

# Rees Centre



## Overcoming Behavioural & Cultural Barriers to Multi-agency Information Sharing in Children's Social Care

A rapid review to inform the Newham-led project for the DfE Data and Digital Fund

Leon Feinstein, Georgia Hyde-Dryden, Mary Baginsky and Rick Hood



# Summary

This paper reports on a narrative literature review and an expert consultation conducted at the Rees Centre to inform recommendations to the Department for Education on how to improve information sharing, as part of a Data and Digital Fund project led by the London Borough of Newham. These have informed the Department for Education's (DfE) multi-agency information sharing report to Parliament<sup>1</sup>, due to be delivered in summer 2023. A separate and distinct research exercise was carried out by Social Finance and the two studies together inform the Newham recommendations.

The broad findings of the Rees research exercise are supportive in some respects of a behavioural and cultural approach, and with the findings of the work by Social Finance, although they point to certain conceptual and operational limitations of such an approach in the current context of children's social care (CSC). The work also highlights tensions and contradictions that present issues for implementation and require further work or care if recommendations are ultimately to achieve safeguarding objectives and reduce harm or risks for children.

In this summary we describe the key themes and issues emerging from a narrative literature review, two expert roundtables conducted with different professionals and organisational groups, a number of discussions with individuals who could not attend the roundtables, and a rapid scoping review of the international evidence. The full methods and analysis are presented in the main body of the report.

## 1.1 Child and family voice

We have not, in the time available for this project, undertaken exercises to consult or co-design policy responses with children and families. Their voice has been absent from the review and although this is a priority for policy-makers and leading agencies highlighted in the Independent Review of Children's Social Care, there has not yet been a concerted attempt to assess what might be learnt from engagement with children and families about how and why information is shared. This lack of a wider debate and engagement with those most affected by policy limits the effectiveness of that policy if it results in a lack of consent, credibility and acceptance in the field or in the scaling of policies that are not meeting need. Examples of successful initiatives at a local level demonstrate that dialogue and partnership with families is essential for sustainable approaches to information sharing. Therefore, it is important that there be a substantial exercise in hearing the views of children and families as part of the formal DfE response and as a staging post, in further rollout of policy.

## 1.2 What works in reducing child deaths and improving information sharing

Much of the evidence on information sharing identified in the literature review comes from publications exploring multiagency working, as one of several elements recognised as contributing to effective multiagency practice. The majority of the evidence identified comes from small studies in single local authorities or from reviews of serious case reviews. A number of more recent studies with larger samples were identified as were those using evaluation designs such as randomised controlled trials. However, we identified no evidence of the impact of improvements to information sharing on child deaths or what is effective across the range of options for how to improve

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<sup>1</sup> Improving multi-agency information sharing. Government policy on information sharing and the use of a consistent child identifier. Department for Education, July 2023.



information sharing. The evidence is therefore best characterised as emergent or ambiguous. Although the logic of improved information sharing to allow effective system responses is clear, this is an area requiring more robust research to continually improve the evidence base and lead to more effective responses.

### 1.3 Lack of agreement on the meaning of safeguarding or the reasons to share information

There is some conceptual confusion between safeguarding and protection, and between statutory and non-statutory services. A common understanding is essential if professionals are to provide or respond appropriately to new information. The pathways between Early Help assessments and stepping up and down into safeguarding services are not always clearly understood outside of social work and this may lead to confusion. More broadly, many professionals have to deal with the tension between data protection and privacy on the one hand and information sharing on the other. This goes beyond a concern that GDPR is misunderstood as presenting barriers to information sharing, to a broader recognition that both privacy and sharing have a sound basis in legal and ethical principles. Innovation whether procedural or technological may help professionals address these issues but cannot resolve them entirely. Dialogue, trust and confidence building are essential if the inherent dilemma is to be addressed. These take time and resources, and are an ongoing process. This process is also frequently dependent upon the role of specific individuals, a factor that is often not given sufficient importance, nor are structures built in to address the risk involved.

### 1.4 Other pressures in the system

The impact of austerity and other economic and social pressures on the demand for CSC and on the capacity of services to meet that demand, have been extensively documented over the past decade. These pressures mean that staff are routinely triaging and managing risks in the knowledge that much need will go unmet. In these circumstances improvements in sharing information may not lead to improvements in responses to need, unless there is sufficient investment in preventative services and family support to free up capacity in the statutory system to identify and respond to cases requiring statutory help and protection.

### 1.5 Conclusion

The implication of these issues is that ambition for increasing and improving information sharing must be tempered by recognition that progress is likely to be slow, contingent on the wider context of CSC funding and reform, and that intended impacts cannot be assumed. The process of rollout of any recommendations for behavioural and cultural solutions to barriers to information sharing must allow for continued learning and further evaluation, and shared debate with key audiences and intended beneficiaries, alongside the ongoing challenge of meeting need and adequately funding the system.

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# 1 Introduction

This report was commissioned by the Department for Education in December 2022 as part of a Data and Digital Fund project led by the London Borough of Newham to inform the Department for Education's multi-agency information sharing report to Parliament, due to be delivered in summer 2023. The findings and recommendations of this overall project are reported in a report to be published by the London Borough of Newham.

A partnership led by Newham, on behalf of the 33 London Boroughs, was formed with Social Finance and the Rees Centre, each providing a range of research and problem-solving activity. Social Finance led work with Newham to explore the behavioural and cultural factors influencing information sharing between the London Borough of Newham and other agencies across London. Social Finance also reviewed secondary evidence from the behavioural sciences and undertook participatory research to identify an initial set of recommendations to improve information sharing in similar multi-agency contexts.

This Rees Centre report provides a summary of the work undertaken by a group of academic co-authors. Our role has been to review the background evidence, informing the wider project as the review progressed, and to consider how lessons from previous policy reforms might be applied to improve the likelihood of success of final recommendations.

## 1.1 Contribution of this report

This report covers a narrative literature review and related consultations. The consultations included two workshops designed jointly with Social Finance to bring its initial policy recommendations to a wider audience of experienced and expert professionals from strategic policy level to point of service, across health, criminal justice, local authority and other agencies. The participants commented on issues of transferability of findings across the country and across agency. The authors also undertook a rapid scoping review of international evidence and conducted a number of discussions with individuals who could not attend the two online workshops, as well as those in other countries who were known to the authors and had an interest in the subject.

# 2 Policy context: a short history of policy on information sharing and child safeguarding

As with much else in safeguarding practice, a key driver of policies to promote information sharing has been the desire not to miss signs that a child is being abused or neglected. Over the past fifty years, serious case reviews and public inquiries have often highlighted agencies' failure to share crucial information and collaborate effectively in cases where there are concerns about child abuse. The main statutory guidance in England, *Working Together to Safeguard Children* (HM Government, 2018), has its origins in the inquiry into the killing of Maria Colwell by her stepfather in 1973 (Department of Health and Social Security, 1974). When the committee of inquiry put together all the different pieces of information known to the various agencies involved with Maria, the severe maltreatment that she had suffered became – with hindsight – shockingly clear. Each service had interpreted the information it had in the context of its own limited picture of the family, with the

result that the level of risk was tragically underestimated. Following the committee's report, formal procedures were put in place to promote information sharing and collaboration in cases of concern about a child's safety and wellbeing, including Area Child Protection Committees, case conferences and a 'register' of children at risk. Despite these measures, subsequent inquiries into deaths from child abuse continued to highlight problems with multi-agency collaboration (Munro, 2004). The result was a proliferation of procedures designed to rectify these problems – by 2006, three years after publication of Lord Laming's report from the Victoria Climbié Inquiry (Laming, 2003), the *Working Together* guidance stood at over 230 pages long and then 390 pages by 2010.

While child safeguarding is sometimes seen as synonymous with child protection, it also encompasses statutory services for children in need of help and support (Parton, 2006). This theoretically creates a broad remit for sharing information about a child. A comprehensive vision of safeguarding as a 'preventative system', including all levels of children's social care (CSC), was articulated in *Every Child Matters* (Department for Education and Skills, 2003), an influential Green Paper that preceded and informed the 2004 Children Act. The Act itself unified children's services by merging education authorities with children's social services departments to form a children's services department within each authority, with a director of children's services responsible for the safety and well-being of all children in that area. It also required all the agencies involved with children and young people to put in place formal partnership arrangements under the umbrella of 'children's trusts' (Bachmann *et al.*, 2009). As recommended in the Laming report, it was planned that a key part of these arrangements would be a national database, originally called the Information Sharing Index and later renamed *ContactPoint*, which would contain basic information about every child and young person in England from birth to 18 (and in some cases until their 25<sup>th</sup> birthday). The database was designed not only to facilitate speedy and accurate identification of abuse, although this was certainly a key justification, but more generally aimed to help services work together effectively to meet the needs of children (Peckover, White and Hall, 2008). However, the development and rollout of *ContactPoint* was dogged by controversy about security breaches, question marks in relation to cost, access and accuracy, as well as ethical concerns about the surveillance and scrutiny of children and families. Following the 2010 general election, the Coalition government announced that the system was to be scrapped. In some ways, the controversy around *ContactPoint* anticipated contemporary debates about the ethics of machine learning and operational uses of 'big data' in CSC (see Leslie *et al.*, 2020).

