

# Derby City

## Multi-agency Safeguarding Hub (MASH) Operating Framework & Information Sharing Agreement

November 2016

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### Version Control

<b>Version</b>	<b>Author/s</b>	<b>Updated by</b>	<b>Signed off by</b>	<b>Date</b>	<b>Review Date</b>
1.	DCC Early Help and Safeguarding Head of Service and Deputy Head of Service and Southern Derbyshire CCG Designated Nurse	N/A	DSCBs Policy and Procedures Group	Nov 2016	Dec 2017

## 1. The core functions of the Derby City MASH

The intention of the MASH is to bring together partner agencies on a permanent basis in one location to share information relating to Children and Young People where there are concerns regarding potential or actual significant harm. This will enable the sharing of vital information across agencies in order to make better informed and timely decisions about Section 47 (Child Protection) referrals being made regarding children and young people.

### 1.1 Legislative and Procedural Context:

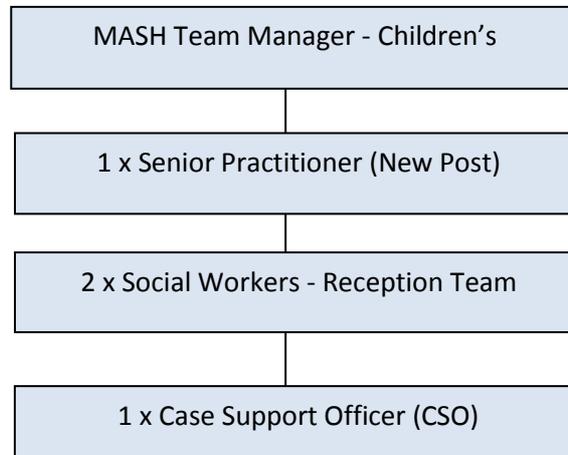
- [Children Act](#) (1989) and [Children Act](#) (2004)
- [Working Together to Safeguard Children](#) (2015)
- [Information Sharing: Advice for Practitioners Providing Safeguarding Services to children, young people, parents and carers](#) (2015)
- [Derby and Derbyshire Safeguarding Children Procedures](#), including Thresholds document, Escalation policy and process and Information Sharing Agreement and Guidance for Practitioners

### 1.2 The MASH will bring the following benefits:

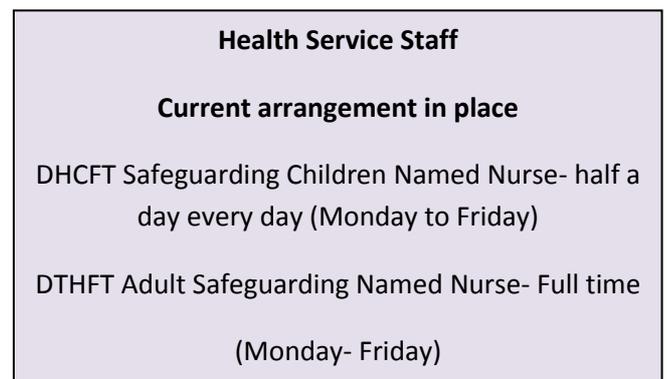
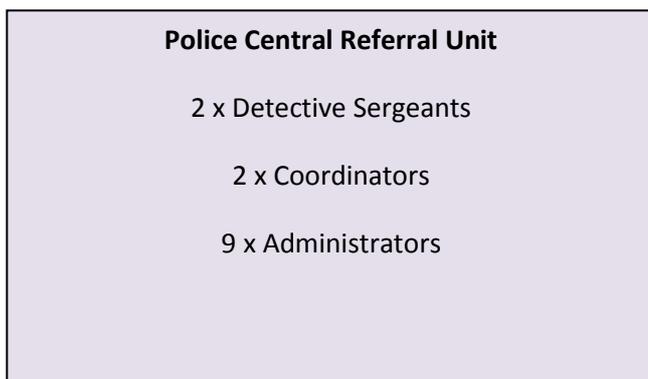
- Faster, more co-ordinated and consistent responses to new safeguarding concerns about vulnerable children and young people.
- An improved 'journey' for the child with a greater emphasis on early intervention and better-informed services provided at the right time.
- Greater ability to identify potential vulnerability, enabling more preventative action to be taken, dealing with cases before they escalate.
- Closer partnership working, clearer accountability and less duplication of effort.
- A reduction in the number of children and young people inappropriately accessing costly services from Social Care, the Police, Health and others.
- A reduction in the number of inappropriate referrals and re-referrals.

