windows, by some boys who go around with his older brother.

Brett’s head of year thinks Brett could do well but he doesn’t seem interested, acts the fool in class and enjoys being sent out, then blames everyone for picking on him unfairly. Brett has a learning mentor whom he has told about the situation with his family, where he believed they are always being picked on by their neighbours and he feels he has to take the head of the family role because of his father's illness. This means he has to prove himself as being 'big' and 'hard' so that others show him respect. He says if that means breaking the law then so what; his family comes first.

Jackie’s head of year is concerned about her behaviour in the classroom, she can be disruptive, sometimes uses obscene language, and is often trying to test the authority of the teachers. She is openly suggestive towards some of the boys in the class and often walks out of classes if challenged by staff. She smokes a lot and has recently lost a lot of weight. Her parents have not responded to requests from the school to come and discuss their concern. Jackie has told her teacher in confidence that she had got mixed up with an older crowd who had tried to introduce her to drugs and she was worried about how to deal with sexual advances from them.

Some of the information the schools have is confidential. Some of it isn’t. The schools judge that in this case all the information they have should be shared without consent if necessary, as they believe that the children may be involved in criminal behaviour and at risk of significant harm. They inform the parents and young people that they intend to share information to enable an informed assessment of the risks to all the children and to determine what action is required to protect them, and others, from harm, promote their welfare and prevent their further involvement in crime. The multi-agency meeting would involve the police, the YOS, the education welfare service, the schools and others that have direct involvement including the school nurse and fire service. The children and parents should, if possible, also be involved in the discussions and the development of the action plan because they are more likely to cooperate if they have had the opportunity to contribute.

A joint plan is developed to establish clear boundaries and monitor the young people’s behaviour; enabling them to get access to advice and support about sexual health and drugs, improve their educational achievement and development, and prevent them becoming involved in criminal behaviour.

5. Sharing information without consent to enable targeted action to tackle anti-social and criminal behaviour amongst families

The local authority social inclusion unit, police, probation, youth offending service, housing trust and Connexions services are meeting to develop a planned approach for tackling anti-social and criminal behaviour in their area. This joint action group (JAG), is chaired by the local authority representative with the police representative acting as deputy. The group has established and agreed a standard process for exchanging information with a view to identifying families where additional and targeted support might be appropriate and this is facilitated under section 115 of the Crime and Disorder Act 1998.

The purpose of the monthly meetings is to discuss children, young people and families which are giving one or more of the agencies a cause for concern and to agree what action should be taken, by whom and when. In preparation for the meetings, each agency considers which families it is most concerned about in relation to its functions under the Crime and Disorder Act, and what information it is able to share, taking into account whether any of the information is confidential and, if so, the public interest in relation to sharing such information without consent. The process is documented and an agreed action plan is recorded. Progress is reviewed at each meeting. At this meeting, three families are selected for targeted intervention and support.

Family 1: Parents are both drug users on methadone maintenance programmes, the father is on probation following a conviction for drug related offences. Tony, 17, hangs around with a large group, is well known to local police and is often aggressive when approached by them. His sister Louise, aged 14, has also started to hang around in the same group and has told her Connexions personal adviser that she is being pressured by some members of the group to try hard drugs. Children's social care have been in contact with the family and undertaken an initial assessment with respect to both Louise and Tony. This included gaining an understanding of the impact that their parents substance misuse was having on Louise and Tony. The Connexions team manager explains that the adviser has already spoken to Louise about the dangers of drugs and encouraged her to engage in other activities and to move away from the group. Police suspect that drug and alcohol abuse is rife amongst the group. Members of the general public have reported feeling intimidated or being abused by the group.

Family 2: Both parents have been reported to the police by neighbours on several occasions for threatening behaviour. The father has been charged for a public order offence following the threats. Neighbours have also reported concerns about the children, aged 14, 11 and nine. They are often observed on the streets late into the night and appear to be emulating their parents' behaviour – swearing at neighbours, causing damage to property and bullying other children. When the parents are challenged by the neighbours, they refuse to accept that their children are doing anything wrong and become abusive.