After 2010, partly with the advent of austerity policies that curtailed the ambitious vision of safeguarding set out in *Every Child Matters* and also as a shift in policy approach, there was a refocus on the protective function of CSC (Parton, 2014). Eileen Munro's review of child protection made a case for streamlining the procedural burden on practitioners and instead enhancing professional expertise in working with children, analysing information, and making decisions within a 'child-centred system' (Munro, 2011). Around the same time, the fallout from the publication of the serious case review of the death of Peter Connolly that occurred in the same London borough where Victoria Climbié was killed, led to a surge in child protection investigations and care proceedings (Pemberton, 2013; Jones, 2014; Hood *et al.*, 2016). Many local authorities established a Multi-Agency Safeguarding Hub (MASH) model to improve screening and risk assessment at the 'front door' of CSC (Golden, Aston and Durbin, 2011; Home Office, 2014). The decade saw escalating concerns about safeguarding failures in relation to child sexual exploitation (CSE), following an independent inquiry in Rotherham (Jay, 2014) and a serious case review in Oxfordshire (Leivers,

2015). The 2017 Children and Social Work Act created a National Child Safeguarding Review Panel, responsible for commissioning and supervising reviews and identifying improvements to be made by safeguarding partners. The Panel has been critical of the poor exchange of key information evident in a large proportion of the incidents it has reviewed (Child Safeguarding Practice Review Panel, 2020). In a national review of child protection in light of the abuse and murder of two children, Arthur Labinjo-Hughes and Star Hobson (Child Safeguarding Practice Review Panel, 2022), the Panel argued that multi-agency arrangements for protecting children were still too fragmented. It recommended that Multi-Agency Child Protection Units – integrated and co-located multi-agency teams staffed by experienced child protection professionals – should be established in every LA. Also reporting in 2022 were a long-running independent inquiry into child sexual abuse (CSA), which advocated mandatory reporting for CSA in certain circumstances (Jay *et al.*, 2022), and an independent review of CSC (MacAlister, 2022), which argued that information sharing should be strengthened by addressing cultural barriers, clarifying legislation and guidance, and the greater use of technology.

Following these reviews and reports, the current policy context is moving towards a renewed push for systematic information sharing on the basis of new and existing platforms for data analytics, case management and performance improvement. Elements of this strategy are already evident, including eleven projects funded by the government's Data and Digital Solutions Fund, the NHS Child Protection-Information Sharing service, the Operation Encompass scheme, and proposals for a national outcomes dashboard as part of the Children's Social Care Outcomes Framework (Department for Education, 2023). The Health and Care Act 2022 included provisions to address data gaps and improve the flow of data across health and social care, as well as giving powers to share anonymous information between services and to standardise how data is collected, stored and processed. Moreover, political support for mandatory reporting of child sexual abuse appears to be gathering momentum, despite scepticism in the sector about its effectiveness and concerns about a significant increase in unsubstantiated referrals (Association of Directors of Children's Services (ADCS), 2023). It remains to be seen whether concerns about privacy and surveillance, which arose in the development of *ContactPoint* and are prominent in the contemporary debate on AI and 'big data', will temper the policy enthusiasm.

This history indicates a strong set of tensions between the goals of information sharing and the right to privacy, between ambitions to protect against harm and operate within available service resources, between different aims of policy for children. There is a risk that behavioural and cultural solutions that do not address these issues will fall when they encounter the same obstacles that have prevented success until now. The aim of this report is to summarise these challenges so that these issues continue to be recognised in work on solutions and recommendations.

## 3 A summary of literature

### 3.1 Introduction and methods

This narrative summary of literature, conducted at pace, was scoped to cover:

- barriers and solutions to information sharing;
- examples of recent approaches to information sharing with different partner agencies where evaluation evidence has been published; and
- recommendations identified in the literature to further improve information sharing.

Although the literature review adopted some elements of a systematic review methodology, the available time and resource meant that a systematic review was not feasible in this instance. The breadth of knowledge covered and the extensive sources used also meant that a narrative review was better suited to the purposes of this project.

We explored existing academic reviews as a starting point to identify barriers and facilitators to information sharing, including systematic, scoping and narrative reviews. Using the University of Oxford's SOLO online search engine, we searched for reviews published at any time, using a combination of search terms including 'systematic review OR review AND information sharing AND children's services OR child\* welfare', 'systematic review OR review AND children AND collaboration OR multiagency OR interagency'. Reviews were included if they were written in English, addressed information sharing involving CSC and included at least one study from the UK. Abstracts were scrutinised to identify papers that addressed barriers or facilitators to information sharing and these papers were then read in full.

Additional peer-reviewed literature about information sharing between CSC and its partner agencies was then searched for using the University of Oxford's SOLO online search engine and a search of five online databases (ASSIA, PsycINFO, SCOPUS, Web of Science and Social Services Abstracts). Again, a number of combinations of search terms were used including 'information sharing AND safeguarding OR child protection OR multidisciplinary OR co-location OR police OR health OR education'. The search was limited to literature written in English and published in the last ten years (2013-2023) to generate a manageable number of search results for a review of this scale. As papers were read, we also carried out snowball searches of papers that cited or were cited to identify further relevant literature. We also incorporated relevant literature identified by academics and practitioners participating in the wider project. Where pre-2013 papers are referenced in this scoping review, they were identified in the academic reviews, through snowball searches or suggested by academics or practitioners involved in the project. This approach was taken for pragmatic reasons and we acknowledge that other relevant pre-2013 papers may not have been identified for inclusion.

Abstracts were initially reviewed to establish whether they addressed information sharing between CSC and its partner agencies. Papers were then grouped thematically using Zotero referencing manager by key theme/subject before being read in full.

Grey literature was searched using Google and Google Scholar, identified in reference lists and through manual searching of websites of specific organisations (identified in discussion with members of the project team). The following organisation's websites were searched: What Works for Children's Social Care, Local Government Association, Department for Education, Children's



Commissioner for England, Information Commissioner's Office, Association of Directors of Children's Services and NSPCC Learning.

In addition to the review of literature relating to information sharing in the UK, we completed a rapid analysis of relevant documents and had telephone/email exchanges with contacts in a number of countries to provide a partial and non-systematic but informative international perspective on information sharing. This is presented at the end of this section following on from the review of UK literature.

## 3.2 Findings from a narrative review of information sharing in the UK

The evidence highlights the multiple contexts where information sharing between CSC and its partner agencies occurs. It also suggests that facilitators and barriers to information sharing as part of multiagency working are generally consistent across settings and disciplines and are not particular to staff within CSC (Nooteboom *et al.*, 2021).

There are a range of structures and processes for information sharing between CSC and its partner agencies, including multidisciplinary teams, protocols and guidance, and digital information-sharing systems. Yet creating the right structural environment and providing tools and processes for information sharing does not of itself mean that information will be communicated (Brandon *et al.*, 2008; Dickens *et al.*, 2022a). Human interactional factors (e.g. behavioural factors and an organisation's culture and values) will influence the information sharing process (Dickens *et al.*, 2022a). Part of this will include 'interprofessional expertise' described by Hood and colleagues (2017) as being "developed in response to the experience of working with others as well as the knowledge gained from training and education" (p.705). This expertise supports professionals to work with each other on complex and uncertain child safeguarding and protection cases, although the authors highlight a lack of empirical evidence about what interprofessional expertise looks like in practice (Hood *et al.*, 2017).

In terms of overcoming barriers to information sharing, a report by the Centre of Excellence for Information Sharing (CEIS, 2016) concluded that three overarching factors need to be addressed and resolved holistically to overcome cultural barriers: (i) understanding vulnerability and risk; (ii) providing strategic leadership and communication; and (iii) developing professional capability. The report identifies a need for information sharing to be seen as integral to professional practice.

Information sharing between CSC and its partner agencies is therefore highly complex with many factors influencing professional practice. The following section contains an overview of some of the barriers and facilitators to information sharing practice identified in the literature.

### 3.2.1 Barriers and facilitators to information sharing

To structure this section, we have drawn upon the distinction discussed above between the *processes and structures* that exist to support information sharing, and the *interactional and human factors* influencing the actual sharing of information. First, we discuss processes and structures identified in the literature as potential barriers or facilitators, then we consider some of the interactional and human factors identified as barriers or facilitators. This also helps to avoid the repetition of considering barriers and then facilitators, as one is often the inverse of the other.

### 3.2.1.1 Processes and structures supporting information sharing

The following barriers and facilitators to information sharing involving processes and structures were identified in the literature reviewed:

#### a) Procedures, protocols and guidance

Multiple procedures, strategy documents and tools exist to underpin information sharing and joint working between partner agencies involved in child safeguarding. Two systematic reviews of international publications found that protocols and guidelines are commonly used to support information sharing between professionals (Cooper, Evans and Pybis, 2016; Nooteboom *et al.*, 2021). Guidelines are used to set out referral criteria or clarify the types of information that should be shared, although it may be the case that partner agencies are working to different rules and protocols (Atkinson, Jones and Lamont, 2007). However, it has also been suggested that rather than a lack of guidance, variability in information sharing is due to organisational culture and leadership (Child Safeguarding Practice Review Panel, 2021a).

In their triennial review of serious case reviews, Sidebotham and colleagues (2016) highlighted the importance of having clear pathways and agreements for information sharing where services are fragmented, operate across settings or have differing management structures. They also highlighted the need for systems to reduce administrative delay in sending out information. Creating opportunities such as ‘away days’ for social work teams and partner agencies to discuss and agree information sharing processes (e.g. discussion of practical communication issues such as case-recording and referral procedures) were identified as a valuable activity in one study involving an early intervention social work team and its partner agencies (Moran *et al.*, 2007).

Procedures, protocols and guidance also have a role in ensuring clarity in the information shared between agencies, as lack of clarity has implications for how that information is subsequently used. For example, Sidebotham and colleagues (2016) identified partners being insufficiently clear when they were making a *formal* safeguarding referral and the consequent risk of information about potential child protection concerns “being treated solely as information and logged [by children’s services] without any further action” (p.168).

#### b) Digital communication and information-sharing systems

The literature reviewed focuses predominantly on the challenges of using digital communication and information sharing systems rather than their benefits. Challenges identified in the literature include reliability issues, user friendliness, unsuitable software, agencies and localities working with different computer systems and different secure email systems and lack of training (Peel and Rowley, 2010; Dickens *et al.* 2022a; Jahans-Baynton and Grealish, 2022). A mixed-methods case study of safeguarding practice at the interface between hospital services and CSC (White *et al.*, 2015) concluded that, “Poorly designed, or precipitously imposed technologies can act as a barrier to human communication and sense-making” (p.89). A review by the Child Safeguarding Practice Review Panel of non-accidental injuries to children under 1-year of age caused by male carers (Child Safeguarding Practice Review Panel, 2021a), found a lack of integration of patient records across the National Health Service and particularly between midwives, health visitors and GPs, identified as a particular issue as midwives and health visitors operate increasingly at a distance from GP practices. The review also identified how babies’ health records only contain the details of one adult, the mother, meaning that babies’ records are not joined up with their fathers.

