

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

**Social Finance & London Borough
of Newham**

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Essential caveats

This report presents evidence on information sharing in a multi-agency context, with a particular focus on practices at the London Borough of Newham and associated agencies. The document highlights recommendations for timely, accurate and secure information sharing based on the behavioural, contextual and cultural factors affecting existing practice.

This report is a preliminary version of a more comprehensive study, which will be completed by the end of April 2023. The preliminary version of the report has been drafted to enable integration in the Department for Education's multi-agency information sharing report to Parliament, due to be delivered in summer 2023.

All recommendations included in this report are based on emergent findings from primary and secondary research conducted by Social Finance. The findings require further validation and exploration with reference to secondary research conducted by the Rees Centre at the University of Oxford.

All observations, conclusions and recommendations herein are illustrative and limited by the scope of this report and the associated primary and secondary research conducted by Social Finance.

Section I: Executive summary

Introduction

This report addresses the cultural and behavioural barriers that impact information sharing and provides human-centred solutions to the challenges identified. The report outlines the findings from a primary research study conducted by Social Finance and commissioned by the Department for Education in December 2022.

The study focuses on behavioural and cultural factors influencing information sharing between the London Borough of Newham and other agencies across London and outlines recommendations to improve information sharing in similar multi-agency contexts. It will inform the Department for Education's multi-agency information sharing report to Parliament, due to be delivered in summer 2023.

Our research team conducted 24 one-to-one semi-structured interviews and participatory ideation sessions with practitioners in the multi-agency context of the London Borough of Newham. We then developed a set of recommendations drawing on secondary evidence from the behavioural sciences, practitioner experiences explored through our interviews, and solutions surfaced in participatory research.

Structure of the report

Section two of this report offers a short introduction to provide context for this piece of research, and a background to the partnership between Social Finance, the London Borough of Newham, the London Office of Technology and Innovation (LOTI), and the Rees Centre (University of Oxford).

Section three of the report outlines the research methods that were used as part of the study. We describe our approach to primary qualitative and participatory research, survey validation, and triangulation with secondary findings.

Section four of the report provides a summary of the main findings and our recommendations. The emergent insights are split into two discrete sections: firstly, we describe how a systemic and behavioural perspective can come together to support a human-centred vision for child safeguarding that is grounded in lived experience. Secondly, we outline three opportunity areas for change and a list of corresponding recommendations based on primary insights, behavioural science literature and ideas generated during participatory workshops with managers and practitioners.

OPPORTUNITY FOR CHANGE	TARGET BEHAVIOUR	BEHAVIOURAL & CULTURAL BARRIERS	RECOMMENDATION
Ensure practitioners feel supported and empowered to share information effectively	When there are concerns about a child, professionals who interact with children readily share information with relevant agencies.	Individuals are not motivated to share information if they do not understand the outcome of their actions.	In cases of data sharing into MASH or children's services, effectively communicate the outcome of a data or information share with front-line practitioners.
		Skilled and proficient individuals do not feel confident in their ability to share information with relevant agencies.	Expand the consultation line to help front-line professionals, who have contact with children, confirm and validate the value of the information that they hold.
Ensure individuals feel supported to share information effectively in non-statutory cases	When necessary and appropriate, individuals share information that does not meet statutory thresholds but is meaningful in the context of child safeguarding.	Children's services front-line practitioners, health, police and education professionals are risk averse: they do not share data if they perceive the risks to outweigh the benefits. Professionals in children's services, police, health and education experience high information load: it is difficult to decide whether to share concerns when evidence is complex, nuanced or disparate.	Provide step-by-step guidance for front-line professionals, who have contact with children, to enable them to respond appropriately to non-statutory cases.
Align diverse professionals around a shared responsibility and vision for child safeguarding	Children's services front-line practitioners, service managers and police, health and education professionals understand how different safeguarding terms, acronyms and protocols are interpreted across different agencies	Different organisations across the system use different terms and protocols, which can cause miscommunication between agencies. There is a lack of shared understanding across case management systems, which leads to divergent risk categorisations.	Generate a simple tool to aid interpretation of frequently used safeguarding and information terms.

	When there are concerns about a child, front-line practitioners, police, health and education professionals share information with trusted partners.	Intergroup dynamics and a lack of trust prevent collaboration between agencies and interactions are influenced by an us versus them mentality.	Implement co-located cross-organisational training in the MASH model, particularly at induction.
	Professionals from children's services, health, police and education safely, appropriately, and securely share information.	The current multi-agency culture is one shaped by a fear of wrongdoing.	Embed case studies and narrative to highlight positive behaviours and data sharing experiences that have resulted in positive outcomes for children and families.

In **section five**, we conclude with a summary of the report as well as some future directions for the body of work. In summary, we recommend critical reflection and mapping of the system-wide impacts of individual behaviours to identify critical areas for systemic change.

Section 2: Background & context

Information sharing in Children's Social Care

Secure information sharing is a core component of child safeguarding. To make an informed decision about a child, a social worker, health practitioner, or education, police and criminal justice professional must be able to readily access information to build a comprehensive picture of a child's circumstances. Incomplete, blocked or flawed multi-agency sharing is cited as a compounding factor in serious case reviews and investigations into child deaths, including the tragic murders of one-year-old Star Hobson and six-year-old Arthur Labinjo-Hughes.¹

In light of these serious cases, there is an urgent need to identify the barriers to optimal information sharing and address existing challenges with practical solutions. While effective information sharing is heavily shaped by structural, legal, and technological realities,² it also hinges on the daily decisions made by front-line practitioners and other professionals. These actions are shaped by individual and collective human perceptions, relationships, motivations, and incentives.

This report addresses the cultural and behavioural barriers that impact information sharing and provides human-centred solutions to the challenges identified. The report outlines the findings from a primary research study conducted by Social Finance and commissioned by the Department for Education in December 2022.

The study focuses on behavioural and cultural factors influencing information sharing between the London Borough of Newham and other agencies across London and outlines recommendations to improve the information sharing in similar multi-agency contexts. It will inform the Department for Education's multi-agency information sharing report to Parliament, due to be delivered in summer 2023.

¹ The Child Safeguarding Practice Review, 2022, Child Protection In England. Source: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1078488/ALH_SH_National_Review_26-5-22.pdf

² There is a large body of existing evidence on the structural, legal and technological barriers to information sharing in a multi-agency context. For more information, please see the rapid literature review outputs associated with this project from the Rees Centre at the University of Oxford.

Background to this partnership

This project brings together the respective expertise of the London Borough of Newham, Social Finance, the London Office of Technology and Innovation (LOTI), and the Rees Centre (University of Oxford). The partnership was facilitated by the London Borough of Newham, and involved the following research streams:

- ♦ **Primary research and human-centred solution design** conducted by Social Finance, a non-profit organisation with deep experience in the application of data and digital solutions to children's social care services. This report is the culmination of this stream of research.
- ♦ **Review of evidence related to multi-agency information sharing** conducted by the Rees Centre at the University of Oxford, a research unit that aims to improve the education, wellbeing and life outcomes for those who are supported by children's social care services.
- ♦ **Strategic direction and information governance expertise** from the LOTI, an organisation that enables London borough councils and the Greater London Authority to work together to improve digital public services and outcomes for Londoners.

The consortium of partners worked collaboratively and shared emerging insights through frequent meetings and regular online communication. The partnership leveraged existing evidence on information and data sharing practices as a starting point to inform plans for primary research and to validate emergent findings.

Structure of this report

The report outlines evidence-based recommendations informed by primary research conducted by Social Finance. Our research team conducted 24 one-to-one semi-structured interviews and participatory ideation sessions with practitioners in the multi-agency context of the London Borough of Newham. We then developed a set of recommendations, drawing on secondary evidence from the behavioural sciences, practitioner experiences explored through our interviews, and solutions surfaced in participatory research.