Family 3: The housing trust has taken a number of anonymous calls reporting suspected

domestic violence at the address of this family. Police have also been called to the address following complaints by neighbours. Police report that Charlie, 17, has been convicted of Actual Bodily Harm following a drunken fight in a nightclub – police believe drugs to have been at the centre of the argument. Ben, 14, has been picked up by police on a number of occasions for being drunk and disorderly and returned to the home. The Connexions team manager reports that neither Charlie or Ben have sought the services of Connexions. The mother insists that there are no problems within the family and that she believes that experimenting with drink is normal teenage behaviour.

The JAG discusses options for offering additional support to the families and where it might be necessary to intervene more directly. They agree what action should be taken, and who will be responsible for ensuring that action is taken and outcomes properly recorded.

As a result of the interventions agreed at the JAG meeting:

Family 1: The JAG agrees an assessment of each of the children and the impact of their parents' drug abuse on their welfare is required. Probation are able to confirm that there are no known breaches of parole conditions and that the behaviour of the parents is not currently a cause for concern. Police alert the local community support officers (CSOs) to concerns about the group of youths. Youth workers speak to the group of youths to try to engage them in other activities. Where necessary, CSOs or police will disperse them. A short term, intensive patrol of the area was put in place. Local shopkeepers are reminded about their responsibilities in respect of selling alcohol to those under the age of 18 and that their licence can be revoked if they are found to be deliberately in breach of the law. Support is offered to shopkeepers where intimidation is reported as a reason for selling alcohol to minors. The Connexions adviser works with Louise to identify a youth club that she and her friends can attend. It is reported that she appears to have severed her ties with those who were enticing her into drug use.

Family 2: Police ask those neighbours that have reported problems with the family to record details of incidents. They also speak to the family about their anti-social behaviour. The housing trust inform the family that they are at risk of breaching their tenancy agreement and that if necessary, action will be taken. They also make them aware that, depending on the severity of the breach, it could lead to their eviction. Community support officers visit the area at different times during the following month to monitor the situation. Local authority representatives speak to colleagues from the education welfare service who ask for any relevant information from the children's schools to feedback to the next meeting of the JAG. Information collected and shared as part of the JAG process could be used to form the basis of a voluntary Acceptable Behaviour Contract, which in turn would support the evidence required to implement other intervention measures and to issue an Anti-Social Behaviour Order.

Family 3: The Connexions service seeks to engage both Ben and Charlie with a view to providing advice and guidance. The adviser discusses options for both education and extra-curricular activities with Ben. It becomes clear that Charlie is unemployed and he is invited to attend a meeting with an Adviser about options for employment, education or training. The adviser also discusses opportunities for Charlie to engage in activities such as sport or youth

work. As a result of discussions with the young people, they are offered an opportunity to discuss their personal issues with a counsellor. The police family support unit are made aware of the suspected domestic violence and asked to monitor the situation and liaise with other agencies where appropriate.

Parental drug abuse can and does result in children and young people being harmed at every age from conception to adulthood, including physical and emotional abuse and neglect. A thorough assessment is required to determine the needs of each child and the impact of the parent's behaviour on their welfare.

6. Sharing information where there is possible abuse of a disabled child

Helen, aged seven, has cerebral palsy and has very little verbal communication. She is admitted to the children's ward for surgery to her legs. During the admissions process it is noticed that she has some bruising to her legs and thighs. Her mother says that she thinks the bruising may be due to her callipers. The admitting doctor asks Helen how this has happened. The doctor and Helen are not easily able to communicate and the doctor is not able to determine whether the bruises are caused by the callipers or not.

The mother says that Helen has just come back from respite care, that she always comes back in a state and she is considering not sending her any more. The mother has three other children and needs this support to give her a break from her caring responsibilities.