Professionals have reported that communication technology distances them from colleagues in partner agencies, so that even finding a telephone number and making calls becomes challenging (Jahans-Baynton and Grealish, 2022). In their review of serious case reviews, Dickens and colleagues (2022a) also point to the danger of professionals becoming too reliant upon these systems to the detriment of thinking critically about a case, and being given a false sense of reassurance that information shared digitally has been correctly understood by the recipient. However, despite the various challenges, a study involving Trafford Children and Young People's Service still found enthusiasm amongst staff for developments that could improve the sharing of information (Peel and Rowley, 2010). Although digital information sharing systems are "not a substitute for good professional communication" (Dickens *et al.* 2022a, p.21), they do provide a means of communicating information when workload pressures are acknowledged as limiting professionals' opportunities for discussion with colleagues across agencies (Dickens *et al.* 2022b). The Sharing Information Regarding Safeguarding (SIRS) project (Northumberland NHS, undated) provides one example of good practice in the use of information sharing systems (Baginsky and Reavey, 2022a). The project sought to improve information sharing between maternity services and GP practices in Northumberland where the father was not registered with the same GP practice as the expectant mother. Fathers were invited to attend the initial booking appointment with the midwife and information relevant to parenting capacity was requested from the father's GP with their consent. This enabled SIRS to feed information which might not have otherwise been shared into safeguarding plans for a number of babies.

#### c) Joint training

Joint training has been identified as facilitating interagency collaboration and information sharing in two international systematic reviews (Cooper, Evans and Pybis, 2016; Nooteboom *et al.*, 2021). In the UK, a study by Szilassy and colleagues (2013) exploring the outcomes of interprofessional training in domestic violence and child protection, found significant improvements in professionals' reported "understanding of local information-sharing policies for domestic violence" (p.1378), although the authors were unable to absolutely attribute changes to the training course as the study had no control or contrast group. An evaluation of joint training for 114 professionals from a range of agencies across the UK about online sexual abuse (Bond and Dogaru, 2019) found that joint training using real-life case studies encouraged 'interprofessional practice' and supported professionals to reflect on cases from the perspective of other agencies in addition to their own.

#### d) Co-location

The literature reviewed suggests that co-location may enhance sharing of information between partners, and particularly informal sharing of information (Frost, 2005; Frost and Lloyd, 2006; Moran *et al.*, 2007). The evidence points to a number of potential benefits of co-locating staff from different services including increasing opportunities for communication (Sloper, 2004), building trusting relationships (Crawford and L'Hoiry, 2017), being able to provide immediate advice or an additional perspective and reducing the need for protracted referral processes (Bostock *et al.*, 2018). However, being co-located in the limited sense of being based in the same building does not automatically lead to effective information sharing and multiagency working, as there also needs to be an opportunity to meaningfully share knowledge and understanding (Frost and Robinson, 2007; Shorrock, McManus and Kirby, 2019).

### 3.2.1.2 Interactional and human factors influencing information sharing

The following barriers and facilitators concerning interactional and human factors have been identified in the literature reviewed:

#### a) Communication between professionals

In their final analysis of serious case reviews, Dickens and colleagues (2022b) refer to “the distinction between information exchange and effective communication” (p.74). Having the opportunity to build professional relationships supports effective communication, with stronger relationships between partners making it easier for professionals to discuss challenging cases (Rouf, Larkin and Lowe, 2011). Professionals have been found to prefer face-to-face meetings as a means of communicating information by enabling them to bring together and discuss different pieces of information as a group (Jahans-Baynton and Grealish, 2022). Dialogue between professionals can provide a valuable opportunity to ‘translate’ information and generate alternative hypotheses about its meaning (Dickens and colleagues, 2022b). However, logistical issues such as lack of attendance due to workload and cancellation of meetings without notice presents a challenge to such discussions (Dickens *et al.*, 2022a; Jahans-Baynton and Grealish, 2022). Having a common language and avoiding jargon supports information sharing (Atkinson, Jones and Lamont, 2007; Centre of Excellence for Information Sharing (CEIS), 2017).

Time is needed to facilitate networking and developing relationships with partners, although workload pressures can once again limit partners’ ability to do this, particularly where individuals are not based in the same locality and have fewer opportunities to connect (Peel and Rowley, 2010; Jahans-Baynton and Grealish, 2022). The importance of having time to build up professional relationships is illustrated in a study by Moran and colleagues (2007), where some social workers felt that other professionals initially had a negative impression of the social worker role (i.e. seeing social workers as removing children from families) and as a result, were less receptive to working with them.

A further potential barrier to effective communication is the interpretation and meaning given to information shared by professionals from different agencies. There is evidence that information communicated by partner agencies is sometimes misunderstood or its significance not appreciated by the professional receiving and translating it (e.g. professionals outside of mental health services understanding the implications of a mental health diagnosis when carrying out a risk assessment) (Dickens *et al.* 2022b). The Learning into Practice project (National Society for the Prevention of Cruelty to Children (NSPCC) and Social Care Institute for Excellence (SCIE), 2016a), which reviewed issues from 38 serious case reviews found that agencies such as the police and CSC have sometimes interpreted information from health colleagues about the cause of a child’s injury as definitive, when it is actually one of a number of possibilities. Professionals may interpret and attribute meaning to information depending upon the context of the case, its relevance to their organisation, and the professional’s own role (Thompson, 2013; Hood *et al.*, 2017; Jahans-Baynton and Grealish, 2022). Hood and colleagues (2017) refer to multiple interpretations of thresholds where practitioners from a number of agencies are involved in a case. Although they point to ‘technical solutions’ such as encouraging the use of a common language between professionals when communicating, they state that professionals “will interpret the rationale for such measures differently depending on their role, remit and professional background” (Hood *et al.*, 2017, p.711).



Lees (2017) explored the role of 'emotion information' in the day to day information sharing experience of social workers within one local authority and found that following procedures "was infused, at all levels, by the emotional complexities of child protection work" (p.898). The author described two levels of information use by social workers: a cognitive surface level involving collecting, interpreting, communicating and recording clear rationally-based facts; and a second deeper emotional level where practitioners try to understand families' "complex, ambiguous and emotionally charged" lives and where the practitioner's own instincts and emotional responses come into play (p.900). The study found that practitioners understood the need to balance the cognitive and emotional aspects of information work, but that the systems and processes for information sharing tended to focus on the cognitive and were not designed to easily incorporate emotion information (e.g. due to word limits in information fields). The authors suggested that where emotion information did not cross boundaries between agencies, the information recipient was effectively making decisions based on a different set of information.

#### b) Being valued, respected and trusted

Sharing of information and collaboration between agencies is influenced and supported by a sense of mutual values, respect and trust between professionals, which includes appreciating others' roles, experiences, skills and contributions (Richardson and Asthana, 2006; White *et al.*, 2015; Jahans-Baynton and Grealish, 2022). However, the feeling of being valued and respected can be undermined if professionals do not receive feedback from CSC where information is shared or a referral is made, with the potential to impact negatively on someone's decision to share information in future (Sidebotham *et al.*, 2016; Sharley, 2020).

In relation to feeling respected and valued, the perception of hierarchy between professions has been identified as impacting information sharing (White *et al.*, 2015). For example, the views of social workers have been found to have more weight than partners' views in child protection conferences (National Society for the Prevention of Cruelty to Children (NSPCC) and Social Care Institute for Excellence (SCIE), 2016b). Similarly, Thompson (2013) refers to a hierarchy where social workers have 'authority' or 'organisational entitlement' to bring together pieces of shared information and determine the 'full picture'. Social workers in one study perceived the existence of a hierarchy where priority was given to health colleagues when allocating workspace at a third partners' premises, potentially allowing the health colleague to share information more easily (Moran *et al.*, 2007). The existence of hierarchy within and between professions is also identified as a barrier to challenging other professionals in relation to information sharing (Dicken *et al.*, 2022b; National Society for the Prevention of Cruelty to Children (NSPCC) and Social Care Institute for Excellence (SCIE), 2016a) and can be a particular barrier for individuals with lower levels of professional confidence (Sidebotham *et al.*, 2016). Brandon and colleagues (2020) suggest that reframing the language used to talk about challenge from 'dispute' or 'escalation' to 'resolving professional differences' may help to empower professionals to discuss concerns. Unclear processes for raising professional disagreements and a mutual acknowledgement of the pressures faced by agencies are also identified as reasons not to challenge other professionals (Dickens *et al.* 2022b).

#### c) Shared vision, goals and outcomes

Richardson and Asthana (2006) highlight how differences in professional perspectives can mean that professionals from different sectors have a different focus and priorities. For example, health professionals may be primarily focused on the patient, whereas child protection workers may be

more focused on the patient's child and family. In order to ensure that safeguarding information is shared effectively, it is therefore important that professionals 'for whom safeguarding is not a core responsibility, or rests within a wider range of responsibilities, are aware of the need to share information early' (Sidebotham *et al.*, 2016, p.163).

A recurrent challenge linked to information sharing is to be found in the differing views between referring professionals and social work teams about whether a child's circumstances reach the threshold for CSC involvement (Sidebotham *et al.*, 2016; Dickens *et al.*, 2022a). For example, White and colleagues (2015) suggest that high demand for services and a referral culture within health were likely to generate 'gatekeeping behaviours' in CSC. Dickens and colleagues (2022a) and Shaley (2020) refer to some education professionals feeling powerless and their professional judgement not valued where referrals were rejected, and emphasise the importance of feedback in these cases, including advice on other available services.