The report comprises three main sections:

♦ **Section three - Research methods:** We outline the objectives, primary research methods and approach to the triangulation of secondary insights from the Rees Centre at the University of Oxford.

♦ **Section four - Emergent insights:** We provide recommendations to overcome cultural and behavioural barriers to information sharing identified through primary and secondary research. Our recommendations are structured by opportunity areas identified in collaboration with research participants.

♦ **Section five - Final comments:** We conclude with a summary of this report and our suggestions for the future.

Section 3: Research methods

Research objectives

The research questions we seek to answer in this report are:

- ♦ What are the behavioural and cultural barriers to data and information sharing in a multi-agency context?
- ♦ How can a behavioural and cultural lens support the development of adaptable and actionable solutions to information sharing in a multi-agency context?

To answer these questions, we took a mixed methods approach, combining primary qualitative research with a rapid review of secondary evidence. The mixed methods approach enabled us to explore the rich first-hand experiences of professionals across organisations involved in child safeguarding, as well as secondary insights into the broader context of data sharing in the social care system and successful interventions to overcome identified challenges. In addition, we also designed and delivered a survey for children's service front-line practitioners and service management to consolidate our understanding of the cultural and behavioural barriers to information sharing in the child safeguarding context.

Primary qualitative research

In total, we conducted 24 qualitative in-depth interviews with practitioners providing, managing or influencing safeguarding services to children, young people, parents and carers. These comprised 19 sessions with children's services front-line practitioners working across the London Borough of Newham. To confirm the applicability of themes in Newham to other areas, we also conducted three interviews with children's services front-line practitioners and service management working outside the borough.

We aimed to achieve breadth and diversity in the sample, interviewing staff with a range of roles. We spoke to front-line practitioners who work with families and share case information on a regular basis, as well as managers and directors who set team priorities and practices. See table 2 for more information about the user groups involved in the study.

Table 2. Qualitative interview sample

USER GROUP	NO. PARTICIPANTS	ROLE DESCRIPTION
Children's services front-line practitioners	8	MASH referral officers and social work professionals working directly with children, young people and their families.
Children's services management	8	Leadership from across children's services who manage services and operations, support management and governance and drive change initiatives, including Early Help, Safeguarding and Single Point of Access.
Education professionals	2	Designated Safeguarding Leads (DSL) appointed to take lead responsibility for child protection issues in schools.
Police and criminal justice professionals	2	Police officers within the MASH team and representation from the Youth Justice Service.
Health care professionals	1	School nurse and safeguarding liaison.

We took a semi-structured approach to the interviews. Interview questions (included in Annex B) were developed around the core objectives of the research and adjusted depending on the participant. Each interview lasted one hour and was led by two members of the Social Finance team. Participants were encouraged to share their candid experiences and provide reflections on the barriers they faced to sharing or receiving information in a safeguarding context.

Through a series of iterative sessions, the team revisited the data collected as part of the interviews to recalibrate our research plan, gather emerging insights, and refine our interview questions. We used a structured framework to incrementally organise data under themes and facilitate the exploratory analysis of the whole data set. The framework created a new structure for the data (rather than the full and original transcripts from primary interviews), which was helpful in reducing and summarising the core themes in a way that answered our research questions.

Participatory ideation sessions

In addition to interviews, we conducted two participatory ideation sessions with public actors across the London Borough of Newham, as well as Kingston, Richmond, Windsor, and Maidenhead.³ The sessions involved staff occupying a range of roles across multiple organisations, including children's services, health, police, and schools. The goal of the ideation sessions was to brainstorm new solutions to address cultural and behavioural barriers to data sharing.

In the workshops, participants were asked to focus their ideation around one of the three opportunity areas, as laid out in this report. After introductory framing, we invited participants to brainstorm independently, responding with ideas to a series of prompts used to help focus their thinking on specific aspects of each opportunity area. We then divided the group into breakout rooms, where participants shared their ideas and worked collaboratively to refine each other's solutions.

Practitioner survey

To supplement and validate our in-depth primary research, we developed a short survey for social workers across local authorities in London. Survey questions asked respondents to indicate which, if any, of the barriers that emerged through our initial interviews and secondary research resonated with their experience. We also asked them to indicate their agreement or disagreement with hypotheses that emerged from our early research, many of which addressed ideas for strategies to improve data sharing.

³ Frontline children's services practitioners and management from Kingston, Richmond, Windsor, and Maidenhead were invited to attend to ensure a broader understanding of potential solutions identified, and their applicability to new contexts.

A link to the survey was shared with social workers in Newham, Kingston, Richmond, Windsor, and Maidenhead. It was also shared with the Designated Safeguarding Lead network and health professionals across the London Borough of Newham. In total, we received 19 responses to the survey. Fourteen respondents reported being a part of children’s social care, three from health, and one designated to ‘other’. Given the limited sample size and skew towards children’s social care, as well as the normal limitations of light-touch survey research, the survey findings were primarily used to test alignment with our in-depth findings. We are waiting on the final breakdown of responses to the survey. More exact figures will be updated in the final submission of the report at the end of April 2023.

Supplementary secondary research

We supplemented our primary research with a rapid evidence review of existing literature, drawing upon approximately 30 resources. The review collated resources on behavioural, cultural and social factors affecting information sharing in a multi-agency environment. We assessed evidence on different solutions implemented across children’s social services, health, police and education spaces to understand the scope of existing initiatives and their impact on our outcomes of interest. The review also included secondary evidence on multi-agency working, professional cultures, data sharing legislation and guidance, and serious case reviews.

We analysed each piece of literature against our research objectives in a qualitative data framework, highlighting specific quantitative information on the efficacy of potential solutions. We brought our secondary research findings together with our primary qualitative data in an affinity diagram, which enabled us to draw connections between different data sources. See table 3 for a summary of the resources assessed.

Table 3. Resources

RESOURCE TYPE	SUMMARY OF SOURCES
JOURNAL ARTICLES	Sources explore themes such as child welfare, knowledge sharing, multi-disciplinary working and professional cultures. Research methods include mixed qualitative and quantitative approaches, qualitative interviews, non-participant observation,

	quantitative review, randomised controlled trials, quasi-experiments and quantitative meta-analysis.
REPORTS	Sources include inquiries into serious case reviews, recommendations for multi-agency working, practitioner guidance and a national review of children's social care.
OPINION PIECES	<p>Sources include blog posts, articles and think pieces detailing first-hand experiences of sharing information in a multi-agency context.</p> <p>For example, texts outline principles for the implementation of a successful multi-agency safeguarding hub (MASH) and the identification of child abuse or neglect.</p>

Evidence review

In addition to secondary research conducted by our team, we collated relevant insights from a more comprehensive review of evidence conducted by the Rees Centre at the University of Oxford. Barriers and facilitators to information sharing were identified through a search of systematic reviews published within the last 10 years. Reviews were included if they were written in English and involved at least one study from the UK.

Additional peer-reviewed literature about information sharing and multi-agency working involving children's social care and its safeguarding partners was searched using the University of Oxford's SOLO online search engine and via a search of five online databases (ASSIA, PsycINFO, SCOPUS, Web of Science, and Social Services Abstracts).

As with the systemic reviews, the search for peer-reviewed literature was limited to literature written in English and published within the last 10 years. Where search terms returned a high number of results, the search timeframe was reduced to five years to focus on the most recent literature. This was supplemented by a search for grey literature via Google, identifying relevant papers in reference lists and manual searching of websites for specific organisations (e.g. What Works for Children's Social Care, LGA, Children's Commissioner for England).

Abstracts were initially reviewed for relevance and papers stored using Zotero referencing manager before being read in full.

Limitations of the research

To align the delivery of insights with the Department for Education's multi-agency information sharing report to Parliament, due to be delivered in summer 2023, research for this study was conducted over a one-month period. The timeframe posed several challenges, outlined below.

