

Information Sharing Databases in Children's Services

Consultation response from the National Family and Parenting
Institute

January 2005

1 Introduction

The National Family and parenting Institute welcomes the opportunity to comment on the consultation on information sharing database proposals. In the many child protection enquiries following the deaths of children, one key theme has been the failure to share information so that no one had the whole picture. The Government response has been to legislate for the power to provide each child with a unique numeric identifier that will enable information systems to be linked so that a flag can be placed against children's names when concerns are raised.

- **NFPI has serious concerns about the costs and benefits of such a system. We think it will create more difficulties than it solves, offer a technological solution to problems that require human responses and judgments, and take much needed investment away from direct service provision.**

Though the consultation document asked specific questions about how to develop the system, NFPI wishes again to record its misgivings about the proposals, based on our own service analysis and our consultations with parents and professionals. Before putting significant financial investment into such a system, at a time when direct services are being reformed without the investment most commentators consider to be required, it is important to consider whether the planned system would produce the benefits argued for, whether there would be unintended negative consequences for children and families, and whether the investment in databases would bring greater benefits in reducing injury and fatalities and improving outcomes for children than investing in front-line provision.

2 The case for databases

Three arguments are used in support of the establishment of databases (now indexes):

- that parents, carers and children who need to use a number of services will not have to keep repeating their stories;
- that the system will ensure children receive the universal services to which they are entitled;
- and that children will be better protected because information will be more effectively exchanged.

There is no question about the desirability of achieving better services for children, but we cannot just assume that information-sharing indexes are the best route to achieving them. And we cannot assume that these three, different purposes can be achieved by the same route. Professionals risk losing the trust and cooperation of parents if all parents are treated as if they are irresponsible, or potentially irresponsible, or dangerous or untrustworthy. In addition, many more overt conflicts will arise about what is in the best interests of individual children. Some of these will lead to vehement public debate and court action about the legality and the rights and wrongs of

professionals' actions, and legal action to gain access to the details held and whether concerns are flagged.

2.1 Consensual sharing of information to improve knowledge

There is a clear need of information sharing where children with special needs see a range of professionals; but a universal system is not the only solution. A system of user-held records in the child and families' charge could be developed using paper and CD Rom and email technology as an efficient, user-friendly service. It leaves the keeping of information in the hands of service users, could be readily downloadable so that professionals involved add it to their records, without losing the freedom that professionals require to record information specific to their service.

2.2 Access to universal services

A system to ensure that every child in England and Wales was accounted for would need to be hypersensitive to name changes, differences in spelling, noting the deaths of children, responsive to child and family mobility and migration - not only those leaving or returning to the country but also moves to Scotland and back. The usefulness of the data is reliant on the accuracy of the information processed, human error such as entering a misspelled last name or incorrect birth date or house number would render the whole process meaningless. Maintaining accuracy alone would necessitate a monitoring and coding system that would further drain resource from frontline service.

The industry will advise that a super-system is constructible, but it will depend totally on human competence in inputting, administration and management to be effective in protecting, and to avoid harming, children and families. The unnecessary calls on services and the intrusive enquiries to families that will ensue from administrative errors (some will be highly insensitive) is likely to alienate users and professionals and be inordinately costly of resources. This will increase the costs of child protection at a time when a reconfiguring of services towards prevention is being attempted.

2.3 Child protection

While the sharing of information has been disastrously missing in many child protection cases, it has not been the cause of the death of a child. Child injuries and deaths are caused by parents and carers. No system is ever going to be full proof. The key component of effective child protection is trained staff with the time, skills, resources and courage to intervene, backed by a legal system that reacts swiftly, sophisticated mental health and therapeutic services and an effective care system.

The pathway (with all the contingent factors) that leads to the death or serious injury of a child has usually involved workers who have not acted because of misjudgments or because they did not assume they had responsibility for child protection. Analysis of why this commonly occurs has focused on professional barriers preventing people talking with each, but the process is more complex and the barriers more deep-seated.

3 Service barriers

At present when children are identified a dysfunctional system response occurs as services pass on responsibility for the child and family. As well as clarifying responsibility and accountability for child protection, it is important to discover why services of all kinds tend to broker or advocate rather than deliver actual interventions that will assist child and family.

Apart from differing service thresholds, there are a number of other interlocking reasons:

- Poor organisational cultures
 - Poor organisational links and lack of coordination of services
 - Too few staff
 - Training deficits
 - Hard, frightening work producing burnout
 - Fear of criticism and getting things wrong
 - Poor management and complicated service structures
 - Staff do not know how to do the job well because there is not a sufficiently developed professional technical skill-base
 - Many programmes for working with seriously troubled people are amateurish, inconsistent and too brief
 - Specialist work is resource-intensive and expensive
 - Funding is linked to service not customers so there is no service advantage to 'keep' people, indeed getting people 'off the books' and cases closed is positively rewarded.
- **NFPI believes that these barriers can be transformed by workforce development, service coordination, bringing preventative, family support services like Sure Start into the mainstream, and building voluntary sector provision. These cultural, organisational and workforce changes cannot be achieved without investment. And without these, an information-sharing system (even if indexes were the solution to identifying children in need and in trouble) will be like having an MRI scanner in a hospital but no medicines.**

4 Users' views

Studies and service experience with children, young people and parents all show acute levels of anxiety raised about confidential information being outside their control, the highest anxiety levels among those most in need of service provision. Children calling ChildLine about problems in care were unwilling to talk with care staff because they felt everyone knew everything about them. Young poor mothers were loath to involve health visitors in case they were judged unfit. That is why helplines are so well used by people in need: they can call anonymously and get advice. They regularly need intense encouragement to approach direct services. This is not simply about being 'found out', 'ownership' of their own stories has profound emotional significance for people.