#### d) Confidentiality, consent and data protection

The way in which professionals understand data protection legislation and regulations has been identified as a barrier to information sharing, with legislation sometimes viewed by professionals as constraining the sharing of information (Peel and Rowley, 2010; Sidebotham *et al.*, 2016; Child Safeguarding Practice Review Panel, 2021a). For example, evidence from the Child Safeguarding Practice Review Panel review of incidents involving male carers of babies under one year old (Child Safeguarding Practice Review Panel, 2021a) suggested that GDPR had made information sharing 'less effective and more complex', for example by limiting professionals' ability to trigger assessments using pre-birth protocols and procedures. The dilemma facing professionals, as they saw it, was that they were constrained in sharing information unless the threshold to 'Section 47' (the duty to investigate) was met, but were unable to make this determination without sharing information. Another study, which explored information sharing practice in a single local authority area, also found that a lack of understanding of the legislation and a fear of potential liability led some professionals to err on the side of caution when sharing information (Peel and Rowley, 2010). Although misunderstandings of GDPR are not the sole cause of tension between data protection and child protection, the Information Commissioner's Office has taken steps to reduce misconceptions about GDPR UK and information sharing for safeguarding purposes by creating specific information on its data sharing information hub for agencies involved in safeguarding (ICO website, undated).

Professionals' concerns about confidentiality and consent can also present a barrier to the sharing of information (Sidebotham *et al.*, 2016; Hood *et al.*, 2017), such as where health professionals are seeking to balance patient confidentiality with concerns about the safety of a child (Sidebotham *et al.*, 2016). The Child Safeguarding Practice Review Panel (CSPRP, 2021a) found evidence of information not being provided by one local authority to a MASH where a father had refused consent even though the child was subject to care proceedings. In a small study of safeguarding communications between professionals from four different agencies (Jahans-Baynton and Grealish, 2022), consent and confidentiality were described as key to a trusting relationship with children and young people. In that study, professionals described seeking a balance between sharing the right amount of information whilst respecting children and young people's confidentiality, an approach that aligns with the principle of proportionality contained within GDPR.

In addition to sharing information about individual children or families, some jurisdictions have examined the potential to link together administrative data on children and families receiving

services, for the purpose of predictive analytics and machine learning approaches to risk assessment and decision-making (Leslie *et al.*, 2020). Such projects are predicated on the sharing of information between agencies on a much larger scale than under conventional child safeguarding procedures. A study by Edwards, Gillies and Gorin (2021) considered the issue of agreement or consent by parents to the linking of administrative records and use of analytics in order to identify families for service interventions. They found a greater level of social licence or agreement to data linkage amongst parents in higher status occupation and income groups, with less agreement and trust from Black, lone, and younger parents and parents in larger households. The authors concluded that attempts by government to promote the benefits of data linkage are likely to increase levels of social licence amongst the most advantaged parents but not amongst the least advantaged. Instead they identify a need first to recognise peoples' concerns and discuss the parameters of data linkage and information sharing.

### 3.2.2 Information sharing between different partner agencies and examples of approaches to practice

This section considers information sharing between CSC and its partner agencies across education, health and criminal justice and provides some examples of recent approaches to information sharing where evaluation evidence has been published. The examples included are intended to illustrate the range of approaches currently in use to support information sharing between CSC and its partners.

#### 3.2.2.1 Education partners

Schools have a key role in safeguarding children and young people, being the second largest source of referrals to CSC after the police (Department for Education, 2022). School staff are viewed as being well placed to identify potential safeguarding issues as they have a consistent presence in children's lives during term time and so are well positioned to recognise changes and provide valuable input into safeguarding discussions (Sharley, 2020; Baginsky *et al.*, 2022). Despite schools' familiarity with pupils, the literature suggests a number of challenges around information sharing between schools and CSC. A lack of clarity about why some referrals meet thresholds for interventions when other cases do not can create some confusion for school staff, potentially affecting future decisions to make a referral (Richards, 2018; Sharley, 2020). Being able to describe a concern to CSC, particularly around neglect where there may not be an easily identifiable issue or incident has been identified as a challenge for school staff (Sharley, 2020). In a study of multiagency safeguarding in schools (Baginsky *et al.*, 2022), social care managers reported that referral information received from schools was sometimes inadequate, hindering their ability to make decisions on cases. School staff have described mixed experiences of feedback from CSC about referrals, which can be non-existent or slow (Richards, 2018; Sharley, 2020). Baginsky and colleagues (2022) found, in particular, that responses to referrals deemed less urgent could be slow, but in the intervening period they might escalate to crisis. The same study found that information sharing could be more challenging at certain times. For example, there was a 'pinch point' on Friday afternoons when many schools contacted their MASH to discuss referrals. Schools viewed this occurring because more children were likely to disclose their fear of being at home for the weekend, whilst CSC might interpret it as a school holding onto information until the end of the week in case new information emerged or they had time to make the referral. School staff have also expressed frustration at CSC not utilising their knowledge about children and their families (Sharley, 2020).

## Social Workers in Schools (SWIS)

The integration of social workers in schools is one potential solution to strengthen inter-agency working and information sharing in a school context. The approach was piloted between 2018-2020 in primary and secondary schools by three local authorities (Lambeth, Stockport and Southampton) (Westlake *et al.* 2020). The logic model developed by the evaluation team identified regular communication between school staff and social workers leading to better understanding of each other's roles and school staff having greater confidence in deciding whether a referral is appropriate. Pilot findings include the benefit of social workers being on hand in a crisis rather than having to make contact via phone or email. Having social workers in schools meant they had regular informal contact with school staff, which contributed to a better understanding of the issue faced by the children. Overall, the pilot found some encouraging indications of a positive impact on outcomes, specifically a reduction in Child in Need and Child Protection assessments undertaken, suggesting a need for further exploration. A follow-up randomised controlled trial was subsequently undertaken in 291 mainstream secondary schools across 21 local authorities to further test the approach (Adara *et al.*, 2023). The trial found no evidence of benefit from having social workers in schools on rates of section 47 enquiries and only small non-significant effects on secondary outcomes. A recommendation was therefore made not to continue or scale up the approach. However, in relation to information sharing, the RCT found that staff valued accessibility of social workers and opportunities for informal interactions. There was qualitative evidence suggesting that the approach helped to build relationships between social workers and school staff with social workers supporting staff in a number of ways including, reassuring them that making a referral was appropriate; informing them of alternative options available aside from children's social care; and supporting schools to improve the amount and quality of information included in referrals. In schools with more established safeguarding teams, there was some evidence that social workers could find it more difficult to fit in and faced some scepticism about their role.

### 3.2.2.2 Criminal justice partners

The literature reviewed concerning information sharing with partners in the criminal justice sector (e.g. the police and probation service) reflects many of the same challenges as information sharing between agencies in other contexts. The potential for 'undercurrents' of tension caused by professionals being primarily focused on different members of a family is highlighted in the literature related to criminal justice, for instance, police and probation services primarily focusing on perpetrators, whilst CSC and other partners focus on victims and the safety of family members (Ansbro, 2017; Peckover and Golding, 2017; Davies and Biddle, 2018). Yet, there is evidence of effective communication with partners adopting a 'whole-family' approach, where professionals, including CSC and adult services, work together to address the issues affecting a family in a coordinated way (Ansbro, 2017).

Domestic abuse is one area where a lack of information sharing between CSC and criminal justice partners could compromise the safety of children and adults (Hester, 2011). Domestic abuse and



violence is a significant driver of demand for child welfare services and is the most common factor identified in social work assessments (Department for Education, 2022). At the same time, the child protection response to domestic abuse is problematic for various reasons: overly incident-driven, with a narrow and undifferentiated approach to provision focused mainly on placing responsibility on mothers, who are often multiply disadvantaged, while failing to provide (mainly male) perpetrators with appropriate challenge and support (Featherstone and Peckover, 2007; Humphreys and Absler, 2011; Skafida *et al.*, 2022; Stewart and Arnall, 2023;). Furthermore, domestic abuse often overlaps with the presence of other issues such as substance misuse (Peckover and Golding, 2017; Hood *et al.*, 2021). The high number of agencies involved with families experiencing domestic abuse can also mean that the full picture becomes fragmented - individuals or agencies holding pieces of information that are not communicated to everyone (Peckover and Golding, 2017). The Child Safeguarding Practice Review Panel identified domestic abuse and harm to children as one of six themes which they believe "can make a difference to reducing serious harm and preventing child deaths caused by abuse or neglect" (Child Safeguarding Practice Review Panel (CSPRP), 2021b, p.8) and referred to a need for a strong multi-agency approach to bring together those working with children, adult victims and perpetrators (Child Safeguarding Practice Review Panel (CSPRP), 2021b).

### Family Valued Daily Domestic Violence Meetings (DDVM)

The Leeds City Council system change programme (Family Valued) established a new approach to addressing domestic violence involving a new duty and advice team within a multi-agency Front Door Safeguarding Hub. The council also established a new daily meeting (the Daily Domestic Violence Meeting (DDVM)) involving agencies including police, probation, health, social care, housing and services working with women experiencing domestic abuse, which replaced the Multi-agency Risk Assessment Conference (MARAC). An evaluation of Family Valued (Mason *et al.*, 2017) found that the majority of agency stakeholders viewed DDVM as beneficial. There was consistent attendance at meetings by all agencies and meetings were viewed as building relationships between partners who may not otherwise have contact. Concern about the length of meetings, particularly where professionals were not involved in all cases discussed, was addressed by allowing colleagues to leave meetings and return for relevant cases. Attendees were also allowed to work online during meetings where a case did not involve them. Information sharing was seen as a two-way process with partners both providing and receiving useful information. Solutions to concerns raised about the lack of a formal structure for sharing case outcomes are being further considered by the council.

#### 3.2.2.3 Health partners

The literature reviewed suggests that information sharing between CSC and health partners is complex both due to the size and heterogeneity of the health sector and the complexity of the health information being shared. White and colleagues (2015) describe knowledge sharing throughout health and social care as "both 'slippery' (difficult to codify) and 'sticky' (difficult to share across boundaries)" (p.11). They also draw a distinction between knowledge that is tangible and

possible to evidence (e.g. in documents or on electronic systems) and knowledge that is tacit (e.g. a gut feeling) that cannot easily be codified or shared with other agencies. This links with the discussion of emotion information in the previous section. So although there is a role for electronic systems for recording and sharing information (e.g. the Child Protection-Information Sharing system [CP-IS], NHS Digital, 2021), there is also a need for face-to-face interaction and multiagency discussion (Lewis *et al.*, 2015; White *et al.*, 2015). A health professional's decision on whether to make a referral to CSC may be impacted by information held in other parts of the health service that may not be easily accessible. For example, poor information sharing between different health services, repeat attendance at the emergency department not being clearly recorded, and child protection notes about a baby stored in their mother's notes with insufficient links made between the two may all create a barrier to a professional deciding whether a referral is necessary (Lewis *et al.*, 2015).