- ♦ **Sample size:** To deliver insights on time, we followed a condensed research schedule. The recruitment of participants for interviews in such a short time period was challenging. Practitioners of interest did not have spare time to participate in research sessions and some did not want to take part due to the sensitive nature of the research. We focused on achieving breadth and diversity in our sample of 24 individuals to account for a limited sample size. As noted, the survey also had a limited sample size and was primarily used to test alignment with our in-depth qualitative findings.
- ♦ **Lived experiences of children and families:** After balancing the risk of identification, disclosure or reprisal against the value of the interviews, we decided against involving families or children with lived experience in our primary research. The sample would simply be too small to effectively anonymise the responses (<3 families). We held interviews with diverse practitioners who work closely with children and families to capture insights on the experiences of those involved in the children's services system.
- ♦ **Hypotheses:** We were unable to test hypotheses about direct or causal impacts of data sharing on children and young people. The staff members involved in the study were able to speak about how data sharing impacts their relationship with families, but we did not speak to children and families directly.
- ♦ **Subgroup analysis:** Due to the rapid qualitative nature of the study, it was not possible to identify trends in information sharing for different sub-groups and how findings would disaggregate across different boroughs and characteristics of practitioners, children, and families. Further research is required to identify whether data sharing practices differ and the extent to which specific responses are required.

♦ **Focus on data sharing between practitioners.** The scope of this work is limited to data sharing between professionals; it does not include a focus on data sharing between practitioners and families. The topic was frequently raised throughout primary research, however, and noted for its importance. Separate work should be commissioned to ensure that families have access to data collected and stored related to their case, lines of communication are open, and data sharing remains child-centred.

Despite the limitations of the study, we believe this report will build a stronger understanding of the behavioural and cultural factors that impinge on information sharing practice. Our study focuses on the lived experiences of practitioners who make high stakes decisions every day. The outputs from our primary research are designed to move the dial away from a predominantly theoretical lens - that focuses on the potential cognitive biases faced by individual practitioners - towards a more pragmatic understanding of how these biases are manifested in everyday practices and systems, and can be overcome through practical, human-centred solutions.

Section 4: Emergent insights

In this section, we outline insights from our primary and secondary research. The emergent insights are split into two discrete sections:

- ♦ **Taking a behavioural & systemic view:** We describe how a systemic and behavioural perspective can come together to support a human-centred vision for child safeguarding that is grounded in lived experience.
- ♦ **Opportunities for change:** We outline three opportunity areas for change and corresponding recommendations based on primary insights, behavioural science literature and ideas generated during participatory workshops with managers and practitioners.

Taking a behavioural & systemic view

Towards a systemic view of information sharing: Child safeguarding is a complex system characterised by interactions between many stakeholders, agencies and organisations. In this report, we take a systemic view of information sharing to recognise the challenges associated with safeguarding in a multi-agency context. This approach recognises that different organisations bring their own processes, systems and cultures to bear on safeguarding decisions, which do not always align neatly.

In England, local authorities take different approaches to the management of child safeguarding. In one local authority, there may be numerous teams responsible for a spectrum of children's services and family support, from Early Help (EH) to Looked After Children (LAC). These teams communicate regularly with partner organisations also responsible for the wellbeing and safeguarding of children and young people, including schools, nurseries, National Health Service (NHS) providers, police forces, housing associations and providers, substance use and mental health services, amongst many others.

Partner organisations outside the local authority play an equally essential role in child safeguarding and, like children's services teams in the local authority, have complex internal structures comprising multiple sub-teams. Some of these, such as health, police, and schools, have employees with designated safeguarding roles – others do not.

Decision-making in a highly complex system is particularly susceptible to flaws associated with the miscommunication of information. Reforms implemented nationwide in the last 10 years have prioritised

collaboration, most notably with the expansion of multi-agency safeguarding hubs (MASH). Safeguarding hubs encourage professionals from different agencies to work together effectively to safeguard children and young people. Professionals from children's services, the NHS, and police receive referrals and share data in a controlled, structured environment to assess risk and determine next steps for a child's case.

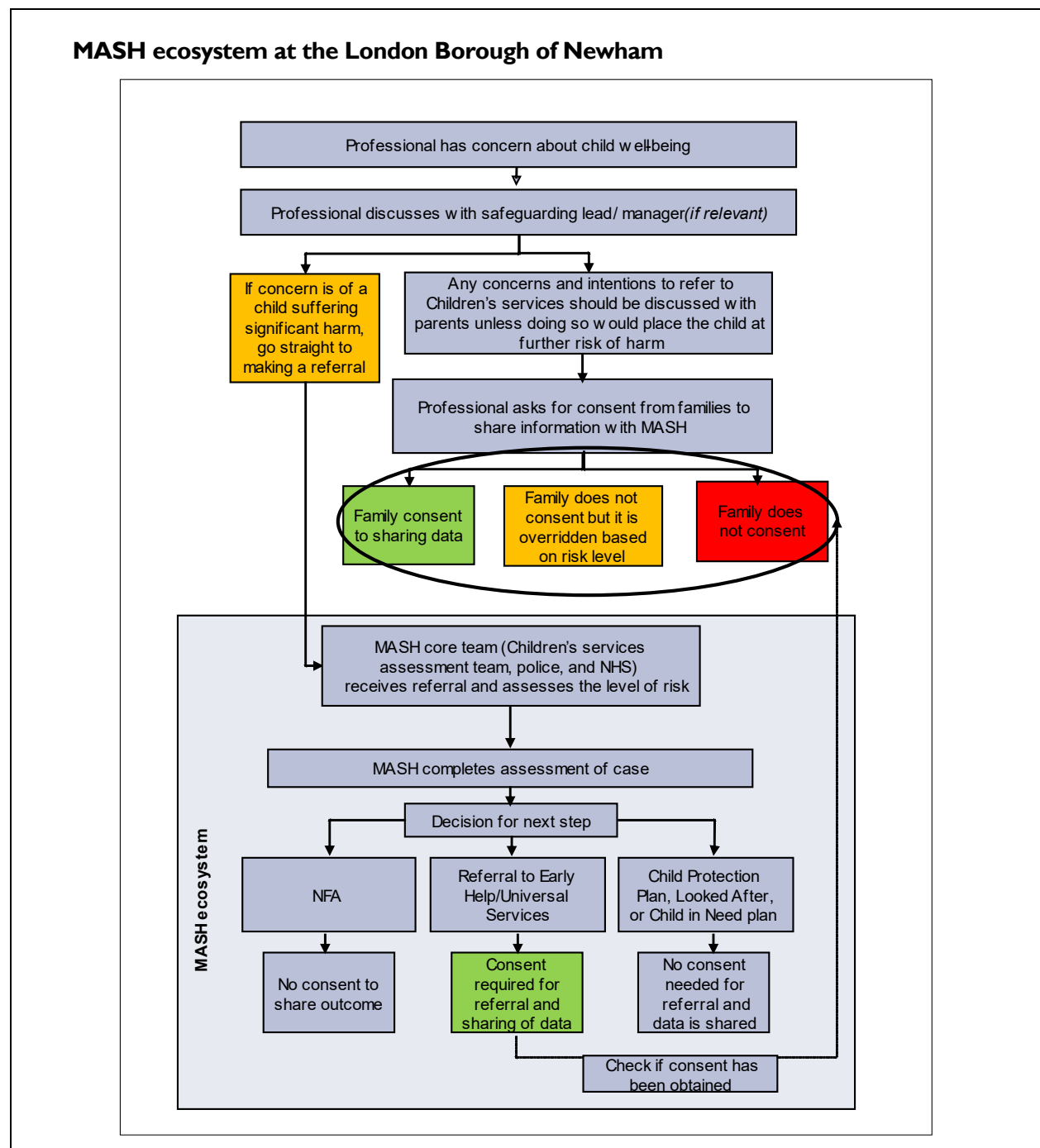
In our survey, 90% of respondents (17 people) ranked data sharing as the most important way to effectively safeguard children.⁴ In MASH and other settings, professionals across organisations share data in a variety of formal and informal ways – for instance, via multi-agency meetings, access-controlled data systems, or over end-to-end encrypted email. Mechanisms for sharing depend on the choices made by actors in the system, and may be based on the type of case, statutory or non-statutory status, time of sharing, and the level of risk to the child. As will be expanded on throughout the report, mechanisms for information sharing can be more challenging to navigate under certain circumstances – especially in non-statutory cases. Despite these differences, we have identified common themes in behaviour, culture and technology across information sharing mechanisms. In addition, interventions to improve information sharing within one setting offer valuable learnings for other settings.