## 2. MASH Team Structure

### MASH Team Structure (Children)



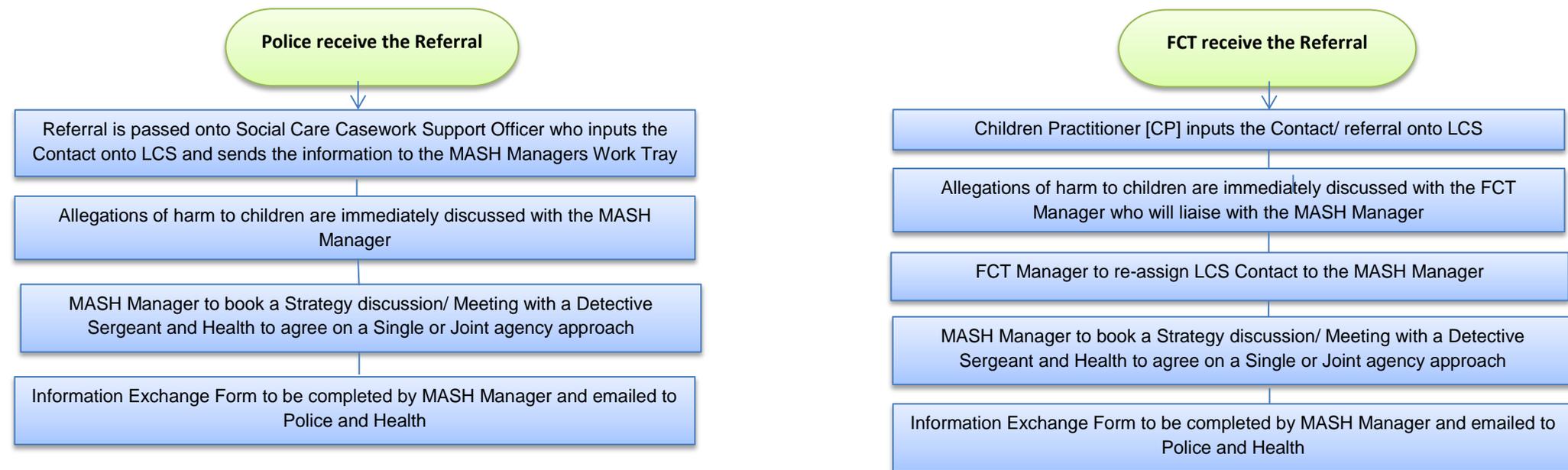
Co-located with



### 3.1 Section 47 Process (S47) and flowchart

The first point of contact for all **new** S47 referrals (from anyone else other than the Police) are to continue to go through Derby City Children Social Care First Contact Team (FCT) based at Ashtree House or via the Police. Therefore, there are two pathways into the MASH Service.

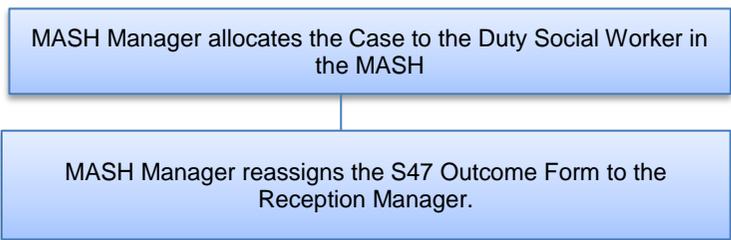
#### Derby City Council MASH Process for Children and Young People



**Strategy discussion/ meeting**

**PRIOR** to the Strategy discussion/ meeting taking place, agencies including Health, Police and Social Care to check all relevant information to ensure robust decision making.

**Additional Strategy discussions/meetings may be required depending on level of urgency and need**



**All OPEN Cases will be dealt with via the Locality/MAT Team Managers, as is the current procedure.**

Strategy discussion and meeting minutes and agreed plans will be forwarded by Social Care via secure e-mail.

If a child or young person is a patient at Derby Teaching Hospital Foundation Trust (DTHFT) discussion must take place with DTHFT Safeguarding Service.

- 3.2 The Social Care Team Manager will be permanently located within the MASH. When the MASH Manager is on leave or otherwise unavailable Manager cover will be provided by Children's Social Care Reception team. If demand is high on a particular day the MASH Manager will liaise with the Reception Managers to agree additional Social Worker attendance to support the MASH team. All non S47 referrals will continue to be dealt with by the First Contact Team (FCT) and Reception team based at Ashtree House as per usual process for Social Care, Police and Health.
- 3.3 Police personnel from the City Referral Unit (CRU) will consist of two Detective Sergeants, one supervisor and two co-ordinators and civilian research staff.
- 3.4 Health will provide appropriate personnel; this is currently from Derbyshire Healthcare Foundation Trust (DHCFT) and Derby Teaching Hospital Foundation Trust (DTHFT). The Health Professionals will liaise with relevant health providers such as Family Nurse Partnership and General Practitioners.
- 3.5 When a referral is received it will be entered onto LCS by FCT or by the MASH Case support Officer (CSO) and immediately screened by the MASH Manager for urgent action if required. Each agency will then receive the information sharing request form (**see appendix 6**) and search their own databases for any relevant information on the individual(s) or family.
- 3.6 The MASH Manager will book a strategy discussion /meeting with MASH colleagues from Police, Health and other bodies such as the referring agency, school or nursery<sup>1</sup>. There will be a clear process within the MASH of timeslots that are available for half hour strategy meetings to take place. All agencies will be expected to provide information for the strategy discussion/ meeting to aid the decision making process. It is essential that all agencies have clear agreements in place regarding information sharing principles/processes. The MASH Manager will chair the meeting and ensure minutes are taken and circulated to all agencies. The Detective Sergeant, Social Worker and Health Professional who are involved in the discussion /meeting will take away and address immediate actions.

**NB: Where the child or young person is a patient at Derby Teaching Hospital Foundation Trust (DTHFT) and there are safeguarding concerns the early strategy discussion must involve the safeguarding children professionals at DTHFT and a strategy meeting must be held at the hospital prior to discharge with the relevant Health Professionals, Police and Social Care in attendance.**

It is also important that if Family Nurse Partnership are involved with the family and there are safeguarding concerns that they are contacted to obtain their information regarding the family.

- 3.7 Following the strategy discussion/ meeting the MASH Manager will telephone the Reception Manager to update and reassign the LCS case; this will enable the Reception Manager to have a verbal update, the written minutes and agreed actions promptly. Following the initial actions agreed at the strategy discussion/ meeting the Social Worker

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<sup>1</sup> See [1.3 Child Protection Section 47 Enquiries, Section 3 Strategy Discussions / Meetings](#)

will feedback to the Reception Manager who will then be responsible in overseeing the investigation from that point.

- 3.8 It is likely that there may be urgent cases which cannot wait for an allocated strategy meeting time slot and a strategy discussion will need to take place. These discussions will nonetheless still need to be documented by the MASH Manager and circulated to all agencies.
- 3.9 For cases **already open** to Social Care the responsibility for arranging strategy discussions / meetings will remain with the Locality Team Manager. The Police and Health will be required to liaise directly with the Locality Manager. The MASH Manager will have no role in these discussions/ meetings other than to signpost agencies to the relevant Locality Team and Manager.

#### 4. **Multiagency response to domestic abuse:**

The multi-agency response to domestic abuse collectively aims to continually improve information sharing processes in respect of children experiencing domestic abuse and to ensure that information is passed to the most appropriate professional in a timely and efficient manner in order to assist early support and appropriate intervention for children.

