

Getting it right for every child

INFORMATION SHARING PROCEDURE

1 INTRODUCTION

This is an Individual Procedure supported by the Shetland Policy for Sharing Personal Information (the Policy). The Policy forms part of this Individual Procedure. All parties to this Individual Procedure have formally approved the Policy and agree to adhere to its terms.

2 PURPOSE

The purpose of this Individual Procedure is to facilitate the exchange of information for the carrying out of a GIRFEC for a child or young person.

All parties signed up to this Individual Procedure recognise the importance of sharing information with each other in line with the aims of the GIRFEC. To serve the best interest of the child/young person and seeks to identify the earliest, most effective and least intrusive response to their needs.

When a parent and/or carer give consent to sharing of information about a child this does not include consent to share information about the child's parent(s) or carer(s). Consent to share information about parent(s) and/or carer(s), if given, must be clearly recorded.

However, information relating to other people may be shared where there is an impact on the child/young person. The impact on the child is the only information that is recorded and shared.

The GIRFEC does not detract in any way from the Shetland Child Protection Procedures. **If a child is suspected of being at risk of harm the practitioner must refer directly to the Shetland Child Protection Procedures.**

The following Process applies when the child is identified as NOT being at risk of harm. However, this **must be re-assessed** at each stage of implementing a GIRFEC, see the Process diagram in Section 7 of the GIRFEC manual.

3 THE PROCESS

3.1 I have a concern.

3.1.1 Discuss the concern with a relevant professional in your team or organisation, e.g. pupil support staff, line manager or Child Protection Officer.

3.1.1 If the child/young person is at risk of harm follow the Shetland Child Protection Procedures.

3.1.2 If the relevant professional agrees with your concern, the relevant professional contacts the Shetland Islands Council Duty Social Work.

3.1.3 The relevant professional advises Duty Social Work that there is a concern regarding Child X, and requests confirmation regarding an existing GIRFEC for Child X. There is no need to share the concern at this point. Please note that Duty Social Work must be satisfied that the relevant professional has the correct status to receive this information.

Consent from the parent or the child is not required to ascertain GIRFEC status, as personal information is not being shared.

3.1.4 If the GIRFEC process has already begun and Duty Social Work agree access to information, the name of the Lead Professional for the child/young person is shared.

3.1.5 If the relevant professional does not satisfy the Duty Social Work access criteria, the relevant professional should enquire which person in their organisation would have the correct access. The relevant professional should then contact the person in their organisation, share the concern and hand over relevant professional status to them. Consent is not required, as the information is not shared outside of the service area. The relevant professional continues from 3.1.2 below.

3.2 I have a concern and the GIRFEC is in place.

3.2.1 The relevant professional contacts the Lead Professional and shares the concern. As the GIRFEC is in place the issue of consent has already been addressed.

3.2.2 If the child/young person is at risk of harm follow the Shetland Child Protection Procedures.

3.3 I have a concern and the GIRFEC is not in place.

3.3.1 The relevant professional seeks consent from the child/young person, and where appropriate their parents/carers, to share information following the steps below:

(Note: Check that you are dealing with the person who has Parental Rights and Responsibilities).

3.3.2 Refer to Section 7.2 and Appendix 3 'Obtaining Consent to the GIRFEC' of the GIRFEC manual.

3.3.3 Explain to the child/young person and their parent(s)/carer(s) the need to share information with other staff and agencies to facilitate the best provision of the best possible integrated care.

3.3.4 Using the GIRFEC Information Leaflets (Appendix 4 of the GIRFEC manual), you should ensure that the child/young person and/or their parents/carers, understands:

- What information is to be shared.
- Why this information is to be shared.
- With whom the information will be shared.
- The purpose of sharing the information for each of the agencies involved.
- That a Policy governing the sharing of information is agreed and implemented between the organisations involved.
- Circumstances where refusal to give consent can be overridden, e.g. where there are child protection concerns.
- That they will receive a leaflet explaining the above.

3.3.5 Consent Is Given

If consent is given the child/young person and/or their parents/carers should be asked to sign the consent form(s), sections 7.2 and 8.2 of the GIRFEC manual. This form(s) should be kept as part of the GIRFEC documentation. A copy of this form(s) is given to the child/young person and/or their parents/carers.

The relevant professional completes as much as possible of the Biographical Details and Chronological Record, and organises the Initial Meeting (refer to sections 7.3 - 7.5 of the GIRFEC manual).

3.3.6 Consent Is Not Given

If consent is not given and the child/young person is at risk of harm follow the Shetland Child Protection Procedures.