This report takes a systemic view of child safeguarding practice as a *complex adaptive system*. In a complex adaptive system, different agents behave according to individual strategies or routines and have many interactions with each other.⁵ Partners act and react to the actions of others, whilst concurrently adapting to the shifting environment. Change in the entire system cannot be instilled with one simple legislative or procedural solution: small actions can cascade into big consequences, whereas major efforts may produce no measurable change. Importantly, coherent behaviours can emerge from these interactions – as a whole, the system can produce something more than the sum of its parts. The safeguarding of one child ties together multiple agencies; improvements cannot take place in a silo and information sharing practices cannot be addressed without including the perspectives of all partners. Only by recognising the different agencies, actors and interactions that comprise the system can we identify and counteract the consistent behaviours that prevent safeguarding from functioning effectively as a whole.

⁴ Respondents could choose between three options to answer the question "From your perspective, how important is data sharing with partners to effectively safeguarding children?": "Not very important," "Important, but not the most important," and "Most important."

⁵ Lansing, J.S., 2003. Complex adaptive systems. *Annual review of anthropology*, 32(1), pp.183-204.

Taking the London Borough of Newham as an example, the diagram below lays out the referral and information sharing system underpinning child safeguarding. At a highly simplified level, it demonstrates the many ways that partner organisations interact with the system and the processes that inform the determination of risk. The descriptions of barriers and corresponding solutions outlined in our report are related to aspects of this journey.



Recommendations in this report focus on discrete interventions, tools or communication strategies that could be deployed within the current multi-agency system, as opposed to suggestions for the complete redesign of the information sharing infrastructure. Despite this, we recognise the need for infrastructural, technical and structural change: participants in our research emphasised the role of system redesign in overcoming behavioural and cultural barriers to information sharing.

Below, we outline technical and structural conditions for effective information sharing that emerged from our primary research with professionals working across the multi-agency context. While these areas are not the focus of this report, they offer insight into the necessary preconditions for effective information sharing and should be considered as part of a systemic approach.

♦ **Access to systems & data fields:** Where possible, professionals should be able to access the basic information required to fulfil their roles in a way that complies with data protection legislation. At present, practitioners in children’s social care often have incomplete information on a particular child and their family or rely on informal and ad-hoc information sharing agreements to develop a more comprehensive picture. For individual practitioners, simple platforms – such as Family Context – can be used to share essential information on a child to empower social workers to identify risks to children which would likely go unnoticed without it.⁶

♦ **Automation & smart feedback:** Our interviews with professionals in health, children’s services, police and other roles highlighted the need for accurate feedback on the information they have shared with other agencies. At present, professionals may not receive information on the outcome of a case. Data service redesign offers a potential solution by linking systems together to provide automated feedback in a secure, accurate and timely manner. For example, an events-driven technical architecture could be designed across multiple agencies to inform practitioners when there has been a change in the status of a child.

♦ **Centralised information management:** A centralised information management system provides a common source of trusted information. In ideation sessions, front-line practitioners in

⁶ Social Finance. 2022. Helping frontline professionals in children’s social care better support families. Accessed: <https://www.socialfinance.org.uk/projects/helping-social-workers-better-support-families>

children's services described a centralised system across MASH as a potential solution. Despite this, they recognised that this could be an immensely challenging endeavour – both due to the existing restrictions around the handling of sensitive information, and the cultural barriers to information sharing between organisations outlined in this report.

Taking a behavioural & human-centred approach: The report takes a human-centred approach to behaviour change. We apply an understanding of the biases and heuristics that influence human behaviour and combine this with a human-centred approach that places emphasis on real people's needs and goals, as well as their perceptions of their own behaviours.

Our research identifies the behavioural and cultural barriers that prevent people from sharing information effectively. Throughout the report, we refer to a cultural barrier as one stemming from shared practices, beliefs, and language that is shared amongst a group of people. We refer to a behavioural barrier as a challenge that influences an individual's practices, actions, and decisions. Our report builds on a body of theoretical evidence from the decision science and organisational behaviour literature that was collated by the Behavioural Insights Team in April 2022.⁷ This review provides a conceptual framework to understand how three concepts from the behavioural sciences – namely noise, bias and calibration – might influence the day-to-day decisions of professionals working cross-organisationally in children's social services:

- ♦ **Noise:** Decisions associated with safeguarding exhibit excessive variation in judgements that should be the same or very similar.
- ♦ **Biases:** Predictable cognitive processes can cause practitioners to consistently make suboptimal decisions that are not in the best interests of vulnerable children.
- ♦ **Calibration:** Overconfidence can result in suboptimal decisions that result in poorer outcomes for vulnerable children.

⁷ The Behavioural Insights Team. 2022. 'Using Behavioural Science to support better decision making and information sharing in Children's Social Care'. A rapid evidence review commissioned by the Department for Education.

The study builds upon this conceptual framework to provide evidence from real practice in the context of the London Borough of Newham. Primary qualitative research with practitioners and other professionals sought to validate and identify the existence of behavioural and cultural barriers influenced by the factors above. With these barriers in mind, we sought to understand the needs of practitioners, their perception of their own behaviour, and the role of an adaptive environment in shaping their choices. Any recommendations for change were built with and for practitioners in a collaborative, participatory and relational environment. Working with professionals, we supported them to design solutions to overcome behavioural and cultural barriers, considering the perspectives of those facing them every day.

Opportunities for change

In this section, we outline three opportunities for change and corresponding recommendations based on primary insights, secondary literature and ideas generated through participatory research.

- ♦ **Opportunity for Change 1: Ensure practitioners feel supported and empowered to share information effectively:** Our interviews with practitioners highlighted challenges with motivation, knowledge, and skills related to information sharing. These recommendations aim to build practitioner motivation to share information effectively.
- ♦ **Opportunity for Change 2: Build confidence in data sharing in non-statutory cases:** In particular, our interviews identified challenges associated with data sharing in cases that do not meet statutory thresholds. These recommendations aim to support practitioners to share information, where appropriate and feasible, in non-statutory cases.
- ♦ **Opportunity for Change 3: Align diverse professionals around a shared responsibility and vision for child safeguarding:** Our interviews highlighted misalignment between agencies underpinned by low levels of trust, lack of shared identity, and structural differences. In this section, we outline interventions to align diverse professionals around shared responsibilities for child safeguarding

The opportunities for change were developed from primary insights identified in our primary interviews. The Social Finance team presented opportunity areas to practitioners and professionals in participatory workshops to support the ideation of new solutions.⁸ While our team found these opportunity areas helpful to organise the work thematically, we recognise that the barriers and solutions are cross-cutting; ideas developed in the participatory workshops frequently addressed and had thematic ties across multiple areas.

Under each opportunity for change, we highlight specific recommendations. For each recommendation, we describe:

⁸ The opportunity areas posed to participants, as well as the more specific prompts within each opportunity area, are included in Annex C.

♦ **Target behaviour:** This is an optimal behaviour or action that has been identified as having a positive cumulative influence in a multi-agency environment. Put simply, this is a behaviour that practitioners want to see more often.

♦ **Behavioural & cultural barriers:** These are the psychological or cultural inhibitors that prevent various actors from doing the target behaviour. We explored these barriers in depth through semi-structured interviews with participants.

♦ **Potential mechanisms for change:** These are the potential ways that the recommendation could change the behaviour of actors involved in the system. Mechanisms refer to changes in the systemic or policy environment that work with, rather than against, cognitive and cultural processes.