##### **Initial Incident:**

The Police attend an incident of domestic abuse. If the incident has been categorised as High risk or is already on the critical register due to previous incidents or concerns, the Police Officers dealing with the incident will be alerted to this before their arrival at the incident. The NPCC (National Police Chief Council) accredited Domestic Abuse Stalking and Honour Based Violence (previously known as DASH but now known as a Public Protection Notice (PNN) risk assessment will be completed. If children are present and are considered at risk of significant harm unless immediate action takes place, the police can remove the children under Police Protection for up to 72 hours. This should only be used in emergency situations and in most cases the children can be safeguarded by the perpetrator removing themselves from the situation or the child and parent staying elsewhere. Involved adults should be informed of the notification to Social Care and other agencies.

##### **Incident passed to the Police City Referral Unit (CRU):**

The incident is reviewed with the MASH Manager, which will involve taking into account any previous incidents and concerns.

For all **High Risk Cases**, notifications are sent to Social Care, Health and Education Welfare, via secure email with 24 hours of the risk being assessed by the Police.

Please see the Business Process – Multi-Agency Safeguarding in Domestic Abuse Incidents, for a further breakdown.

For all **Medium Risk Cases**, notifications are sent to Social Care, Health and Education Welfare, via secure email within 3 days of the risk being assessed by the Police.

Please see the Business Process – Multi-Agency Safeguarding in Domestic Abuse Incidents, for a further breakdown.

##### **The Domestic Abuse Triage Meeting between Social Care, Health and Education**

The Triage meeting is held twice weekly and attended by representatives from Health, Education Welfare and Social Care.

It considers all **Standard Risk Cases** an all non-urgent referrals from the Police about children affected by domestic abuse. These are usually victims identified by the Police as being Medium Risk in the DASH Risk Assessment.

At the Triage meeting, where it appears that information should be passed to the appropriate universal service it shall be forwarded to the relevant Health or Education staff member for consideration in light of other information known and held about the family. A recommendation may be made that an Early Help Assessment is carried out and the completion of the DVRIM.

Within the Triage meeting it can be agreed that where the collated information known about the child meets the criteria for allocation with Social Care, it will be sent to the Reception Team at Ashtree House and allocated in Social Care for an assessment and the completion of the DVRIM and/or DVRAM.

### **Referral Criteria**

All High risk cases will be referred to Social Care, Health and Education Welfare. Additionally referrals will be sent if any of the following circumstances apply;

- It is a medium risk referral
- There is a child or young person under the age of 18
- There have been 3 significant incidents
- The severity of the incident/s of abuse
- The number and nature of previous incidents and escalation
- A child is present at the arrest
- The child is in the room when objects are thrown
- The victim intends to leave the family home
- The child contacts the police
- The victim or perpetrator is pregnant
- Drink, drugs or mental health are an issue including the victim being suicidal or depressed
- Excessive jealousy, possessiveness of abuser
- Cultural issues may increase the vulnerability of the victim and child, for example; language barrier, an unawareness of support networks, minimising abuse due to fear of racism/discrimination, not involving the police due to allegiance to community/faith/family

### **Critical Register**

Critical register notification will be created by the Police in the following circumstances;

- All High risk DV victim addresses, including any residential address where they are temporarily residing.
- All addresses where the children present are on child protection plans.
- Medium risk victims address where the perpetrator has used a weapon or have access to weapons.

- Medium risk victim addresses where there is a non-molestation/restraining order in force.
- Where there is a potential risk to officer safety/should be double crewed.
- Where the resident perpetrator is already on the Integrated Domestic Abuse Perpetrator Scheme (IDAP).

## Multiagency response to domestic abuse: Business Process - Multi-Agency Safeguarding in Domestic Abuse Incidents

Standard Risk Dash Risk Assessments are Triaged twice weekly by Social Care (Health and Education to be consulted re: Triage)  
To agree if the threshold has been met for Social Care, Health or Education input. If open to Social Care or MAT/ Family Visitor referral to be forwarded and recorded

High & Medium and Triaged Standards DASH Risk Assessment received from the Police to Health, Named Education Welfare Officer and Social Care

**High**

If it is already, an open case CSO emails Team Email box and Social Worker, Manager or Duty Manager in localities to alert them. If open to a MAT or Family Visitor, the CSO emails the Team Manager and Worker and Duty Inbox or Duty Manager, as this will need escalating within the Locality. Locality Social Worker & Manager then lead the agency checks and strategy discussions With CRU and Health to determine if S47 needed. CSO Alerts Health and EWO if case is open and who Key Worker is. MASH CSO records DV alert on LCS and Passes contact onto Key Worker, MASH CSO Case notes who the alert has been sent to and Indexes within 24hrs of receipt.

If it's **NOT** an open case; CSO records a new 'Contact' for each child in the household and listed on the referral and indexes the notification onto LCS to all children. Emails are sent to MASH/Duty Manager on the day to alert them.

High-risk referral screened by Manager. Health to inform Named Midwife if the woman is pregnant.

TM holds strategy discussion with Police CRU and Health and agrees S47 (Single or Joint) or Other Action. (NFA, CIN, Early Help, Refer to other Agencies or Further Info Required.)

If required case is passed to the First Contact Team to complete agency checks, they input onto child's file / contact information from other agencies. This information is passed back to MASH Manager with the outcome. Mash Manager to update Police and Health with outcome of Agency checks and any further actions required. (See adjacent box)

If S47 is agreed, it is then sent to Duty Manager in Reception for immediate response. If relevant Team Manager in Reception holds further strategy discussion with the Police at Child Abuse Unit / Health to decide if Medical or video interview is required. If CIN is agreed, case is sent to Reception Teams for allocation. If Early Help passed to FCT to liaise with agencies and Early Help advisor.

**Medium**

If it is already an open case CSO emails Team Email box and Social Worker; Manager or Duty Manager in localities to alert them. If open to a MAT or Family visitor the CSO emails Team Manager and Worker and Duty Inbox or Duty Manager, as this will need to be addressed within the Locality. CSO Alerts Health and EWO if case is open and who Key Worker is. MASH CSO records DV alert on LCS and Passes contact onto Key Worker, MASH CSO Case notes who the alert has been sent to and Indexes within 24hrs of receipt.