### **'Was not brought' Children and Young People's pathway (WNB-CYP pathway) for missed dental appointments**

A 'was not brought' children and young people's pathway for missed dental appointments was developed by Sheffield Community and Special Care Dentistry, with one aim being to 'to encourage and enable earlier and consistent sharing of information' (Kirby and Harris, 2019, p.2). Pathway components included a flowchart explaining the course of action where a child or young person was not brought to an appointment, template clinical notes with prompts for action and template letters (e.g. an information-sharing letter to a child's GP). Following an eight-month pilot, a service evaluation involving retrospective examination of records and interviews with staff was completed. The evaluation focused on management of missed appointments by assessing pathway use, exploring staff experiences and their views on its acceptability. Of 91 children who missed appointments within the evaluation period, information was shared using the pathway with other professional in 25 cases. In 24 out of 25 cases, information was shared with the child's GP and a referral to social care was made in one case. Information was also shared with other professionals in nine cases. The pathway was found to make information sharing quicker and easier and also shifted the focus where appointments were missed from parents to the child. Both reception and dental staff generally found that using the pathway provided reassurance and made decision making around information sharing quicker. There was some frustration that other professionals did not always provide feedback when information was shared and uncertainty over whether the shared information was valued by recipients. Six professionals actively responded back to the clinic and six parents subsequently made contact to re-book appointments. Overall the pathway was found to support early and consistent sharing of safeguarding information about missed dental appointments. Planned further developments identified included, creating a 'WNB-CYP pink' pathway for looked after children and children subject to a child protection plan to ensure that information is shared with named social workers, and seeking feedback from GPs on their views and responses to information being shared with them.

An example was also given earlier in this literature summary of universal health practitioners having limited access to information in pre-birth protocols and procedures needed to trigger assessments (Child Safeguarding Practice Review Panel (CSPRP), 2021a). Lewis and colleagues (2015) state that “Holistic assessment and information gathering, supported by training, expert input and inter-professional discussion, are critical to a comprehensive approach to identifying maltreatment, and, subsequently, making decisions about response and referral” (p. 113).

### 3.2.2.4 Whole-family approaches

Barriers to whole-family approaches designed to improve coordination between adult mental health and CSC have been found to include poor information sharing, poor communication between services and a lack of mutual understanding of roles and responsibilities (Fitzsimons, 2020). By way of contrast, the evaluation of the *Think Family* initiative in Northern Ireland which is also intended to promote whole-family practice across adult mental health and CSC found this was supported by the development of a joint protocol on service response and *Think Family Champions* to promote joint working across services (McCartan *et al.*, 2022). Improving communication, understanding of each other’s roles and joint decision making have also been identified as easing tensions about remit and priorities between professionals from different agencies.

The following examples show whole-family approaches that address different issues such as parental mental health, domestic abuse and alcohol misuse, whilst all are intended to support information sharing between professionals across CSC and adult services. The examples highlight the range of activities that can be used to promote information sharing between agencies.

#### Think Family Champions

Think Family Champions are intended to promote practice across the adult mental health and CSC interface. This occurs through a range of activities including attending quarterly champions meetings where interface issues are discussed and champions subsequently feed back to their teams; providing colleagues with Think Family resources to help families and children understand mental illness; and shadowing colleagues from other teams, attending their team meetings and presenting to them in order to gain knowledge and understanding of other services that can be fed back to their own teams (Fitzsimons, 2020). Evaluation evidence is currently limited, with an early study (Davidson *et al.*, 2012) concluding that the approach has potential to address some of the barriers to collaboration between services. A more recent small-scale evaluation (Fitzsimons, 2020) found evidence that champions perceived their activities as positively influencing their own and colleagues’ practice including promoting interagency communication and collaboration, although the study did not seek the views of champions’ colleagues to confirm this perception. Barriers to the champion role included lack of time and organisational support.

## Hertfordshire's Family Safeguarding Model

Hertfordshire's Family Safeguarding Model is a whole-system approach to safeguarding where specialist adult practitioners in domestic abuse, mental health and substance misuse are co-located and centrally managed alongside social workers in a multidisciplinary team. The approach involves the use of motivational interviewing, structured assessment and intervention modules, group case discussion and use of an electronic workbook to promote information sharing and analytic rather than descriptive case recording (Collyer *et al.*, 2021). Initially rolled out and evaluated in Hertfordshire as part of the Department for Education's Innovation Programme (Forrester *et al.*, 2017), it was subsequently implemented and evaluated in Bracknell Forest, Luton, Peterborough and West Berkshire (Rodger, Allan and Elliot, 2020). What Works for Children's Social Care has completed a pilot evaluation in Cambridgeshire as part of the Strengthening Families, Protecting Children programme (Collyer *et al.*, 2021) and is currently undertaking an impact evaluation and an implementation and process evaluation in five local authorities (Schoenwald *et al.*, 2020).

The use of multidisciplinary teams as part of the Family Safeguarding model is considered a promising way of moving to better practice, with multiple professional perspectives creating more informed and holistic assessments of families' needs, providing more timely access to specialist information and support, and creating opportunities for more informal discussion between professionals (Forrester *et al.*, 2017; Rodger, Allan and Elliot, 2020). Professionals outside of the multidisciplinary team also value the information sharing achieved using the Family Safeguarding Model (Rodger, Allan and Elliot, 2020).

*Electronic notebook:* There is appreciation of the communication benefits of recording case notes in a joint system (Bostock *et al.*, 2018). However, more work is needed to align the workbook with existing practice and systems, for instance, there is duplication where agencies also require staff to record notes in their own systems and it can be difficult for other staff such as IROs and Early Help to find and input information (Bostock *et al.*, 2018; Collyer *et al.*, 2021). The perception of a blame culture also means that some social workers are reluctant to record notes in the electronic notebook in a more analytic style, preferring instead the protection of exhaustive recording (Bostock *et al.*, 2018). Staff therefore need clear and consistently applied guidance on what needs to be recorded (Rodger, Allan and Elliot, 2020).

*Co-location:* Workers see an advantage in co-location by avoiding protracted referral processes to other services. The input of adult workers is viewed as improving risk assessment practice, providing more immediate support to families and creating a sense of shared responsibility for cases (Collyer *et al.*, 2021).



*Group case discussion*: is positively viewed as a way of sharing information between agencies, creating challenge and increasing the variety of views, although diary management presents a challenge (Bostock *et al.*, 2018; Rodger, Allan and Elliot, 2020; Collyer *et al.*, 2021). This could be strengthened by increasing and ringfencing resources for organising and coordinating discussion sessions, (e.g. scheduling meetings far in advance, ensuring all appropriate staff are invited, producing real-time minutes for prompt circulation (Rodger, Allan and Elliot, 2020; Collyer *et al.*, 2021). Group case discussion could be strengthened by further developing its theoretical approach and providing training and supervision to staff leading the discussion sessions (Forrester *et al.*, 2017; Collyer *et al.*, 2021). Embedding Adult Specialist Staff in the day-to-day processes of the teams they are part of is recommended as a way of further developing relationships and information sharing (Collyer *et al.*, 2021).

## **Innovation pilot project (IPP) multiagency collaboration: parental alcohol misuse**

This pilot project was developed as part of the government's 'Innovation Fund' for children of dependent drinkers and alcohol-dependent parents to improve support services for children, bringing together support that otherwise would have been delivered separately to adults and children (Alderson *et al.*, 2022). In addition to providing parents with alcohol interventions, the pilot delivered CAMHS support and young carer support to children and young people. The project involved seconding staff from different organisations to operate from a shared location and providing access to a shared case management system. A qualitative evaluation was completed involving data from 41 participants. Interviews were conducted with parents, affected family members and children, and focus groups and interviews with project workers and multiagency service managers.

The evaluation found that seconding staff from different organisations required a period of bedding in and the clarification of role descriptions, responsibilities and accountabilities. Workers reported that they would ideally have had a longer period to adjust to the collaboration and ways of working. Team members were initially supervised by their originating organisations. Supervision was then taken over by a project coordinator who was situated within a MASH, which was viewed as helping to promote a clearer team identity and contributing to stability. The involvement of the MASH also supported referrals from a range of sources. Any engagement with families was recorded on the CSC case management recording system that was accessible by all staff working on the pilot. This prevented communication between different services becoming fragmented and helped establish "a continuity of narrative and interaction" (Alderson *et al.*, 2022, p.6). "At the systems level, the genuine multi-agency approach was supported by professionals being seconded into the IPP project team, working from a shared location, and using a shared case management system to record interactions, which enabled communication between practitioners to take place freely" (Alderson *et al.*, 2022, p.12).

### 3.2.3 Recommendations for improving information sharing

A systematic scoping review (McTavish *et al.*, 2022) states that “many reviews over the past decade have suggested that better collaboration between child welfare and other sectors is needed (the “what”), but it is less clear how this collaboration should be undertaken” (p.15). This section provides an overview of some of the recommendations for improving information sharing between CSC and partner agencies identified in the literature reviewed.

#### 3.2.3.1 Shared protocols and procedures

A roundtable discussion held by the Centre of Excellence for Information Sharing (2017) identified a need for simple information sharing processes and guidance, including guidance that reflects the “‘joined up’ working of partnerships” (p.2). Shackshaft, Junaid and Badrinath (2022) recommended the use of national standardised proformas for health staff making referrals to reduce the need to retrain health staff, and the use of national standardised proformas for safeguarding medical examinations to ensure uniformity in medical information shared. Other recommendations included, standardised referral forms and a centralised point for accessing the contact details of professionals in partner agencies (Jahans-Baynton and Grealish, 2022) and the use of collaborative or shared risk assessments (Driscoll *et al.*, 2022).