If the child/young person is not at risk, the potential impact on the provision of services should be explained.

This explanation and refusal to give consent should be recorded on the consent form, sections 7.2 and 8.2 of the GIRFEC manual.

The GIRFEC should not be used. The relevant professional should retain the consent form with these decisions clearly recorded, in line with paragraphs 4.1 and 4.2 below.

3.4 I am the Lead Professional and I have received a new concern.

3.4.1 The Lead Professional assesses the information regarding the new concern and takes appropriate action.

3.4.2 The Lead Professional informs the relevant professional, at an appropriate level of detail, of the actions arising from their concern. It is good practice for the relevant professional to inform the source of the concern of the outcome, again within an appropriate level of detail.

3.5 Initial Meeting.

3.5.1 Consent is reconfirmed at the GIRFEC Initial Meeting and forms part of the agenda, sections 7.5 and Appendix 7 of the GIRFEC manual.

3.6 Review Process.

3.6.1 The Lead Professional will coordinate the GIRFEC Review Meetings as specified in section 7.7 of the GIRFEC manual and distribute documentation in line with paragraph 4.3 below.

Reviews should be held at a minimum in line with current statutory requirements.

3.6.2 The Lead Professional will seek confirmation of consent from the child/young person, and, where appropriate their parents/carers, to share information.

3.6.3 Explain the need to continue to share information with other staff and agencies to facilitate the best provision of the best possible integrated care.

3.6.4 Consent Is Given

If consent is given, this will be recorded on the *GIRFEC Review Meeting Minute* (see section 8.10 of the *GIRFEC manual*).

3.6.5 Consent Is Not Given

If consent is not given and the child/young person is at risk of harm follow the *Shetland Child Protection Procedures*.

The potential impact on the provision of services should be explained.

This explanation should be recorded in the review minutes and the outcome noted.

3.7 Sharing Information During the *GIRFEC* Process

3.7.1 Once a professional is satisfied that there is consent to the *GIRFEC* and information sharing, they may confidently share information they hold about the child/young person with the Lead Professional or wider group at a meeting regarding the *GIRFEC*.

3.7.2 A professional should only share information that is appropriate and relevant to the child/young person and the *GIRFEC*. It is up to the professional to make a judgement as to what level of information should be shared.

E.g. it may be appropriate to share the outcome of an assessment but not the full case notes from a piece of work that was carried out. Alternatively, the professional may feel that the full case notes contain crucial information that everyone involved in the *GIRFEC* should be aware of.

3.8 Ending the GIRFEC

3.8.1 Step 3.6 above is repeated until:

- The Lead Professional in consultation with other involved professionals identify no further needs or concerns.
- The child/young person has completed the transition to adult services in all agencies involved in providing services to the child/young person.
- The child/young person moves to another local authority area.
- The child/young person dies.

3.7.2 Refer to the Retention and Destruction section for guidance on handling the GIRFEC documentation.

4 RETENTION and DESTRUCTION

4.1 The GIRFEC documentation will be stored in a locked filing cabinet within a locked office or on a secure computer network.

4.2 Each Lead Professional will store and destroy the GIRFEC documentation in line with their corporate Retention and Destruction schedule.

4.3 The Lead Professional will be responsible for the distribution of documentation for meetings. They will ensure that:

- Numbered copies are sent by secure methods to the meeting participants.
- All of the copies are retrieved after the meeting and destroyed.

4.4 If the GIRFEC documentation is being passed to another local authority or health board practitioner the Lead Professional must be satisfied that the correct person to hand over to has been identified.

4.5 Details of the handover should be recorded and stored in line with their corporate Retention and Destruction schedule.

5 COMPLAINTS and BREACHES ABOUT INFORMATION SHARING

- 5.1 All agencies are ultimately responsible for ensuring all staff bound by this protocol adheres to its terms. They are also individually responsible for ensuring all supporting policies and procedures are implemented within their own organisation.
- 5.2 Any breaches of the protocol must be brought to the immediate attention of the lead Data Protection officer within the organisation.
- 5.3 Application of this protocol will be subject to internal review on an annual basis by the Senior Planning and Information Officer (NHS/SIC) and external audit as part of the Joint Future Local Partnership Agreement.
- 5.4 Complaints about information sharing will be made through the Lead Professional's agency official complaints procedure.

Approved By: -

Data Protection Officer, Shetland Islands Council

Signed **Date.....**

Caldicott Guardian, NHS Shetland

Signed **Date.....**

Chief Inspector, Area Commander, Northern Constabulary

Signed **Date.....**

Executive Officer, Shetland Council of Social Service

Signed **Date.....**