The doctor decides to discuss the bruising with Helen's consultant paediatrician and seek their opinion on how the bruises may have been caused.

The consultant is worried about the cause of the bruising and seeks the mother's consent to share her concerns with children's social care. The mother says that does not want to involve them because she is worried that Helen would not be able to continue to have the same level of respite care. The consultant decides to override the mother's lack of consent but informs her that she intends to share information with children's social care because she is concerned that Helen may be at risk of harm when she is placed in respite care. Children's social care together with the police and the consultant will need to consider how best to respond to these concerns, keeping an open mind about the possible cause and who, if anyone, might be responsible for the bruising.

7. Sharing confidential information without consent in a case of underage sex

Natasha attends the local genito-urinary clinic with her friend Trina as she has symptoms of a sexually transmitted infection (STI) and she doesn't want to go to her family GP. Natasha says she is 14 years old but the health practitioner thinks that she looks younger. Natasha says she has been having a sexual relationship with her boyfriend for about three months but refuses to give any information about him, she says she is very happy with the relationship and does not feel coerced into doing anything against her will. She says she has not told her boyfriend that she has come to the clinic as she wants to find out if there is a problem first, and she does not want her parents to know anything at all. The health practitioner is unable to persuade Natasha to involve her parents and following the criteria and guidelines outlined by Lord Fraser in 1985 decides on balance that Natasha is capable of giving consent to treatment for her STI and also offers advice about sexual health and contraception. As the tests show Natasha has an STI the health practitioner encourages her to tell her boyfriend as he will need treatment too and Natasha agrees to do so.

Some months later Natasha returns to the clinic with further symptoms, the health practitioner notices that her physical appearance has deteriorated; she appears to have lost weight and she has some faded bruises round the left side of her face. On examination Natasha is found to be pregnant as well as having a different STI than previously. Natasha still refuses to have her parents involved and says she wants a termination of her pregnancy. The health practitioner comments on her bruises and Natasha becomes agitated and says she will come back later for treatment and wants to leave the clinic. The health worker persuades her to stay and discovers that Natasha is upset because she has discovered that her boyfriend has other girlfriends, he has been seen in his car with girls from his workplace, and has tried to persuade her to have group sex with his friends. Natasha says she walked into a door and bruised her face. From this the health worker concludes that Natasha's boyfriend is probably a lot older than her if he is working and driving, that he is also trying to coerce her into sexual activity that she is unhappy about and may have been violent towards her.

The health practitioner arranges to see Natasha for a further appointment in a few days time in order to try and persuade her to involve her parents or another trusted adult in the situation. The health worker also wishes to discuss the situation with the child protection nurse and check with other agencies as she suspects Natasha may have given her false information about her age and address. When Natasha returns to the clinic and cannot be persuaded to involve her parents or another adult, the health worker and the child protection nurse have to make a judgement about reporting their concerns to children's social care and the police and weigh up against Natasha's right to privacy the degree of current or likely harm, what any information shared is intended to achieve and what the potential benefits are to Natasha's welfare.

The health worker and child protection nurse decide that they must make a referral to children's social care and the police as they are concerned that Natasha is at risk of significant harm and that her boyfriend may be violent and could be committing an offence in having a sexual relationship with a young person her age.

In this case, the practitioners involved would need to take account of considerations listed in chapter 5 of *Working Together to Safeguard Children* (in the section ‘allegations of harm arising from underage sexual activity’) when assessing the extent to which Natasha (or other children who may be being abused by her boyfriend) may be suffering or at risk of suffering significant harm.

8. Failure to share information adequately in a child protection case

Maggie informs her probation officer that she is pregnant. She tells the probation officer the name of the father of her baby. The probation officer recognises the name of the father. She checks the probation records and confirms that he is someone who is known to the probation service. Those records show that the father, Mark, has children with several other women, and that there have been concerns about the safety of all of the children due to his violent and abusive behaviour; that two of the children have been on the child protection register and steps have been taken by their mothers to restrict his access to them.