If it is **NOT** an open case; CSO records a new 'Contact' for each child in the household and listed on the referral and indexes the notification and DASH onto LCS on all children and sends contact to Manager's work trav on LCS which is screened within 3 days.

Screening may lead to a strategy discussion with Police and Health to agree if S47 required. If needed Manager escalates to S47 or allocates to CIN Single Assessment. If required case is passed to First Contact Team to complete agency checks, they input onto child's file / contact information from other agencies. Information is passed back to MASH Manager with outcome.

If not S47, or CIN. EH case will be discussed at weekly Triage meeting with Health and Education, and Police, to agree threshold and co-ordinate intervention and information sharing. Manager updates on Mediums that have been allocated for Single Assessment. Referrals discussed at Triage are agreed NFA or passed to Health and EWO to either complete EHA or other agreed actions. Health to inform Named Midwife if woman is pregnant.

**Standard**

If it is already an open case CSO emails Team Email box and Social Worker; Manager or Duty Manager in localities to alert them. If open to a MAT or Family visitor the CSO emails Team Manager and Worker and Duty Inbox or Duty Manager as this will need to be addressed within the Locality. CSO Alerts Health and EWO if case is open and who Key Worker is. MASH CSO records DV alert on LCS and Passes contact onto Key Worker, MASH CSO Case notes who the alert has been sent to and Indexes.

If required passed to First Contact Team to complete agency checks, they input onto child's file / contact information from other agencies. Passes back to MASH manager with outcome.

If needed Manager escalates to S47 may lead to a strategy discussion with Police and Health to agree if S47 required. Or allocates to CIN Single Assessment.

If Early Help passed to FCT to liaise with agencies and Early Help advisor. or taken to weekly Triage meeting to request Health or Education to complete EHA or provide further support.

## 5. Professional Consultation Line Process

**Working Together to Safeguard Children (Chapter 1 Para 10, 2015) states:**

*.....a teacher, GP, Health Visitor or other professional should be able to discuss concerns they may have about a child and family with a Social Worker in the Local Authority. Local Authority Children's Social Care should set out the process for how this will happen.*

The Professional consultation Line Service will be available between the hours of **10:00 and 13:00** Monday to Friday.

There will be a separate mobile telephone number for the Professional Consultation Line Service. The telephone number is **07812300329**.

The Professional Consultation Line **is not** a referral service.

Professional colleagues are invited to contact the Professional Consultation Line to discuss children, young people and family's circumstances, in order to obtain advice, explore ways of engaging children and families in early help assessments and to discuss whether the threshold for a referral to Social Care or MAT services has been met.

The Professional Consultation Line **does not** replace those services already established such as the First Contact Team, Health professional's access to Named Nurse advice or members of staff from schools accessing the Child Protection Manager. The Professional consultation Line aims to complement those already established arrangements in place.

If the concern /issues raised indicate that there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm the Team Manager will record the Contact **and advise the caller to contact the First Contact Team to make a referral.**

Callers will be expected to provide their details including their name, contact address and telephone number for all consultations.

Provision will also be made for professionals to seek advice regarding 'scenario' situations. However, these will not be recorded on Liquid Logic.

**NB. If the caller has been advised to contact Children Social Care First Contact Team because there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm but refuses to make a referral to Children Social Care then the caller will be informed that their Manager will be contacted to discuss the situation.**

## 6. Derby Multi-agency Safeguarding Hub (MASH) Information Sharing Agreement

### 6.1. Introduction to information sharing agreement

Derby City Council (DCC) and Partners Information Sharing Code of Practice reflects an overarching agreement to share information responsibly, The Multiagency Safeguarding Hub (MASH) is a multi-agency information sharing hub that allows participating agencies to share information in a timely and secure manner to decide on the appropriate pathway for when safeguarding concerns arise for children and young people. This agreement should also be read in conjunction with the [DSCBs Information Sharing Agreement and Guidance for Practitioners](#).

**MASH focuses on two key functions:**

- 1. Harm identification and reduction** - This will be done by identifying vulnerable children and young people experiencing the highest levels of harm and making sure agencies work together to support them with harm reduction strategies and services.
- 2. Co-ordinating partner agencies** - Ensure that the needs of all vulnerable children and young people are identified and signposted to the relevant partner/s for the delivery and co - ordination of harm reduction strategies and interventions.

This agreement contains details of the standards agreed by the Parties involved in the sharing of personal data and personally identifiable information so as to maintain confidentiality, integrity and compliance with the data protection principles, whilst ensuring that information is shared with those who 'need to know'

Information shared under this agreement should not be disclosed to any persons who are not parties or if there is any doubt that the requirements of this agreement might be breached.

### 6.2. Purposes of the information sharing agreement

The purpose of this agreement is to establish the procedures for the lawful and effective exchange of information between the parties subject to this agreement, as part of a co-ordinated approach to safeguarding.

Information sharing and decision making regarding children and young people, who may be suffering or are likely to suffer from harm, is vital in ensuring that their well-being is safeguarded. This will also require relevant information to be shared regarding significant adults if relevant and appropriate to the subject.

The parties to this agreement are brought together in partnership from the statutory sectors. The sharing of information will enable them to work together in providing the highest level of knowledge and analysis to ensure that their interventions are timely, proportionate and necessary.

Information held by single organisations may not provide a holistic view of the circumstances of a child, young person or family however, when shared under the terms of this agreement, the level of knowledge and understanding will be increased.

The information shared by virtue of this agreement will be used for the following purposes:

- To identify those children and young people who require safeguarding or a necessary and proportionate intervention.
- To identify victims and potential victims who are likely to experience harm and ensure that partners work together to deliver harm reduction interventions.
- To formally record how the signatories to the agreement will share information about children and young people who have come to the attention of their organisation.