- **NFPI's consultations with parents on information-sharing revealed intense anxiety about government proposals. Now that more specific proposals have been developed, NFPI believes a further consultation should be undertaken with children, young people and parents.**

5 Access to records and responsibility to provide information

There are severe difficulties in defining who should have access to records and how to manage voluntary or contracted out services without having a system open to anyone. Service users do not want open season on their problems. Yet, if services are contracted out by local authorities, how is access to be policed and what requirement will there be for all workers to report concerns?

- **If such databases are set up, NFPI considers that the consent of child and parent should be sought to any sharing of the details of practitioners involved in assisting children and that they should be notified of any information query about them, have access to records to correct errors and to erase inaccuracies, unless there are grounds for believing the child is at risk of significant harm.**

6 Mandatory reporting

The development of information-sharing databases, with a duty to record concerns, de-facto establishes mandatory reporting. Fear of the consequences of reporting has already been identified as an inhibitor to children, families, the public and professionals using services and reporting anxieties. Mandatory reporting of child protection concerns is not supported by all child care professionals, especially within a system that has lost the trust of families.

- **NFPI believes that an in-depth analysis of the costs and benefits of mandatory reporting should be undertaken before making it operational through information-sharing databases.**

7 Consent on practitioner details, flagging, what should be shared, when and with whom.

The Consultation document mentions some of the many sensitivities (discouraging service use, intimate information that is intensely private, not relevant or may be shared inappropriately) involved in the decision-making about what to share, who to share it with and when to share it. These decisions should not be taken out of the hands of users without their consent.

- **NFPI believes that consent should always be sought from children, young people and parents unless the significant harm threshold established in the Children Act 1989 (and subsequently amended to include the harm caused by witnessing violence) is reached.**

8 Age at which children are deemed able to consent to information-sharing

It is irrational to have a position in law where children can consent to information-sharing without their parents' consent or advice while they are not able to consent to decisions about contact and residence following the separation of their parents.

- **NFPI believes that parents and children should both be involved in decisions about the sharing of information about their health, education, behaviour, living or family circumstances or their use of services, unless there are grounds to believe that a child is at risk of harm.**

9 Further questions to be considered

The consultation document examines security processes but not how to prevent and remedy the impact of errors of judgement that may occur as a result of security failures, misuse or mishandling of information. Sharing information can lead to unwarranted, as well as warranted, anxieties and suspicions. Professional errors of judgement that have separated children from their parents unnecessarily have profoundly damaging effects.

The identification of risk is not reliable. We are not yet able to differentiate categorically between those children who die naturally of sudden infant death syndrome and those who are killed by parents or carers. Children at greatest risk will be missed and large numbers of children will be unnecessarily drawn into the child protection net. Some children and families will receive services as a result, but many will suffer negative consequences. A detailed analysis of the numbers involved should be carried out. For example around 3000 babies, out of around 600,000 babies born in a year, are placed on the child protection register in their first year and it is estimated that between 1 and 2 babies a week die as a result of child abuse or neglect, and many others suffer permanent damage. A margin of error of 10% in risk identification would mean that 60,000 babies might be considered in need of intervention or protection who are not and 300 babies who are would be missed. How will services deal with the much larger numbers of children thus found to need help and will the service energy going out on enquiries mean that the number of deaths and injuries go up because of the lack of focused attention?

- **NFPI believes that before any system is rolled-out remedies should be developed to mitigate the impact of poorly directed interventions on children and families.**

While appalling cases continue to arise where children die or suffer terrible harm, generally it is not through lack of contact but through lack of follow-up, professional incompetence or neglect, and inadequate service provision. The difficulty in depending on a 'flagging' system is that the very facts that might help to reach a sophisticated assessment of risk (a father with a drink problem, a mother with post-natal depression, a workless family) are those that child and family will feel least able to share, except where parents are

actively seeking help. If asking for help becomes more frightening to people, it is less likely that such information will come to light.

More sensitive instruments would be increased midwifery and health visiting services, refocusing of adult services to take child protection responsibility, and regular child development checks throughout children's growing up. Such checks, if routine at 5, 7, 11 and 13, say, would be an opportunity, if well provided, to pick up and respond to difficulties child and family are encountering and would, if universal, be as acceptable to parents, children and young people as the baby and toddler checks.

The four big issues linked to poor outcomes for children are: mental health problems, domestic violence, drug and alcohol misuse and family violence. Where parents suffering these difficulties come to the attention of adult services, they need to be required to think child and consider the impact on children's well-being.

Finding out a child is at risk at home is only the beginning. The really hard part is thinking what to do next for the best: how could the child's parents be helped to be more loving, less abusive? If not, how can the child be better cared for? Service investment needs to be directed at improving practice and increasing quality interventions with families.

- **NFPI believes there should be a thorough analysis of costs and benefits, including analysis of the incidence and prevalence of errors in interpretation and the effects of labelling and stigmatisation, before further investment goes to establishing a universal system of information-sharing databases.**

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