The probation officer is also aware that Maggie has had a troubled background herself. She was in the care of the local authority as a child, and has a record of a troubled adolescence with offending behaviour. Maggie has had two children previously: one was on the child protection register as a result of neglect and that child now resides permanently with the maternal grandmother; the other child was taken by his father to live with his family. The probation officer is concerned about Maggie's ability to care for and protect her unborn child, particularly with the added concerns of Mark's record of abusive and violent behaviour.

The probation officer telephones children's social care and discusses the case with the team manager and the police and they agree that the case should be referred to them (see the information on section 47 of the Children Act 1989 in section 5 of the document *Information Sharing: Further Guidance on Legal Issues*). Enquiries to the police regarding Mark's previous criminal record reveal that he had convictions but that they are not related to offences against children.

The social worker allocated to the case undertakes an initial assessment with respect to the unborn child. She sees Maggie on several occasions at her mother's house and tries, unsuccessfully, to meet with Mark. Maggie informs the social worker that she and Mark have separated and that she has never had a violent relationship. Once the initial assessment is complete the social worker concludes that no further action is necessary and the case is closed.

The probation officer later discovers that Maggie and Mark have resumed their relationship and reports this to children's social care. The social worker thinks Maggie has a good level of support and stands by her decision following the previous assessment that concluded that no further action was needed.

When the baby is born Maggie moves in with Mark; the community midwife is concerned about the baby's welfare and informs children's social care. The social worker, following consultation with her manager, decides to undertake another initial assessment. She visits Maggie with the baby and reports that Maggie is coping well and the baby appears well cared for, a further visit is agreed for two weeks' time. A letter is sent to Maggie to inform her of the appointment, but there is no reply when the social worker visits. Two months later, following two further failed attempts to see Maggie and the baby the case is closed by children's social care as there have been no further referrals from the health visitor. The social worker leaves a

message for the health visitor to this effect, and requesting that the health visitor monitors the baby and refers again if necessary. The health visitor is unable in the following weeks to get access to Maggie and the child.

The following month the baby is brought by ambulance to the accident and emergency department but is pronounced dead on arrival. Examination of the baby showed numerous bruises to the head and torso and a skeletal survey x-ray showed a fractured skull and left forearm.

The lessons for information sharing identified from a subsequent review of the case are that:

- Practitioners must be curious, open-minded and seek information out, including historical records. In this case a number of agencies had historical records which evidenced Mark's propensity for domestic violence and disregard for the welfare of his children. Similarly records existed which evidenced Maggie's history of being unable to care for her children adequately.

- Information should have been brought together and shared with all the practitioners involved, and used together with current information to assess whether the child was a child in need or whether the child was at risk of significant harm.

- Where there remain concerns about a child's welfare following an initial assessment, rigorous arrangements for follow-up and further communication between practitioners should be clearly agreed and properly recorded.

Other resources

Information and publications relating to all aspects of the *Every Child Matters: Change for Children* programme - www.ecm.gov.uk

Information sharing practitioners' guide: Cross-Government guidance to improve practice by giving practitioners across children's services clearer guidance on when and how they can share information legally and professionally. Available online at www.ecm.gov.uk/informationsharing

Common Assessment Framework practitioners' and managers' guides: Guidance for those implementing and using CAF. Available online at www.ecm.gov.uk/caf

Lead professional practitioners' and managers' guides: Guidance for those implementing and carrying out lead professional functions. Available online at www.ecm.gov.uk/leadprofessional

Supporting integrated working training strategy: Details of the outline training strategy and the range of training modules, including training in information sharing, are available at www.ecm.gov.uk/iwtraining

You can download this publication online at www.ecm.gov.uk/informationsharing

Comments should be sent to is.guidance@dfes.gsi.gov.uk

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