*Although most commonly used to refer to young people aged 16 or under, 'children', in terms of the scope of this agreement and in accordance to the Children Act (2004) refers to children and young people aged under 18 years.*

**NB: Prior to any Information being shared by the Police and Health the Information Sharing request form must be sent by Social Care. This information Sharing Request form must be filed in the Electronic record of the subject. (See appendix 5)**

### **6.3. Legal Considerations for Sharing Information**

#### **a. Consent**

When sharing information consideration must be given to whether it is reasonable to gain the full consent of the Data Subject<sup>2</sup>. This may only be relevant in certain situations and cases, and consent could be withdrawn at any time.

Consent is agreement freely given to an action based on knowledge and understanding of what is involved and its likely consequences. Consent can be expressed either verbally or in writing. The latter is preferable since it reduces any likelihood of scope for future problems.

Consent must also be informed so that, when someone agrees to information sharing, they understand how much is shared, why, with whom, and what may be the implications of not sharing. The parties agree to notify data subjects and/or their parents or carers if relevant, that their data may be shared. Where applicable explicit consent should always be obtained by the referring agency and this should be in writing where practicable.

The parties understand that the Data Protection Act (1998) does not require them to notify the data subject of any sharing or ask for their consent, if in doing so it would prejudice the prevention or detection of crime, apprehend an offender or place the child, young person, adult or someone else at increased risk of harm. When a decision has been made not to seek consent the rationale for doing so should be clearly recorded to ensure future challenge can be responded to.

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<sup>2</sup> 'Data subject' defined in the Data Protection Act 1998  
November 2016

When the consent of a Data Subject is refused or it is not reasonable to seek consent, consideration should be given to legal powers or whether the disclosure is in the substantial public interest and this will be assessed on a case by case basis.

If consent is required and is refused, under this agreement, if not disclosing information to the MASH would prejudice the welfare of the child or vulnerable adult, partners may provide the information requested or may wish to proactively share. This would be decided on a case by case basis. **Decisions made to share or to not share information needs to be recorded.**

In a democratic society, it is necessary and legal to share information in the interests of national security, public safety or prevention of crime and disorder. Sometimes, there can be more emphasis on what cannot be done at the expense of what is allowable. In reality, legislation places few constraints on anyone “acting in good faith and exercising good judgement” The rationale needs to be clearly recorded to ensure any future challenge can be responded to.

## **b. Confidentiality**

Confidential information is information that is not normally in the public domain or readily available from another source. It should have a degree of sensitivity and value and be subject to a duty of confidence. A duty of confidence arises when one person provides information to another in circumstances where it is reasonable to expect that the information will be held in confidence.

The common law duty of confidentiality requires that unless there is a statutory requirement to use information that has been provided in confidence, it should only be used for that purpose that the subject has been informed and has consented to.

The common law duty is not absolute and can be overridden if the disclosure is in the public interest (e.g. to protect others from harm).

## **c. Data Protection**

The Data Protection Act (1998) applies if the information is personal data relating to a living individual and held on computer or as part of a ‘relevant filing system’. To process information, the Data Controller must ensure that the principles of the Data Protection Act are being met (see Appendix 1). Specific consideration must be given as to whether the information will be processed fairly and lawfully and for the specified purpose.

When overriding the Duty of Confidentiality, the MASH must identify which party is the ‘Data Controller’ in relation to the confidential information concerned. The MASH must seek the views of the Data Controller and take into account these views in relation to whether any breach of confidentiality is justified and proportionate. The parties will take account of the common law duty of confidence in respect of identifiable Information.

The Data Protection Act (1998) provides Data Subjects with a right of access to records, which are held about them. A request from a Data Subject to access personal information must be reported to the Party’s Data Protection Manager. The matter must be referred to the party who originally disclosed the information.

The rule of proportionality should be applied to ensure that a fair balance is achieved between the public interest and the rights of the data subject. All disclosures must be relevant and proportionate to the intended purpose of the disclosure.

When a party/ agency want to share personal data with the MASH, it must be able to satisfy at least one condition listed in schedule 2 of the Data Protection Act (1998). If 'sensitive' personal data is shared, the disclosing Party must also be able to satisfy at least one condition listed in schedule 3 of the Data Protection Act (1998).

#### **d. Children Acts 1989/2004**

The nature of the information that will be shared under this agreement should not fall below a threshold of S17 of the Children Act 1989.

Section 10 and 11 of the Children Act 2004 place obligations upon the Police and Local Authorities to co-operate with other relevant partners in promoting the welfare of children and ensure that their functions are discharged having regard to the need to safeguard and promote the welfare of children. This legislation provides statutory power to share information for the purposes of this agreement.

#### **e. Human Rights Act 1998**

There must also be consideration of the implications of Article 8 of the Convention for the Protection of Human Rights and Fundamental Freedoms (ECHR). The Human Rights Act 1998 gives effect to these rights in UK law. Article 8 provides an individual with their right to respect for private and family life, home and correspondence.

As well as satisfying all of the Data Protection principles (appendix 1), Parties recognise that any disclosures they make must also be compatible with a person's 'right to a private life', as described in Article 8.

A public authority cannot 'interfere' with this right unless it is in accordance with the law, is necessary in a democratic society and is for a legitimate purpose. Parties recognise that, in order for their disclosures to be compatible with the ECHR, their disclosures must be proportionate and for one or more of the legitimate purposes stated. These include national security; public safety; economic well-being of the country; prevention of disorder or crime; protection of health or morals or for the rights and freedoms of others.

Eliciting the views of children and parents is important and represents good practice. However, even if consent is refused, that does not automatically preclude practitioners from sharing confidential information. A public interest can arise in a wide range of circumstances, for example to protect children or vulnerable adults from Significant Harm, promote the welfare of children or prevent crime and disorder. There are also public interests, which in some circumstances may weigh against sharing, including the public interest in maintaining public confidence in the confidentiality of certain services. The key factors in deciding whether or not to share confidential information are necessity and proportionality, i.e. whether the proposed sharing is likely to make an effective contribution to preventing the risk and whether the public interest in sharing information overrides the interest in maintaining confidentiality.