♦ **Summary of our recommendation:** We outline the details of the recommendation and potential modes for implementation. We also share the perceptions of practitioners involved in the ideation of solutions. All recommendations are preliminary: they require further refinement and assessment of feasibility from professionals in the sector before being taken forward.

1

Opportunity for change: Ensure practitioners feel supported and empowered to share information effectively

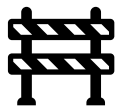
Recommendation 1: In cases of data sharing into MASH or children's services, effectively communicate the outcome of a data or information share with front-line practitioners



Target behaviour: When there are concerns about a child, professionals who interact with children readily share information with relevant agencies.

There is a need for practitioners to understand the outcome of sharing data with other agencies, particularly in instances of referrals or information sharing related to cases that have not met the statutory threshold.

Individuals are more likely to share information in the future when they can draw on tangible evidence to suggest that previous information shares were received and acted upon.



Behavioural and cultural barriers: Individuals are not motivated to share information if they do not understand the outcome of their actions.

Children's services front-line practitioners - as well as education and health care professionals – need to understand the outcome of a case after they have shared data with MASH or children's services (including Early Help), particularly if the case has been de-escalated or closed. Some participants involved in primary research explained that they feel anxious that the information they share is not of value, or that their concerns are not taken into consideration by external agencies. The uncertainty regarding the status or outcome of a case can contribute to a lack of confidence in information sharing processes, and hesitancy to share information in the future.

This behaviour attests to a psychological trait known as uncertainty aversion. Uncertainty aversion describes the human preference for known risks over unknown risks.⁹ An individual who is ambiguity-averse would rather choose an alternative action where the probability of the outcome is known over one where the outcome is unknown. For example, when there are concerns about a child, an ambiguity-averse professional would rather escalate the concern internally (where the probability of the outcome is known) over sharing the information with another agency (where the outcomes are less certain).

While some individuals may be uncertain as to whether the case is considered, others may assume that it has not been effectively considered at all. When faced with a multitude of other tasks, practitioners do not

prioritise sharing information that they feel is unlikely to be effectively actioned by the recipient. They prioritise more urgent tasks and the information is not shared.



Potential mechanisms for change: Provide timely, regular feedback to information referrers and case stakeholders.

One way to overcome uncertainty is to provide regular and timely feedback on the outcome of shared information. Our primary research found that front-line practitioners who work outside children's services do not get timely feedback on the outcome of the referrals they make. Specifically, some education professionals expressed frustration in one-way communication, with information shared and little going in the other direction.

In one instance, a case was closed before a school safeguarding lead could be informed, which led to a delay in the management of the risks to a child. As the individual responsible for the safeguarding response, the lead in question found the situation frustrating and burdensome. This challenge is faced within organisations as well. For example, designated safeguarding leads may learn of outcomes but fail to inform the teacher who raised the initial concern.

“The turnaround is a challenge for social care, but the reality of getting the information back is not always a two-way process.”

Designated Safeguarding Lead

Some education professionals described situations in which they found out that a case was closed after they shared information about a child or young person. If that individual believed the information they shared required action, it was frustrating to not receive explanation or confirmation.

“Social services do not share information back to schools as well as they would hope. This varies depending on the social worker that is allocated.”

Designated Safeguarding Lead

⁹ Tanaka, T. et al., 2015. Are ambiguity aversion and ambiguity intolerance identical? A neuroeconomics investigation. *Frontiers in Psychology*. 5. Source: <https://www.frontiersin.org/articles/10.3389/fpsyg.2014.01550/full>

The challenges described are felt most acutely in low-level cases as opposed to open cases. This is especially true when professionals make a referral to MASH for the first time. Limited time and resources for MASH and other front door services prevent referral staff from regularly providing feedback. A large share of referrals received by the MASH at the London Borough of Newham are closed without further action. MASH referral officers and other safeguarding hub staff do not have the time or capacity to reply to each case with a detailed narrative. For instance, they may be unable to fully explain why the case does not meet statutory thresholds.

Threshold meetings offer a mechanism for feedback about a case referral, but these meetings are not frequent enough to enable continuous learning in relation to individual cases and often happen retrospectively after a case has closed. Children's services referral officers explained that there is no uniform and low burden mechanism for feedback to referrers about the case information they have shared. Although critical at the front door of services, the barriers extend beyond; for example, if a child's case is closed or de-escalated, other professionals invested in the child's case often do not know why. There is a need to establish communication mechanisms in children's services so feedback can be requested and provided effectively.



Summary of recommendation: To ensure practitioners feel supported and empowered to share information effectively, information referrers could benefit from regular and timely feedback on the outcome of a data or information share.

We know that regular and timely feedback may increase the confidence and motivation of practitioners. In ideation sessions, practitioners emphasised the need for a light-touch mechanism to communicate relevant information back to referrers or case stakeholders. It was suggested that referrers should receive feedback from relevant agencies, so they understand what has happened to the information they have shared.

“It would be helpful to understand the outcome and next steps after information has been shared.”

Programme Manager

We recommend designing targeted, easily adaptable communications for front-door workers and social workers to share updates with professionals who share data or make a referral. This may improve lines of communication and help those who share data, either for the first time or as related to an open or previously open case, feel reassured and motivated. The intervention can take multiple forms:

♦ **Automation:** One approach might be to automate simple updates to the referrer as the case is re-categorised and transferred throughout the MASH system. Education professionals emphasised the need for clear information on what and when they can expect to hear back from recipients. This will depend on familial consent, whether the case meets Section 17 or Section 47 thresholds, and other key factors. Automated and instant responses are integrated into MASH practice at some local authorities, but regular updates are not always supplied as a case is re-categorised over time.¹⁰

♦ **Templates:** Referrers could attach a simple email response template to their original email. The email template would be designed so it can be easily adapted by the receiver to return information about the outcomes of the case to the original sender. It could be paired with a light-touch commitment device, such as a calendar reminder, to encourage the participant to update referrers in a timely fashion.

Example template email

To: _____ **From:** _____ **Subject: Case referral feedback**

Dear _____,

You requested an update on the progress of case _____.

We can inform you that the information you shared has been transferred to _____. This team is responsible for _____. We will communicate any further updates via email.

Best regards,

¹⁰ For instance, the MASH at the London Borough of Barnet has adopted an automated feedback system: “MASH team are responsible for providing referrers with appropriate and proportionate feedback about the progress of the case whilst in MASH. After a Manager has considered your referral and a decision has been made, you will receive a notification or a ‘Feedback to Referrer’ informing you of the outcome.” Source: [Multi Agency Safeguarding Hub \(MASH\) | Barnet - WWC](#)

The need to increase the motivation and confidence of professionals sharing data with MASH or children's services should be weighed against the potential burden of sharing information that is not needed. Communication with education providers, health professionals and other agency staff may uncover what kind of feedback would be most impactful and relevant for referrers.

Additionally, the feedback mechanism should comply with GDPR. Children's services practitioners need clear guidelines on what type of information can be shared back with professionals, particularly those from health care and schools, within the bounds of GDPR. Ideally, these guidelines could be communicated as part of the template email, so users do not need to visit external sources for guidance. The communication should also provide salient guidance on family consent, which is an area of significant ambiguity and confusion amongst practitioners.

Recommendation 2. Expand the consultation line to help front-line professionals, who have contact with children, confirm and validate the value of the information that they hold.



Target behaviour: When there are concerns about a child, individuals readily share information with relevant agencies.

In cases of multi-agency data sharing, practitioners want to feel confident in their assessment of child safeguarding concerns. Our research identified health and education professionals and front-line children's services practitioners do not feel comfortable sharing information because they lack confidence in their own assessment, especially of nuanced situations. Individuals are more likely to share information when they can discuss the case in confidence with a trusted, skilled and reassuring professional.