#### 3.2.3.2 Digital information-sharing systems

In relation to information-sharing systems, it is recommended that work continues on addressing issues of compatibility and usability of systems (Peel and Rowley, 2010). Driscoll and colleagues (2022) suggest the possibility of increasing the use of shared databases and, in particular, of extending the use of the Child Protection – Information Sharing project (NHS Digital, 2021). Peel and Rowley (2010) also recommend the use of “in-context training and support in the use of information systems to develop both IT skills and confidence in the use of information accessible through databases” (p.26).

#### 3.2.3.3 Data governance and confidentiality

Where there are differences between the legislative and regulatory frameworks applying to different agencies that result in professionals feeling uncertain or confused about sharing information, Peel and Rowley (2010) suggest that these differences should be managed in the short term through protocols and training. In the longer term, they suggest a move towards greater alignment between the frameworks of different agencies. The Centre of Excellence for Information Sharing (2017) recommended that clear and simple rules and record keeping would help to alleviate professionals concerns around data governance.

#### 3.2.3.4 Professional education and training

One recommendation emerging from the literature is that training on information sharing is completed by professionals as part of their initial education and/or ongoing professional development (Centre of Excellence for Information Sharing, 2017; Nooteboom *et al.*, 2021). Professionals at the Centre of Excellence for Information Sharing roundtable event (2017) identified a need for discussion about how this can best be delivered in practice across professions, career stages etc. They also suggested that training must “ensure that the child is at the heart of all decision making, supports good professional judgement, uses a common language and forms part of a wider approach to developing professional practice” (p.2). In contrast, other professionals at the same event suggested that simple information sharing processes were required “to reduce or even eliminate training requirements” (p.2).

### 3.2.3.5 Creating opportunity for information sharing

A number of recommendations relate to creating opportunities for information sharing between professionals. To strengthen information sharing via co-location, Frost and Robinson (2007) recommend setting aside time for team building and discussion; establishing joint activities for co-located staff from different teams; developing shared protocols and documentation; and providing ongoing support and training for staff undergoing changes to working practices. Providing clear support and guidance on information sharing to professionals in multiagency teams is also recommended (Frost and Robinson, 2007; Frost 2017). Family Group Conferencing, a solution-focused approach that actively involves families in decision making and planning concerning a child, is suggested as a useful opportunity for professionals from different agencies to share information where families are affected by domestic abuse (Rogers and Parkinson, 2018). Finally, Sharley (2022) suggests that further steps could be taken to involve school staff in information sharing by considering various logistical issues such as, ensuring invitations to child protection and review conferences are routinely sent to school staff, that school term dates are considered when arranging meetings and that the most appropriate staff member is invited.

### 3.2.3.6 Interpretation and meaning of information

Two studies (Thompson, 2013; Lees, 2017) recommend joint training to support interpretation and sense making in information sharing. Lees (2017) suggests that joint training should acknowledge the existence of both cognitive and emotion information, whilst still ensuring that professionals take a systematic approach to information sharing that will stand up to scrutiny (e.g. for use in court). Thompson (2013) recommends the use of joint training on “signs and symptoms’ including the development of reflexive awareness of context and, importantly, processes of translation and connection in establishing a shared understanding of the complex judgements that each professional has to make, from the organizationally bound position they are looking in from” (p.197). Promoting consistent use of shared language was also recommended (Centre of Excellence for Information Sharing, 2017). Reframing language used to discuss professional differences (e.g. avoiding talk of ‘dispute’ or ‘escalation’ is suggested as a way of empowering professionals to discuss their concerns (Brandon *et al.*, 2020).

### 3.2.4 Conclusion

- Overall, the evidence reviewed is best characterised as emergent or ambiguous. Although some evidence was drawn from large-scale studies, the majority of evidence reviewed comes from relatively small studies of safeguarding practice (e.g. in single local authorities) or from reviews of serious case reviews.
- The literature reviewed highlights the complexity of the information sharing process and the wide range of structural and interactional barriers experienced by professionals in their day-to-day practice.
- Trusting professional relationships are integral to many approaches to information sharing discussed in the literature, highlighting the need for professionals to have adequate opportunity to create these links.

- However, the evidence points to no single route to improving information sharing practice and a range of actions are required to address barriers to information sharing within different contexts.
- Further robust research is required to continually improve the evidence base and lead to more effective responses.



## 3.3 An overview of information sharing across Europe

### 3.3.1 Introduction

The failure to share information in relation to child protection and child welfare agencies has emerged as a problem in many countries. The time constraints on this project limited the extent to which it was possible to conduct a detailed review of what was happening internationally. This section provides an overview of documentation about information sharing in Europe. Appendix A provides feedback received through discussions and emails with international colleagues about information sharing in countries within, and beyond Europe, including Australia, USA, Israel, Japan and New Zealand.

The analysis of relevant documentation and discussions / email exchanges with contacts in a number of countries has pointed to information sharing being an area of concern and / or development in some areas, while attracting minimal attention elsewhere. However, there does appear to be an absence of a body of research outside the UK and North America.<sup>2</sup>

Some reports were only available in a native language and attempts to use Google Translate to access them were disappointing without an understanding of the national system, which was usually assumed in the documents but not explained. This demonstrates the complexity of child protection systems and the context in which they have developed, and the extent to which language barriers make it difficult to reach a deeper, comparative understanding. The author was also conscious of Hetherington and colleagues (2002) warning that because language and understanding of problems differ between countries, it may appear that there are similarities and equivalence when none exist. This is all the more relevant to this limited review and indicates that a rigorous exploration of this subject internationally is overdue.

### 3.3.2 Information sharing across Europe

While it is important to recognise the diversity of child welfare systems across Europe, as a result of national, state, and regional differences, other factors may be as, or even more, significant.

Gilbert, Parton and Skivenes (2011) examined the child protection systems that were in place across eight European countries, as well as the United States and Canada. They divided these countries into those that had a 'child protection orientation' and those that were 'family welfare oriented'. However, despite this distinction all these countries had introduced formal procedures to regulate child protection and had introduced different systems of information communication technology.<sup>3</sup>

The UN Convention on the Rights of the Child (CRC) identified the components of an effective child protection system (Article 19, Para 2) as identification, reporting (should be mandatory for professionals working with or for children), referral, investigation, judicial involvement, and treatment. The CRC Committee monitors the implementation of the Convention and as part of its responsibilities recommended the implementation of a national co-ordinating framework. The nature of this framework was left to individual states to determine. However, the European Union (EU) asked member states to ensure the existence of interagency and multi-disciplinary coordination

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<sup>2</sup> Some of which is incorporated into the literature review.

<sup>3</sup> Connolly and Katz (2019) criticise this typology because of its focus on high-income countries which, they claim, undermines its relevance for many parts of the world, particularly low-income countries with different challenges and minimal resources devoted to child protection infrastructure. Nevertheless it is one of the most detailed comparative studies that has been produced.

to protect children and promote their rights. The EU defined an integrated child protection system as:

...the way in which all duty-bearers (namely the state authorities represented by law enforcement, judicial authorities, immigration authorities, social services, child protection agencies, etc.) and system components (e.g. laws, policies, resources, procedures, processes, sub-systems) work together across sectors and agencies sharing responsibilities to form a protective and empowering environment for all children. (European Commission, Directorate-General Justice and Consumers, 2015, p. 3)

The European Commission identifies the components of an integrated system as multi-disciplinary, cross-sectorial, and inter-agency, where professionals and agencies work together coherently. It also recognises that the mechanisms to underpin co-ordination and co-operation are not always in place and, even where they are, are not always robust enough to deal with specific scenarios such as families moving around their countries or across borders where abuse is occurring. The Commission acknowledges that good practice does exist but that it is often in response to local or regional initiatives or to a specific group or issue.

In their examination of what constitutes an effective child protection system, Bruning and Doek (2021) concluded that:

... the European Court of Human Rights emphasised in the cases *E and others v UK* (2002) and *Association Innocence en Danger and Association Enfance et Partage v. France* (2020) the importance of cooperation and information-sharing between child protection professionals. Regarding information-sharing, child protection professionals struggle with the need to protect the privacy of children and their families (Art. 16 CRC). This matter did not get much attention in the documents and caselaw we dealt with in our research. (p. 253)

They recommended that the CRC Committee, the European Union Agency for Fundamental Rights and the Council of Europe should provide guidance for professionals in the child protection field on achieving a balance between the right of the child to effective protection and her/his right and that of her/his family to privacy.

The system of reporting abuse that is in place in England is supported by statutory guidance and the development of information-sharing policies and protocols. Other countries have adopted mandatory reporting systems. Although there are plans to introduce a mandatory duty for professionals with safeguarding responsibilities to report any signs or suspicions of sexual abuse and exploitation,<sup>4</sup> there is currently no general legal requirement on those working with children in England to report known or suspected child abuse or neglect (Foster, 2022). However, while statutory guidance (HM Government, 2018) does not impose a legislative requirement to report abuse, it creates an expectation that those working with children will comply with the guidance unless there are exceptional circumstances:

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<sup>4</sup> <https://www.theguardian.com/uk-news/2023/apr/02/reporting-suspected-sexual-abuse-to-be-mandatory-for-those-working-with-children> (accessed 8 April 2023)

...anyone who has concerns about a child's welfare should make a referral to local authority children's social care and should do so immediately if there is a concern that the child is suffering significant harm or is likely to do so. (p16)

In a limited review of research on mandatory reporting, Bunting and colleagues (2010) found that the *type* of abuse that was suspected was an important determinant of reporting behaviours, as were individual characteristics and circumstances.<sup>5</sup>

Those barriers and facilitators identified in relation to information sharing in a European context appear to bear some similarity to those identified in our review of UK literature. A review of research on interagency working carried out since 2000, with particular focus on studies within Europe (Barnes *et al.*, 2017), identified effective communication and information sharing as facilitators of interagency working. The review referred to the role of 'open dialogue' between partners and sharing ideas to generate new understandings, although it acknowledges potential challenges of dialogue being perceived as criticism and words having different meanings for different professions. A comprehensive literature review incorporating case studies of interagency working in eight European countries (Barnes *et al.*, 2018) found that use of IT systems to regularly share information was more commonly described in case studies as a barrier than a facilitator. Five of the eight case studies identified restrictions on information sharing, including technical difficulties, staff not having access to systems, insufficient training, incompatible systems or data saved on the system in incompatible formats, stringent requirements around consent in order to share data, and different data sharing rules across agencies.