It is not possible to give guidance to cover every circumstance in which sharing of confidential information without consent will be justified. It is possible however to identify

some circumstances in which sharing confidential information without consent will normally be justified in the public interest. These are as follow:

- When there is evidence that the child is suffering or is at risk of suffering Significant Harm; or
- Where there is reasonable cause to believe that a child may be suffering or at risk of significant harm; or
- To prevent significant harm arising to children or serious harm to adults, including through the prevention, detection and prosecution of serious crime, i.e. any crime which causes or is likely to cause Significant Harm to a child or serious harm to an adult.

There will be cases where sharing limited information without consent is justified to enable professionals to reach an informed decision about whether further information should be shared or action should be taken. The information shared should be necessary for the purpose and proportionate. This limited sharing to enable professionals to reach an informed decision is a key feature of the MASH model.

## **6.4. Processing of Information**

### **a. Making a MASH enquiry**

Referrals will be made in line with Derby City Council referral pathways to Children's Social Care First Contact team. The initial screening will be undertaken by the First Contact team unless the initial referral is made directly to the Police and is discussed with the MASH Manager. The outcome of the screening may be as follows;

- Low level needs - no further action from Social Care
- Emerging needs - signposting for Early Help Assessment
- Serious or complex needs - section 17 (Child in need)
- Child protection concerns - section 47 (Child protection)

Where it is difficult to ascertain whether the case progression is via S17 or S47 the referral will be progressed to the MASH for information sharing and a multiagency decision.

### **NB. The 'Front Door' for Children Social Care remains First Contact Point based at Ashtree House.**

- Enquiries will be made by the MASH to those parties to this agreement who may hold relevant information. This will be done securely using secure e-mail.
- A request for information form will be sent by the MASH Social Care Worker to both Police and Health to formally request and gather information for the purpose of a Section 47 investigation.
- The Parties agree to respond to all requests by the MASH as quickly as possible and to supply information which they consider to be relevant and proportionate to the enquiry. This information will be used by the decision MASH Manager and in agreement with Health and Police who will decide whether the subject is at risk of harm or neglect and what further action needs to taken.

- The parties agree that, due to the high sensitivity of the information contained within communications from the MASH, letters, emails and other correspondence must be kept securely and only accessible by persons within the organisation on a strict 'need to know' basis. Partner organisations will record the MASH decision and the rationale for the decision on case management systems. Minutes and agreed plan of action from the strategy discussion or meeting will be distributed and filed in the electronic record.
- Parties agree not to use or disclose information that they have received from the MASH to the individual, their family or any other person without permission from the MASH (this is to ensure that a child, young person or someone else is not put at increased risk of danger and any potential criminal investigations are not prejudiced).

## **b. Information quality and relevance**

When sharing personal data with the MASH, in response to receiving a MASH information sharing request form, the parties agree to share only the minimum information necessary to enable the MASH team to identify whether the child or young person identified is at risk of harm or is in need of additional services and support. The parties will use the agreed information sharing form to ensure that there is a clear record of information requested and shared. **(see appendix 5 Information Sharing Request Form)**

Information sharing request forms must be filed in the subject child's records and a record of information shared with other agencies for the purpose of strategy discussions and strategy meetings recorded.

**NB: Prior to Information being shared by the Police and Health the Information sharing request form must be sent by Social Care. This information Sharing Request form must be filed in the Electronic record of the subject.**

The parties agree that they will check the information that they disclose to the MASH is accurate and up to date at the time of disclosure. They also agree that they will notify the MASH of any new information that becomes known following disclosure where this could assist the MASH decision-making.

The Parties agree to make a pragmatic decision as to whether the information they disclose to the MASH is relevant to the enquiry being made. Irrelevant or excessive information should not be disclosed.

## **c. Limited use and retention of the information**

The 'sensitive' and 'non sensitive' information collected on the MASH Enquiry Form will only be used by the MASH for the purposes of establishing whether a child or young person is suffering or is at risk of suffering harm and whether any serious criminal offences have been committed. Personal data will only be shared outside the MASH, in accordance with this agreement and in compliance with the Data Protection Act (1998).

**Personal data** means data, which relate to a living individual who can be identified-

- a.) from those data, or

- b.) from those data and other information which is in the possession of, or is likely to come into the possession of the data controller.

This includes any expression of opinion about the individual and any indication of the intentions of the data controller or any other person in respect of the individual.

**Sensitive personal data** means personal data consisting of information as to:

- the racial or ethnic origin of the data subject,
- political opinions,
- religious beliefs or other beliefs of a similar nature,
- whether they are a member of a trade union ( within the meaning of the Trade Union and Labour (Consolidation) Act 1992),
- physical or mental health or condition,
- sexual life,
- the commission or alleged commission of any offence, or
- any proceedings for any offence committed or alleged to have been committed by the person, the disposal or such proceedings or the sentence of any court in such proceedings.

The information gathered by the MASH will be held by each relevant partner in line with the security requirements outlined in this agreement. As advised by the Independent Inquiry into Child sexual abuse all records must be retained and not destroyed.

#### **d. Holding the information securely**

Each party signed up to this agreement may record MASH decisions on their relevant case management systems. In these circumstances, for the purposes of the Data Protection Act (1998), the relevant partner is the Data Controller for this information whilst it remains on their systems. The MASH information held on systems should be restricted to a small number of named individuals who need access to this information to carry out their role within the MASH.

Individuals working within the MASH understand their responsibilities for keeping personal data secure and will only disclose relevant and proportionate information to persons who are legally entitled to see the information and in accordance with this agreement.

All health staff are required to undertake yearly Information Governance refresher training.

Information will be stored in secured premises and not in areas to which the public has access.

All Parties confirm that they have adequate security measures on their electronic systems to which information from Partners may be transferred. They also confirm that information from partners, which is held on their electronic systems, can only be accessed via username and password.

Sensitive information will be held in electronic systems and will be destroyed in accordance to each Agencies Information Governance arrangements.

If information is printed off an electronic system, it will be the responsibility of the relevant Party to keep the information secure by measures such as storing documents in a locked

container when not in use. Access to printed documents must be limited only to those with a valid 'need to know'. There must also be a clear desk policy, in which printed information is only accessed when needed and stored correctly and securely when not in use. The printed information must be disposed of in an appropriate secure manner (e.g. through the confidential waste system) once it is no longer needed. This must be done on site and then placed in secure bags.