Behavioural and cultural barriers: Skilled and proficient individuals do not feel confident in their ability to share information with relevant agencies.

Some referrals made to children's services at the London Borough of Newham result in a no further action assessment. Our primary research identified that some individuals find this demotivating and it undermines their confidence in the information they share. Secondary qualitative evidence from other authorities in the UK suggest this is not an isolated case: professionals working outside the authority - such as voluntary sector staff, education, and health professionals – do not have sufficient visibility of how information is assessed and

considered by children's services.^{11 12} Without open and accessible lines of communication, it is not clear how to interpret the information they currently hold, whether it is valuable, or when to share it in the future.¹³

Ultimately, the lack of feedback reduces the confidence of skilled and proficient professionals – who may feel their efforts and expertise are not valued. In more serious cases, this can exacerbate tension between different organisations.

“Some people do not have the experience and lack confidence to share [information]”

Child Protection Service Manager

“It can be hard to put something in writing when you aren't sure.”

Team Manager

Self-efficacy describes a person's belief in their own ability to succeed in a task or a goal.¹⁴ The strength of someone's self-efficacy can vary in different situations and domains, and it can influence one's behaviour, motivation, and environment. In the cases outlined above, professionals have low self-efficacy. In other words, they do not feel confident in their own ability to make accurate and effective decisions that will translate across different agencies. As a result, they do not share information that could result in safeguarding action and have a positive influence on the life of a vulnerable child.



Potential mechanisms for change: Build self-efficacy in all professionals who are responsible for child safeguarding.

¹¹ Richards, C. (2018) 'It's a big ask when your job is to teach children to read, write and to count': the experiences of school staff in early help and child protection, *Pastoral Care in Education*, 36(1), 44-56, DOI: 10.1080/02643944.2017.1422003

¹² Sharley, V. (2020) Identifying and Responding to Child Neglect within Schools: Differing Perspectives and the Implications for Inter-Agency Practice. *Child Indicators Research* 13, 551–571.

¹³ Dickens, J., Taylor, J., Cook, L., Cossar, J., Garstang, J., Hallett, N., Molloy, E., Rennolds, N., Rimmer, J., Sorensen, P. & Wate, R. (2022a) Learning for the future: final analysis of serious case reviews, 2017 to 2019. London: Department for Education.

¹⁴ Bandura, A. and Wessels, S., 1994. Self-efficacy. 4. pp. 71-81.

High self-efficacy has been shown to be a strong determinant of effort, persistence, training and job performance across a range of settings.¹⁵ Over time, self-efficacy can be strengthened and developed to improve performance. In other words, building self-efficacy can help someone to achieve their goals and feel better about their own practice. People who have high self-efficacy are optimistic and recognise the role of their own agency in positive outcomes: they believe that their actions are responsible for their successes.¹⁶

In a multi-agency safeguarding context, there is a need to increase self-efficacy so that professionals feel more confident in their assessments and open to sharing relevant information. One method to increase self-efficacy is to provide specific, timely and appropriate feedback to professionals who are undertaking a specific task or process. In behavioural science literature, this is often referred to as *verbal persuasion* – and it describes the kind of reassurance and support that encourages an individual to persist with a difficult task.¹⁷ With proper support, clarity and transparency from managers, leadership or trusted peers, professionals tend to gain more self-confidence in their roles.¹⁸

In our interviews, children's services front-line practitioners shared candid reflections on the ways that others had supported them to feel more confident in their decisions. For instance, one team manager explained that their colleagues could attend drop-in hours offered by a mental health nurse and social worker. The drop-in sessions were used as an open space for others to get non-specific advice regarding child safeguarding. This was noted as a successful aid to information sharing, especially for cases that do not meet the statutory threshold.

Unfortunately, this support is not often available. There are inconsistent channels for communication and guidance, particularly for health agencies.¹⁹ In some local authorities, panels are held where individuals with a potential safeguarding concern can attend to ask for advice and guidance. However, these are infrequent and

¹⁵ Heslin, P.A. and Klehe, U.C., 2006. Self-efficacy. *Encyclopedia Of Industrial/Organizational Psychology*, SG Rogelberg, ed, 2, pp.705-708.

¹⁶ Schwarzer, R. (2012, February 14). General self-efficacy scale. Source: <http://userpage.fu-berlin.de/~health/engscal.htm>

¹⁷ Lamarche, L., Gionfriddo, A.M., Cline, L.E., Gammage, K.L. and Adkin, A.L., 2014. What would you do? The effect of verbal persuasion on task choice. *Gait & Posture*, 39(1), pp.583-587.

¹⁸ Ackerman, C.E., 2018, What is self-confidence? (+9 proven ways to increase it). Source: [What Is Self-Confidence? \(+ 9 Proven Ways to Increase It\) \(positivepsychology.com\)](https://www.positivepsychology.com/what-is-self-confidence/)

¹⁹ Kantar Public, 2021, Multi-agency reform: key behavioural drivers and barriers, Source: [Multi-agency reform: Key behavioural drivers and barriers - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/multi-agency-reform-key-behavioural-drivers-and-barriers)

often more timely advice is needed. In the London Borough of Newham, one social worker remarked that current panels are not always well attended by health professionals who could benefit from advice about sharing relevant clinical information in cases of potential safeguarding concern.

“Health and GP colleagues are not represented in the panels connected to the Local Authority and schools.”

Social Worker

The London Borough of Newham is not an isolated case. In 2019, the No Wrong Door (NWD) model was developed by North Yorkshire County Council, supported by the Department for Education’s Children’s Social Care Innovation Programme, in Middlesbrough.²⁰ The model included the creation of hubs offering a range of services to children in care or on the edge of care, as well as integrated, multi-disciplinary teams. Professionals were encouraged to attend Risk, Analysis, Intervention, Solution and Evaluation (RAISE) meetings as opportunities to bring together professionals central to a young person’s life, to share information, react to risks and plan care. However, as with the panels in the London Borough of Newham, it was acknowledged that it could be difficult to get any, or consistent, attendance from all professionals across the system.



Summary of recommendation: Expand the guidance and support offered by a telephone consultation line to ensure diverse professionals and children’s services front-line practitioners feel empowered to share information effectively.

To increase individuals’ confidence in decisions associated with child safeguarding, we recommend offering additional guidance through a telephone consultation line. We predict the consultation experience will provide the support, clarity and transparency required to increase professionals’ self-efficacy. With greater self-efficacy, there will be greater confidence amongst professionals and children’s services front-line practitioners to share information.

²⁰ What works for Children’s Social Care (WWCS). 2021. Strengthening Families, Protecting Children: No Wrong Door. Pilot Evaluation Report Middlesbrough. Source: https://whatworks-csc.org.uk/wp-content/uploads/WWCSC_SFPC_No_Wrong_Door_pilot_report_Nov21.pdf

At present, a call line of this type is in place in the London Borough of Newham, as well as Kingston, Richmond and Windsor & Maidenhead Councils. The telephone consultation line provides a direct line to a trusted and qualified social worker with whom a practitioner can discuss challenges without sharing identifying information. The telephone consultation line is either separate from a MASH referral line (as in Newham) or the same line (as in other locations) to streamline the process of making a referral.

Front-line children's services practitioners we interviewed at the London Borough of Newham found the consultation line to be helpful; it is easy for referees to first get others' expertise and consultation and, if necessary, make a referral with the most valuable information highlighted. Elsewhere, telephone consultation lines are cited as a useful way to provide advice for professionals, especially those worried about damaging relationships with families by reporting something unnecessarily.²¹

In our interviews, front-line practitioners in children's services emphasised the value of the anonymised case consultation provided on the line. For instance, if a situation or concern is discussed generally (e.g. *"There is a child who exhibited disruptive behaviour and told me..."*), individuals can speak freely about what they have observed and leverage others' expertise for the best path forward without needing consent. Information that is shared in the consultation may justify a referral or may be better suited for a direct conversation with a family and other agency to discuss other options for support.