The meeting of the European Social Network (ESN) working group on integrated care and support was established to enable social care professionals from different countries to share experiences of advancing integrated care and support (European Social Network, 2021). At a meeting in 2018, attendees from ten European countries identified challenges around information sharing between professionals and reported that these challenges had also intensified due to misinterpretations of GDPR (Baginsky, 2019).

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<sup>5</sup> More robust research comparing the two systems has not been identified.

## 4 Consultation on barriers to success

### 4.1 Introduction

The aim of the consultation was to provide feedback on findings and recommendations from the Social Finance report to the DfE, as well as obtain additional evidence on barriers and solutions to information sharing in a multi-agency context.

### 4.2 Methods

Two online roundtable discussions were convened in April 2023, bringing together a total of 43 experts from different professional and organisational groups. They included representatives from government departments (DfE, Ministry of Justice, and Home Office), local authority CSC services, police, probation, health visitors, midwives, family court, CAMHS, schools, Early Years, voluntary sector organisations, and academics. The individuals invited to the roundtables were known to the project team, were invited by email to join the discussions and were selected to represent a range of different professional and organisational groups. Each meeting lasted for two hours and was recorded to assist with notetaking. Verbal agreement for recording was sought from those engaged in the consultation process. In order to maintain anonymity and encourage dialogue, it was agreed with the people involved that substantive content from the discussion would be reported without citing verbatim quotes or attributing contributions to individuals, either explicitly or implicitly. A request that people respected Chatham House rules was included in the email invitation to the event. The roundtable discussions were structured in three parts: discussion of the areas of opportunity for improving practice around information sharing identified in the report prepared by Social Finance for DfE; discussion of the recommendations made in that report; and discussion of the wider picture of solutions and implementation. A member of the Social Finance team briefly presented the areas of opportunity and recommendations included within their report ahead of discussion. In addition to the roundtables, four online discussions were held with people who wished to take part but could not make the meetings, and written contributions were also received via email. Notes from the roundtables, discussions and email correspondence were considered together in order to obtain broad thematic responses to the topic. Due to project timescales, it was not possible for those involved in the roundtables and discussions to have sight of the draft report prior to publication. In what follows, our findings are summarised in relation to three key themes relevant to the problem-solving work on the review: barriers to information sharing; opportunity areas, and system conditions likely to affect implementation.

### 4.3 Summary of findings

The general view from participants in the roundtables was that barriers to information sharing identified in the Newham-led work were broadly aligned with experiences in other localities. There was a generally positive response to those areas identified as opportunities for positive change, although also some debate about certain aspects of the work. The absence of families' perspective in this work was noted, as was the importance of recognising inherent tensions in child safeguarding, particularly as regards information-sharing about children in non-statutory contexts such as Early Help. A greater emphasis on information sharing in preventative services might run contrary to the aim of encouraging people voluntarily to seek help and support. Participants also identified a need to address conceptual confusion between safeguarding and protection, and between statutory and non-statutory services, which may be exacerbated by current proposals to combine targeted Early

Help with Section 17 CIN provision (Department for Education, 2023). This was a major concern for several participants because a shared understanding of safeguarding is essential if professionals are to be able to understand the relevance of new information and their remit for sharing that information in specific contexts and cases. In light of the recommendations made in the Independent Review of Children's Social Care (MacAlister, 2023), there is a need to ensure the pathway around Early Help assessments and stepping up and down into safeguarding services is clearly understood and that consent to share information at that stage is addressed consistently. More broadly, there is a need to recognise the inherent tension between data protection/privacy and information sharing, both of which have a sound basis in legal and ethical principles. It is important not to treat one as the barrier to the other, and remain mindful that procedural and technological innovations may help professionals to navigate the complexities of the terrain but cannot resolve them entirely.

### 4.3.1 Barriers to information sharing

It was widely agreed that the cultural and behavioural barriers identified in the Social Finance report were not confined to London but reflected experiences across England. Similar issues – among others – have been identified in a sequence of meta-analyses of serious case reviews over the years (Brandon *et al.*, 2008; Brandon *et al.*, 2012; Sidebotham *et al.*, 2016; Dickens *et al.*, 2022b). A recurring theme in these reports has been that information exchange is necessary but not sufficient for effective communication, which also relies on professionals understanding the relevance and implications of the information that has been shared. For example, lack of awareness of indicators of child sexual or criminal exploitation may prevent professionals from picking up on the significance of information about older children and adolescents. Effective messaging around child protection concerns therefore relies to some extent on professionals having a shared understanding of risk, thresholds and terminology, which is not straightforward to achieve in a multi-agency context. Such difficulties are exacerbated by workforce pressures, which are experienced not only by CSC but also by schools and other children's professionals such as health visitors and midwives. The high turnover of staff in schools, for example, creates a constant need for training as well as a shortage of experienced CP lead practitioners, making it harder to embed institutional learning and expertise in this area. Examples of child welfare issues particularly associated with problems around information sharing included 'transient families' moving across local authority areas, children with complex needs who did not quite meet the threshold for child protection, older children with mental health problems, and children at risk of extra-familial harm.

Demand pressures were mentioned by many participants as shaping both the flow of information and the capacity to analyse its significance. Large number of contacts and referrals at the front door to CSC, combined with challenges around recruitment and retention, were leading to information overload and making it harder to identify children who needed help and protection. There was often little or no response from CSC services following a referral and a lack of feedback on why a referral was not accepted. For example, pre-birth referrals were said to disappear into a 'black box', which created a disincentive for referrers to share information, particularly where there was uncertainty about whether a case met the threshold for statutory services. It also created extra work for overstretched maternity services in terms of following up referrals and ensuring that their concerns had been communicated. Likewise, the scaling back of services such as health visiting sometimes meant that even when agencies were called together to share information about an infant or young child, practitioners sometimes had relatively little knowledge of the family. Additional weight was



sometimes placed on the source of information, so that referrals from medical professionals or the police might be taken more seriously, for example, than those from the voluntary and community sector.

Several participants mentioned legal literacy around General Data Protection Regulation (GDPR) and Data Protection Act 2018 as a potential barrier. It was felt that anxiety about inadvertently breaching data protection regulations might inhibit the sharing of information, particularly in cases where there was uncertainty about the latter's significance, or about the threshold for statutory support and intervention. Standard induction programmes for new employees, which include training on GDPR, cover the principles of data protection without necessarily offering guidance on how to apply these to safeguarding issues.

### 4.3.2 Opportunity areas

Notwithstanding the impact of data protection regulations, several participants saw potential to make greater use of information and communication technology (ICT) to facilitate information sharing. Examples were given of data visualisation tools that allow practitioners to view information from various agencies without the need for ad-hoc communication or lengthy referral processes. Attention was also drawn to some of the limitations and pitfalls of ICT-driven solutions, which require robust ethical oversight of consent and access, as well as the need to review the significance and relevance of data held in the system. It was felt that the tension between information sharing, privacy and data protection required professionals and organisations to engage in dialogue and reach a consensus around common goals. Projects that have been successful in this respect highlight the need for substantial commitment in terms of time and resources. There was support for measures to improve feedback to referrers to CSC, although some wariness about relying solely on automated processes that may not be sufficiently flexible. Consultation lines were also seen as a positive initiative. These offer the opportunity for children's practitioners to speak to an experienced safeguarding professional about new concerns or information received about a child, prior to making a referral. However, in some people's experience, the advice offered on consultation lines could sometimes be too vague or generic. Support for collaborative endeavours may also be driven by new legal powers and duties; for example, one region had developed a data sharing initiative around violence reduction that was now underpinned by the Serious Violence Duty introduced at the end of 2022. This requires specified authorities to work together and plan to prevent and reduce serious violence in their area, although it does not require the creation of new multi-agency structures.

Overall, building trust and confidence was widely agreed to be crucial for more effective information sharing. Participants noted that creating trust takes time and face-to-face interaction in order to learn from others, get used to different ways of working, and build relationships. It is an ongoing process that requires constant maintenance, e.g. when key contacts leave their posts, and is easily disrupted by organisational churn and workforce instability. A positive example was the work done by Family Drug and Alcohol Courts (FDACs) to create a collaborative problem-solving model, in which information from a range of agencies is shared regularly with the court. Professionals felt safe to share information within a framework with the explicit support of judge and court system, while families agreed on the basis that it would improve help and support. Given the pressures on the front door to CSC, often reflected in long and complicated referral forms, there may be scope for more approaches that allow direct communication between agencies and professionals in universal

services. For example, Operation Encompass<sup>6</sup> is a police and education early information safeguarding partnership set up in 2020 to enable schools to offer immediate support to children experiencing domestic abuse. Another example was an initiative by some GP surgeries to set up safeguarding 'clinics', i.e. internal meetings to discuss children known to the practice. Other improvement suggestions included a simple tool to aid the interpretation of frequently used safeguarding and information terms; a tool to support the development of a shared language; and embedding case studies to highlight positive behaviours and data-sharing experiences. Various forms of training were also advocated, including:

- For referrers in relation to understanding thresholds, presenting information, and incorporating analysis.
- For practitioners in relation to the scope under GDPR to share information (perhaps also as part of mandatory data protection training often undertaken as part of induction)

There was some discussion of the merits of co-located multi-agency services. Co-location was generally perceived as beneficial for collaboration and information sharing. However, it was recognised that co-location was not always feasible and there would always be a need for structures and protocols to support information sharing across boundaries. An example was Community Safety Units (CSU), which continued to be co-located throughout the Covid-19 lockdowns of 2020-21 but found that when safeguarding concerns were raised outside of the CSU, e.g. by the police to the local authority, subsequent communication would sometimes bypass the unit. The shift to remote and hybrid working following the pandemic was felt to have changed the nature of co-located teams and offices, sometimes diluting the advantages of working in a shared office alongside colleagues with different professional backgrounds and experience. It was pointed out that Multi Agency Safeguarding Hubs (MASHs) have become a key reference point for information sharing but the evidence for effectiveness of MASHs is fairly limited, relying mainly on professional perceptions rather than evaluation of outcomes.