#### **e. Sharing the information securely**

The parties to this agreement agree to use the MASH Information Sharing Form when responding to an enquiry by secure email. Personal data must not be sent to any insecure email.

The full list of secure Government e-mail systems are below. They have email addresses ending:

- .cjsm.net (Criminal and Justice)
- .gcsx.gov.uk (Local Government/Social Services)
- .gse.gov.uk (Central Government)
- .gsi.gov.uk (Central Government including Department of Health)
- .gsx.gov.uk (Central Government)
- .hscic.gov.uk (The Health and Social Care Information Centre)
- .mod.uk (Military)
- .nhs.net (NHS mail)
- .pnn.police.uk (Police)
- .scn.gov.uk (Criminal and Justice)

All parties recognise the importance of sharing personal information securely and agree to provide the MASH with a secure e-mail address, to enable personal data and other sensitive information to be supplied between agencies securely.

#### **f. Reporting a security incident or breach**

Parties to the agreement will have in place a mechanism for staff and the public to report information security incidents (for example, loss or theft of personal or confidential data held on computer equipment or paper) whether they are actual incidents or near misses. These incidents should be reported to the person responsible for Information Security or Data Protection within the relevant agency. If personal data is lost or stolen and contains information which has been provided by another agency, the originating agency must be told and kept informed of the outcome of the investigation into the incident.

Security incidents involving information provided by or to the MASH must be brought to the attention of the MASH Operational Lead who will report the incident to the MASH Strategic Group.

**Information Governance breaches will also need to be reported via the individual agency incident reporting processes.**

Any unauthorised release of information or breach of conditions in this agreement will be dealt with through the internal discipline procedures of the individual Party to the agreement.

## **g. Access to personal data**

Individuals have a right to access personal data about them (subject to exemptions). This right comes from Section 7 of the Data Protection Act 1998 (Right of Access to Personal Data).

For the purposes of the personal data held by the MASH, the 'Data Controllers' are identified for the agencies on whose systems the data is stored (as referenced in 4d for Data Controllers). Any requests for the MASH held information must therefore be sent immediately to the relevant Data Controller to deal with.

The Data Controllers will not release information or documents provided by partners, without consulting with them first. The Data Controllers will also be mindful of the exemptions under the Data Protection Act 1998 which prohibit disclosure.

## **h. Complaints**

All complaints made in respect of disclosures made to or by the MASH will be brought to the attention of the relevant nominated Partnership Contact Officer and Data Protection Officer of the relevant agency. The complaint will be dealt with in accordance with the agency's own complaints procedure. Agencies will keep each other informed of developments following a complaint received, where relevant and appropriate and if necessary brought to the attention of the MASH Strategic Group.

## **i. Publication of this agreement**

The MASH Information Sharing Agreement may be published by each of the parties in accordance with their obligations under the Freedom of Information Act (2000).

## **j. Agreement Review and Changes**

The nominated holders of this agreement will make sure that it is reviewed on a regular basis, taking into account any new legislation or official guidance. This will be done on at least an annual basis.

Parties to the agreement may ask for changes to be made at any time by submitting a request to the MASH Manager who will circulate the request to the 'Nominated Holders' to co-ordinate responses and where appropriate seek agreement to the requested changes from the MASH Governance Group.

## **k. Fair Processing obligations for Partner Organisations**

Each Partner Organisation is a data Controller and responsible for issuing Privacy / fair processing notices which accurately reflect this purpose and are accessible to all subjects. Any objections will be managed by the individual partner agency and issues and actions taken shared with the Mash Strategic Group.

## **l. Implementation of the MASH Information Sharing agreement**

All partners Organisations involved in the MASH arrangements are required to agree to the Information Sharing agreement document and provide details of their nominated partnership contact officer / Information Governance Lead for contact purposes **see appendix 4.**

### **m. Legal disclaimer**

The Content of this information sharing agreement is not legally binding and appropriate legal advice should be sought where necessary via internal teams or professional legal advisors.

## Appendix 1: Data Protection Act 1998

The Data Protection Act 1998 (the DPA 1998) is the legal framework for obtaining, using, storing, disclosing and deleting personal data about living and identifiable people. The Act is built around eight principles. A summary of the principles is below:

- Personal data shall be processed fairly and lawfully
- Personal data shall be processed for limited purposes
- Personal data shall be adequate, relevant and not excessive
- Personal data shall be accurate and where necessary kept up to date
- Personal data shall be kept no longer than is necessary
- Personal data shall be processed in line with the individual's rights
- Personal data shall be kept secure
- Personal data shall not be transferred to countries without adequate security

When sharing personal data with MASH, agencies must comply with these principles, in particular the first principle – personal data shall be processed fairly and lawfully.

When a Party to this agreement wants to share personal data with the MASH, it must be able to satisfy at least one condition listed in Schedule 2 of the DPA 1998. If 'sensitive' personal data is shared, the disclosing person must also be able to satisfy at least one condition listed in Schedule 3 of the DPA 1998 (or the Data Protection Processing of Sensitive Personal Data Order 2000) as well.

Parties to this agreement recognise that the following conditions derived from the Data Protection Act 1998, may be relevant when considering whether they can lawfully share information with the MASH:

### **Schedule 2**

One or more of these conditions must be met when sharing personal data with the MASH

- Condition 1 - the data subject has provided their consent to the sharing
- Condition 3 - the sharing is necessary to comply with a legal obligation
- Condition 4 - the sharing is necessary to protect the individual's life or protect them from serious harm
- Condition 5 - the sharing is in the public interest and is necessary for the disclosing organisation or another organisation to undertake its official duties
- Condition 6 - the sharing is necessary for a legitimate and lawful purpose and does not cause unwarranted prejudice to the data subject.