The consultation line offered at the London Borough of Newham is available to front-line practitioners in children's services. The line is sometimes used by external agencies, but uptake is sporadic and infrequent. In ideation sessions, the benefits of the expansion of the line to a wider variety of professionals was highlighted by children's services front line practitioners and service managers alike. There is a need to expand the reach of those who use the line to help build a larger cohort of professionals across the system who need more confidence in sharing information.

"It would be good to have a platform for multi-agencies to be able to discuss non-urgent but still significant information."

Social Worker

²¹ Richards, C. (2018) 'It's a big ask when your job is to teach children to read, write and to count': the experiences of school staff in early help and child protection, *Pastoral Care in Education*, 36(1), 44-56, DOI: 10.1080/02643944.2017.1422003

The consultation line experience could be beneficial for two reasons. Firstly, the consultation experience is highlighted as a space for professionals from different agencies to learn more about safeguarding processes. Over time, individuals who currently use the consultation line learn how social workers interpret the information they share and what steps they recommend. Discussing real cases, they learn more about what constitutes different levels of risk and what kind of support is available to families. This is particularly helpful when responding to child safeguarding cases that are concerning, but technically determined as low risk. As a result, expanding the consultation line may limit the number of referrals that result in *no further action* and ensure that vulnerable children receive adequate support they require.

Secondly, the line could provide timely guidance to busy professionals who are responsible for several domains. Professionals across sectors, such as health, police or education, are short on time and resources, with safeguarding being one aspect of their job but not necessarily their primary responsibility. Although participants in our research noted that improvements to streamline the referral form have made a difference, we also heard that making a formal referral can still be a preventative time burden. Instead of completing a referral form, which may result in a no further action designation, professionals could benefit from an easier way to discuss something they have noticed. We learnt from our research that there is a need for a strong line of synchronous communication to make best use of their time and resources.

“If schools are unsure, then they can call [the consultation line] to discuss their worries and get real-time advice as to what the threshold decision would look like.”

MASH Referral Officer

“A consultation line [is used] to speak anonymously. If there is a name to a case, then you have to record information. Free advice gives people the opportunity to think about cases. This is the same line as the referral line. Most people who use the consultation line are stakeholders who we usually know.”

Service Manager from Cross-borough Organisation

In summary, the consultation line offered at the London Borough of Newham builds the confidence of front-line practitioners both within, and without, children’s services. With the success of this line in view, we propose:

- ♦ **Expanding the call-line to more boroughs and local authorities:** We recommend centralising and expanding to new areas so more front-line practitioners in children’s services can benefit from the

line. National expansion may alleviate system-wide resourcing pressures on local authorities, promote best practice, and build greater confidence across the country.

♦ **Expanding the use of the call-line to front-line practitioners who are not the core team regularly engaged in children's safeguarding:** We recommend expanding the line so it is available to professionals from different agencies who may feel less confident, including education, health providers and the police.

2

Opportunity for change: Ensure individuals feel supported to share information effectively in non-statutory cases

Recommendation 3. Provide step-by-step guidance for front-line professionals, who have contact with children, to enable them to respond appropriately to non-statutory cases



Target behaviour: When necessary and appropriate, individuals share information that does not meet statutory thresholds but is meaningful in the context of child safeguarding.

When there are child protection concerns, the local authority must make enquiries and decide if any action must be taken under Section 47 of the Children Act 1989. In the MASH at the London Borough of Newham, information can be shared between police and health partners to enable a swift decision as to whether action is required. However, professionals express their concerns that they will be held accountable for sharing information when a statutory threshold for action is not met, and they raise a claim without the consent of a child's family.

We recognise there is a need to improve the quality of child protection decisions by professionals across agencies. We want to empower professionals to share relevant information whenever there are safeguarding concerns, even if the case does not (yet) or has not met a statutory threshold for children's service intervention. At present, front-line practitioners are much more reticent to share information when they assume that the case does not meet the statutory threshold. As a result, instances of physical abuse, neglect or child sexual abuse may be missed across the system.



Behavioural and cultural barriers: (1) Children's services front-line practitioners, health, police and education professionals are risk averse: they do not share data if they perceive the risks to outweigh the benefits.

The National Review conducted by the Child Safeguarding Practice Review Panel notes that practitioners are unsure how to respond if a case does not meet the statutory threshold for children's service intervention.²² This sentiment is echoed in the findings of our survey. We asked respondents if they were concerned about the effectiveness of data sharing in safeguarding children, both in cases of children who have reached the Section 47 threshold and those who have not. While 26% of respondents agreed there could be significant improvements in cases that have reached the threshold, 42% noted that they felt there could be significant improvements to data sharing across cases that have not.

Our primary research also identified that front-line practitioners do not share information as frequently in non-statutory cases, particularly when consent for sharing may be ambiguous or difficult to obtain. As a result of this, separate incidents that might appear low risk (i.e. school absences, light bruising, weight loss), but come together to form a concerning picture (i.e. child neglect) are not shared in a collaborative multi-agency environment.

When referring into the MASH at the London Borough of Newham, social workers, education and health professionals and youth workers are often advised to request additional information from families before a decision can be made on whether the case is escalated or closed. However, these individuals often feel hesitant to ask families directly for their input on a situation. Our primary research identified the perception of risk as an integral factor in professionals' hesitancy to engage with families and share information. Specifically, individuals perceive the following risks:

PERCEIVED RISK	DESCRIPTION	RESULT
<i>"If consent is not received, and information is shared, I'm culpable for violating GDPR."</i>	Under GDPR, practitioners can share special category personal data without consent from a parent or guardian if they cannot reasonably be expected to gain consent from the individual, or if gaining consent could put a child at risk. When it is not clear if gaining consent will put a child at risk,	Information is not shared with relevant agencies.

²²The Child Safeguarding Practice Review, 2022, Child Protection In England. Source: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1078488/ALH_SH_National_Review_26-5-22.pdf

	practitioners are concerned that they will not act in compliance with data sharing legislation.	
	<i>“Professionals are worried they will get into trouble if the threshold has been met and they raise a claim without consent.”</i>	
	Child Protection Service Manager	
<i>“If I discuss concerns about a child, I may negatively impact the relationship with the family.”</i>	<p>Evidence from the Independent Review of Children’s Social Care suggests that professionals from different agencies are concerned about maintaining relationships built with families when sharing information with other partners.²³</p> <p>Discussing instances of potential child neglect or abuse requires sensitive and delicate conversation. If lines of communication with families are not opened early, families may feel blind-sided and less likely to consent to subsequent information sharing.</p> <p>In situations where a professional lawfully shares information to keep a child or individual at risk safe from harm, and asks for consent from a parent or guardian, there is a fear that the relationship will become ‘soured’.</p> <p><i>“It’s more difficult for front-line practitioners to share information around risk for cases classified as Early Help or Universal Services than [cases] with higher risk elements associated with them.”</i></p> <p>Early Help and Children’s Health Director</p>	Information is not shared with relevant agencies.

²³ MacAlister, J., 2022. The independent review of children’s social care. *Department of Health and Social Care*, available at: www.gov.uk/government/groups/independent-review-of-childrens-social-care.

In the instances outlined in the table, professionals experience *risk aversion*. The concept of risk aversion is the tendency to prefer outcomes with a low uncertainty to those outcomes with high uncertainty, even if the average outcome of the latter is equal to or higher in value than the more certain outcome.²⁴ For instance, professionals may prefer not to share information if the chance of a positive outcome for the child and family is perceived to be low, but the risk of a negative outcome (such as violating GDPR or souring a relationship with a family) is seen as high. As will be discussed later, alongside the intervention described here, it is important for managers and leadership to proactively promote messaging that reframes the risk around GDPR and combats fear of sharing.

“When there is a data breach, I know that you will be questioned from seniors. This is not a nice feeling. It does not go down lightly.”