### 4.3.3 System conditions and implementation

Attention was drawn to structural issues in CSC, which have reached a crisis-point for many if not most local authorities in England. Frontline services are under huge pressure as over a decade of cuts to local authority budgets has combined with rising demand, particularly with respect to older children with more complex needs, and increasing problems with workload, morale and retention in the CSC workforce (Association of Directors of Children's Services, 2022). The magnitude of these challenges is such that information sharing may not be the most critical issue to address at the current time, particularly when improved practice in this area is dependent on additional time and resources. It has also been pointed out that in the thirteen years since 2010, a period of renewed focus on risk assessment with MASHs being introduced and rolled out across most local authorities in England, rates of CP investigations have more than doubled while the proportion of investigations leading to a CP plan has substantially fallen (Bilson 2022). In other words, initiatives that facilitate the sharing of information may contribute to more safeguarding activity but in the absence of wider structural reforms it is not clear that they would lead to better targeted investigations. In relation to ICT-driven solutions, there is also concern that implementing local or regional versions of

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<sup>6</sup> <https://www.operationencompass.org/>

ContactPoint<sup>7</sup> could lead to an indiscriminate accumulation and display of historical data about a child, family and third parties without explicit consent and lacking in contextual analysis of significance and relevance. As noted earlier, it has been widely recognised that healthcare and education are currently overstretched and have fewer resources to analyse the significance of information received or held about a child. This has created a reliance on CSC front door to sift and screen and investigate referrals, rather than promoting a multi-agency system of prevention and support.

## 4.4 Conclusion from consultation

There is acknowledgement in the sector that sharing information remains crucial to providing timely and appropriate support to children in need of help and protection. There is broad agreement on the value of relational approaches that seek to facilitate dialogue, trust and consensus around common goals, especially where such initiatives involve children and families as well as professionals. More debatable are ICT-led solutions that build an infrastructure for data sharing based on automated processes. Moreover, the structural issues affecting CSC are currently so severe that it is unclear that information sharing is the most urgent problem to address. In this context, implementation may prove problematic or counterproductive, particularly if reforms are driven – as historically they have tended to be – by negative findings about multi-agency failings in cases of deaths from child abuse. An alternative would be to gear collaboration and information sharing around a more positive vision of safeguarding. In this respect, the recent Independent Review of Children's Social Care highlighted a number of promising initiatives, which have achieved significant reductions in rates of children in care by re-focusing services on Early Help and preventative support and developing services alongside children and families. Such programmes offer some hope that locally driven solutions based on dialogue and partnership with communities may still emerge as the most effective way to help and protect children.

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<sup>7</sup> A database was introduced in Children Act 2004 and allowed those working with children and young people to look at others who were also working with them / their families. It attracted considerable criticism, particularly for privacy reasons and was scrapped in 2010.

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<sup>8</sup> <https://www.projecthestia.com/en/hestia-contributing-in-national-systems-of-child-protection-understanding-the-international-variability-and-context-for-developing-policy-and-practice/>

This international study compared child protection policy, systems and practice in England, Germany and the Netherlands. It was funded by NORFACE, a partnership of 15 European research councils, under its *Welfare State Futures* research programme. was a collaboration between the *University of York* (Nina Biehal and Helen Baldwin), *University of Groningen* (Professor Hans Grietens, Professor Erik Knorth, Dr Monica Lopez, Helen Bouma, Floor Middel, Marleen Wessels) and the *German Youth Institute* (Dr Heinz Kindler, Dr Eric van Santen, Susanne Witte, Laura Miehlbradt, Professor Sabine Walper). Nina Beihal was main contact

# Appendix A: Feedback from informants in Australia, Europe, USA, Israel, Japan and New Zealand

## **Aotearoa New Zealand (University of Otago)**

There is very little written in Aotearoa on this topic, though there has been a fierce debate involving various legislative mechanisms to either extend or restrict information sharing between government and non-governmental organisations.

## **Australia (from cited literature and contacts in University of Sydney)**

The six state and two territory jurisdictions in Australia have established their own agencies and frameworks to manage their responsibilities in relation to child abuse and neglect. The Australian Institute for Health and Welfare (2011)) has commented that while there are broadly similar processes:

.... each jurisdiction has its own legislation, policies and practices governing child protection, and there are significant differences in how jurisdictions deal with and report child protection issues. (p.1)

An Information Sharing Protocol between three Commonwealth agencies (Centrelink, Medicare and the Child Support Agency) and State / Territories Child Protection Agencies was implemented in 2009. The intention was to facilitate investigations and assessments of vulnerable and at-risk children in Australia to promote their 'care, safety, welfare, wellbeing and health' (Information Sharing Protocol 2009, p.1). An early evaluation found that while it was a welcome development, the impact of contextual differences between the states and territories, as well as demographic and geographic characteristic led to variation in approach to and usage of the Protocol. (The Allen Consulting Group, 2011)<sup>9</sup>

Practices differ from State to State – this site contains details of developments in Victoria:

<https://www.cfecfw.asn.au/information-sharing-reforms/>

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<sup>9</sup> No later evaluation was identified.

While it has not been possible to identify published research or evaluation on information sharing practice the Centre for Excellence in Child and Family Welfare (CFECFW) in Melbourne has just announced this initiative:

The Centre is seeking professionals to provide testimonials of how they have proactively requested information or shared information with other professionals and organisations, to demonstrate how the Child Information Sharing Scheme (CISS) has been used to support the wellbeing and safety of children and young people. The testimonials will be created to support organisations in understanding how the Information Sharing Schemes are applied to improve outcomes for children and their families and to assist them in embedding a culture that supports this practice within organisation practices. Providing a testimonial would consist of sharing your example of using the scheme to achieve a positive outcome in the form of a short 3-5-minute video interview, which would be shared in the monthly CISS newsletter.

#### **Denmark (from faculty members at University College, Copenhagen)**

Danish municipalities are allowed to share information at an individual level in certain preventive committees such as SSP (School, Social Welfare and Police). The municipalities are also required to send referrals to other municipalities if a child, who is a subject of concern, moves from one municipality to another, but there are no other circumstances where professionals are allowed to share individual data.

#### **Germany (from cited literature)**

The federal law sets the overall framework for key legal concerns in child protection, including information sharing and data protection. The states have responsibility for establishing organisational structures and procedures. Within each state child and youth welfare services are organised by the municipalities, and it is municipalities that decide on the structure and support offered by the 580 local child and youth welfare agencies (Jugendämter). The self-governed municipalities and districts are based on the principle of subsidiarity in regard to the provision of services, and this produces a diversity of services and policy approaches on a local level. While this leads to greater flexibility to respond to the needs of their populations, where professionals work across boundaries it may lead to confusion (see Witte *et al.*, 2016).

While systems are in place to allow information sharing, specific concerns have arisen over co-operation between the health system and the child and youth welfare system which have focused on different definitions and different work practices, insufficient role clarity and expectation of other professionals acting, misconception about data privacy and insufficient resources for networking and communication (see Koch 2006; Fegert, 2013-2014).

#### **Israel (various informants from University of Tel Aviv)**

We did not receive any specific information in relation to child protection, with a number of people in child protection saying it was not an area about which they knew anything.

### **Japan (Nihon Fukushi University)**

In Japan there has been little research or attention on confidentiality and information sharing in child welfare. In child protection practice information sharing was described as 'not going well' and to be recognized as a problem, without a proposed system or solution to address this.

### **Netherlands (from cited literature)**

As in England, Netherlands has held inquiries into serious incidents and recommended changes in legislative and administrative processes, including in relation to information sharing (Dutch Safety Board, 2011; Bruning and Zlotnik, 2019; van Nijnatten *et al.*, 2014; Langeland *et al.*, 2015). However, as Bruning and Zlotnik (2019) acknowledge, even with such legislative measures to protect children, translating this into practice presented many challenges.

### **Norway (from Professor at UiT The Arctic University of Norway)**

*Many years ago, I was on the committee of a group that looked at barriers for cooperation between child welfare services and child health care services. We conducted a literature review and official guidance was developed by the directorate, which centered around how to solve problems related to confidentiality. None of this is available in English unfortunately.*

*I have a PhD student now, who is a general physician. Her study is on cooperation and information sharing between GPs and the child protection services. She is however working on her first article so that won't be of much help either I am afraid. Her first conclusion seems to be that better integration of electronic systems for record keeping would help.<sup>10</sup>*

*I assume many of the problems and solutions with respect to this might be quite local and closely connected to service organization and legal frameworks.*

There is a new framework for cross sectorial assessment in child welfare cases being implemented and contact details provided if further information required.

### **USA (Santa Clara County, California - on basis of discussion with Department of Family and Children's Services and the Office of Continuous Quality Improvement)**

Discussions with of the Office of Continuous Quality Improvement covered the sharing of data sets between agencies, including for service evaluations. Several years ago, the County created the FosterVision model with a shared data base that all schools were required to opt into to enter issues such as attendance, disciplinary concerns, so that the County then can see and pull the data out as needed. It proved to be a very lengthy process to engage all school districts but eventually it was successful. Their plans involve collecting data from across providers to support holistic planning for children and young people, similar to Children and Young People Plans that accompanied *Every Child Matters* agenda.

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<sup>10</sup> Similar to messages from research in this country (e.g. Baginsky and Reavey, 2022a and b)

Barriers encountered more generally:

- Differing interpretation of FERPA permitting or not permitting the sharing of identified student data.
- The fragmentation of their education system. The County Office of Education does not have authority to share student data, rather it can act as a messenger to the multiple school districts who can authorize/ agreement to share their students' data.<sup>11</sup>
- School attendance databases are not necessarily set up for longitudinal tracking.**Error! Bookmark not defined.**
- Until recently when a child was removed from their parents, they underwent a routine medical screening. The State Supreme Court here ruled that we could no longer do that without getting parental consent because doctors sometimes uncovered other injuries in those screening that were tied to abuse and neglect which were being used in court to say that a parent had abused and neglected a child. This has rolled back the level of co-ordination that had been achieved with health providers.

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<sup>11</sup> These are issues explored in England in Baginsky and colleagues' (2022) study of the role of schools in a multiagency approach to child protection and safeguarding.