## Appendix 2: Legislation

<p><b>Children Act 1989</b></p>	<p><b>Section 17</b> – general duty of local authorities to safeguard and promote the welfare of children within their area who are in need, and so far as is consistent with that duty, to promote the upbringing of such children by their families.</p> <p><b>Section 47</b> – where a local authority is informed that a child who lives, or is found, in their area is the subject of an emergency protection order or is in police protection or there is reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm, there is a duty to investigate</p>
<p><b>Children Act 2004</b></p>	<p><b>Section 10</b> – promote co-operation to improve wellbeing.</p> <p><b>Section 11</b> – arrangements to safeguard and promote welfare.</p>
<p><b>Crime and Disorder Act 1998</b></p>	<p><b>Section 17</b> – duty of each authority to exercise its functions with due regards to the likely effect of the exercise of those functions, and the need to do all that it reasonably can, to prevent crime and disorder in its area.</p> <p><b>Section 115</b> – any person who apart from this section would not have power to disclose information to a relevant authority or to a person acting on behalf of such an authority, shall have the power to do so in any case where the disclosure is necessary or expedient for the purposes of this act.</p>
<p><b>Criminal Justice and Courts Services</b></p>	<p><b>Section 67</b> – the authority for each area must establish arrangements for the purpose of assessing and managing the risks posed in that area by relevant sexual or violent offenders and other persons who have committed offences who are considered by the authority to be persons who may cause serious harm to the public.</p> <p><b>Section 68</b> – interpretation of who is a relevant sexual offender.</p>
<p><b>Data Protection Act 1998</b></p>	<p><b>Section 29(3)</b> – where disclosure is required for the prevention or detection of crime or the apprehension or prosecution of offenders.</p> <p><b>Section 35(1)</b> – where the disclosure is required by or under enactment, by any rule of law or by the order of a court.</p>
<p><b>Education Act 2002</b></p>	<p><b>Section 175</b> – a local education authority shall make arrangements for ensuring that the functions conferred on them in their capacity as a local education authority are exercised with a view to safeguarding and promoting the welfare of children.</p>
<p><b>Local Government Act 1972</b></p>	<p><b>Section 111(1)</b> – a local authority shall have the power to do anything which is calculated to facilitate, or is conducive to or incidental to, the discharge of any of their statutory functions.</p>
<p><b>Local Government Act 2000</b></p>	<p><b>Section 2(1)</b> – a local authority shall have the power to do anything which they consider is likely to achieve the</p>

	promotion or improvement of the social well-being of their area.
<b>Human Rights Act 1998</b>	<p><b>ARTICLE 8</b> <i>Right to respect for private and family life</i></p> <p>1 Everyone has the right to respect for his private and family life, his home and his correspondence.</p> <p>2 There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.</p>

### **Appendix 3: Caldicott Guardians and the revised Caldicott Principles**

The 1997 report of the Review of Patient-Identifiable Information (known as the Caldicott report after the Chair, Dame Caldicott) established six principles for NHS bodies (and parties contracting with such bodies) to adhere to in order to protect patient information and confidentiality. This included all information that was shared that was not for direct care, medical research or where there was a statutory requirement to share. The aim was to ensure that sharing was justified and only the minimum was shared. The central recommendation of the Caldicott report was that each NHS organisation (and subsequently Councils with Social Care Responsibilities) needed to appoint a 'Guardian' of person-based information to oversee the arrangements for the use and sharing of clinical information.

When deciding whether an organisation needs to use information that would identify an individual, the organisation should use the following Caldicott Principles as a test. The Principles were extended to adult social care records in 2000.

#### **The Caldicott Principles revised 2013 are:**

##### *Principle 1 - Justify the purpose(s) for using confidential information*

Every proposed use or transfer of personal confidential data within or from an organisation should be clearly defined, scrutinised and documented, with continuing uses regularly reviewed, by an appropriate guardian.

##### *Principle 2 - Don't use personal confidential data unless it is absolutely necessary*

Personal confidential data items should not be included unless it is essential for the specified purpose(s) of that flow. The need for patients to be identified should be considered at each stage of satisfying the purpose(s).

##### *Principle 3 - Use the minimum necessary personal confidential data*

Where use of personal confidential data is considered to be essential, the inclusion of each individual item of data should be considered and justified so that the minimum amount of personal confidential data is transferred or accessible as is necessary for a given function to be carried out.

##### *Principle 4 - Access to personal confidential data should be on a strict need-to-know basis*

Only those individuals who need access to personal confidential data should have access to it, and they should only have access to the data items that they need to see. This may mean introducing access controls or splitting data flows where one data flow is used for several purposes.

##### *Principle 5 - Everyone with access to personal confidential data should be aware of their responsibilities*

Action should be taken to ensure that those handling personal confidential data - both clinical and non-clinical staff - are made fully aware of their responsibilities and obligations to respect patient confidentiality.

### *Principle 6 - Comply with the law*

Every use of personal confidential data must be lawful. Someone in each organisation handling personal confidential data should be responsible for ensuring that the organisation complies with legal requirements.

In April 2013, Dame Fiona Caldicott reported on her second review of information governance, her report "[Information: To Share Or Not To Share? The Information Governance Review](#)"<sup>3</sup>, informally known as the Caldicott2 Review, introduced a new 7th Caldicott Principle.

### *Principle 7 - The duty to share information can be as important as the duty to protect patient confidentiality*

Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.

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**Appendix 4: Nominated Partnership Contact Officer/ Information Governance Lead**

<b>Organisation</b>	<b>Name and Role</b>	<b>Contact Details</b>

**Appendix 5: Information Sharing Request Form**

**Information Exchange (S47) Form**

**Information Exchange (S47)**

This form is used for the Exchange of information to the Police and Health about cases concerning Section 47 Matters only.

**Name:**  **Person ID:**

**DOB:**  **Age:**

**Address:**

**Parent/ Carer Name and Contact details:**

**Ethnicity:**  **Language:**  **Nationality:**

**Who is in the household and relationship?**

NAME	RELATIONSHIP	D.O.B

**Information provided by:** include job title, name, address, and tel no.

**Alternative contact names, details and timescales where required for professionals:**

**Does the Child/ Young person have any Disabilities or Health conditions?**

**Nature of concern and detail information exchanged:**

**Police Referrer Incident number and Collar Number (if applicable):**

**Worker completing form verification:-**

**Date:**