MASH Referral Officer



Behavioural and cultural barriers: (2) Professionals in children’s services, police, health and education experience high information load: it is difficult to decide whether to share concerns when evidence is complex, nuanced or disparate.

Children’s services front-line practitioners working across the multi-agency context associated with the London Borough of Newham have significant work and information loads. This is particularly true for social workers and those professionals who undertake safeguarding alongside other responsibilities, such as teachers, health colleagues and police officers.

“[There are] recruitment and workload demand issue[s] we don’t have enough social workers for this.”

Designated Safeguarding Lead

“Some teams [with safeguarding responsibilities] are overburdened.”

Team Manager

²⁴ Harrison, G.W. and Elisabet Rutström, E., 2008. Risk aversion in the laboratory. In *Risk aversion in experiments* (pp. 41-196). Emerald Group Publishing Limited.

Information overload occurs when decision makers are presented with more information than they can easily process, or they are constantly interrupted when trying to complete a task.²⁵ When faced with too much information, decision makers are subject to the *dilution effect*: irrelevant information becomes distracting and negatively affects decision making.²⁶ In the context of child protection, the sheer level of information professionals must process means that warning signs can be missed or ignored entirely in favour of less relevant information.²⁷ One participant in our research noted that some individuals outside of the local authority who notice concerning attributes do not have the time or space to reflect on the most important features of the situation.

“It is helpful for [professionals outside of children’s services] to have a place to explore their curiosity [and ask] ‘Is this something I should be worried about?’”

Social Care Director

In cases that do not meet the statutory threshold for action under section 47 of the Children Act 1989, evidence is often complex, nuanced, subject to interpretation, or disparate. For example, a teacher might notice subtle behavioural changes in a child. A GP might identify signs of malnutrition. A front-line practitioner in children’s services might identify neglect in the home environment. There may not be conclusive evidence that the child is at risk of significant harm, but concerns may be significant enough to alert children’s services. For individuals with multiple responsibilities, the burden of decision-making in such unclear circumstances is challenging, and instances of child abuse or harm may be missed.

Once a decision is reached, and the professional chooses to alert another agency about the child at risk of harm, they may not know what to do. If people are proficient, but underconfident, they often feel that they do not have sufficient information to make an effective choice about the next steps.²⁸ It can be difficult for

²⁵ Speier, C., Valacich, J.S. and Vessey, I., 1999. The influence of task interruption on individual decision making: An information overload perspective. *Decision sciences*, 30(2), pp.337-360.

²⁶ Nisbett, R.E., Zukier, H. and Lemley, R.E., 1981. The dilution effect: Nondiagnostic information weakens the implications of diagnostic information. *Cognitive psychology*, 13(2), pp.248-277.

²⁷ The Behavioural Insights Team. 2022. ‘Using Behavioural Science to support better decision making and information sharing in Children’s Social Care’. A rapid evidence review commissioned by the Department for Education.

²⁸ Razmdoost, K., Dimitriu, R. and Macdonald, E.K., 2015. The effect of overconfidence and underconfidence on consumer value. *Psychology & Marketing*, 32(4), pp.392-407.

individuals to know: (a) who the data can be securely shared with; (b) how the partner organisation's purpose can be verified; (c) how to share the information without the family's consent; and (d) how to engage families about their concerns.

The uncertainty felt by some individuals reflects some of the confusion we identified around GDPR legislation. The purpose of GDPR is to protect people's personal data from being used in a way that they do not consent to. Where the risk to the rights of individuals is high, there is a need to conduct an assessment before information is shared. Practitioners must assess how much information it is strictly necessary to share, restrict the sharing only to those who need it, assess whether there is a legal basis to share without consent, and leave a clear paper trail of these decisions. Navigating the legislation is a source of anxiety, particularly for those with multiple responsibilities beyond safeguarding: it is perceived as too complicated and onerous. When individuals feel overwhelmed by the complexity of the legislation, they choose the least risky option: doing nothing at all.

“[With regards to data protection training] a lot of us think we know it all, but things are changing all the time which can be confusing”.

MASH Referral Officer



Potential mechanisms for change: (1) Reframing the risk of sharing information in non-statutory cases may increase confidence.

The way in which risks are framed and presented can have an influence on behaviour. One way to overcome *risk aversion* is to highlight the potential for losses if action is not taken, as opposed to highlighting potential gains.²⁹ For instance, highlighting that *“failure to share information may result in further child neglect”* may prompt action more effectively than emphasising that *“sharing information will enable children's services to make better choices for the child”*. When professionals are hesitant, reframing the risk in this way could encourage them to share information that is concerning them.



Potential mechanisms for change: (2) Providing clear, step-by-step guidance may reduce information load and increase confidence in non-statutory data sharing.

²⁹ The Behavioural Insights Team. 2022. 'Using Behavioural Science to support better decision making and information sharing in Children's Social Care'. A rapid evidence review commissioned by the Department for Education.

When faced with *information overload*, individuals need clear, step-by-step guidance to help them make effective decisions. GDPR legislation provides data protection guidance for all industries and sectors in the United Kingdom. Safeguarding professionals in children's services, police, health and education could benefit from exposure to the salient points most relevant to child protection, specifically those that may influence non-statutory cases.

Checklists are known to support people to make complex decisions, or complete difficult processes, in high stress environments. For instance, when implemented correctly, surgical safety checklists can improve the success of surgical operations and reduce mortality rates.³⁰ A clear protocol based on legal frameworks, which provides space for individual judgement, can support professionals to take prompt action in cases of domestic violence.³¹ Checklists serve to limit the decision maker's autonomy while still allowing some level of discretion.



Summary of recommendation: Provide diverse professionals and children's services practitioners with a decision-aid to use when they have concerns about a child.

Legislation and policies about information sharing can be a huge source of friction if not implemented correctly: long documents and policy outlines can be burdensome. We recommend providing a decision aid that professionals can use to determine a path forward when they have concerns about a child but are unsure what to do with the information they hold. Building on recommendations outlined by the Behavioural Insights Team, we recognise the extensive debate in social work about the role of these tools but emphasise their promise specifically to help practitioners make decisions about information sharing.³² The value of this type of material was supported further by our survey: the majority of respondents agreed that it would be helpful to

³⁰ Conley, D.M., Singer, S.J., Edmondson, L., Berry, W.R. and Gawande, A.A., 2011. Effective surgical safety checklist implementation. *Journal of the American College of Surgeons*, 212(5), pp.873-879.

³¹ Taylor, A., Ibrahim, N., Wakefield, S. and Finn, K., 2015. Domestic and family violence protection orders in Australia: An investigation of information sharing and enforcement.

³² The Behavioural Insights Team. 2022. 'Using Behavioural Science to support better decision making and information sharing in Children's Social Care'. A rapid evidence review commissioned by the Department for Education.

have clearer guidance in the form of checklist or FAQs, particularly in cases that do not meet the statutory threshold.³³

A decision-aid would support users to make decisions about whether to share information. It could take the following forms:

- ♦ **A checklist:** The National Review into the murders of Arthur Labinjo-Hughes and Star Hobson suggests a checklist could support practitioners to understand what to do with data in nuanced situations, when a case may not meet the statutory threshold.³⁴ Checklists outline linear steps required to complete a task. A checklist could provide immediate feedback mechanisms to affirm that appropriate steps have been taken to share data legally, accurately and to the right organisations.
- ♦ **A decision tree:** A decision tree is a diagram that outlines linear steps required to complete a task. It provides a visual representation of different decision points, subsequent choices and actions. The benefit of a decision tree is that it provides enough flexibility to account for different contexts, agencies and individual professional judgements.

Example decision tree I

[The New South Wales Mandatory Reporter tool](#) uses decision tree logic to assist someone who wants to refer a child they are worried about to the New South Wales Child Protection Helpline

³³ Respondents were asked how much they agree/disagree with the following statement: “It would be helpful to have more clear guidance, in the form of checklists, FAQs, or training, to understand when data can be shared, particularly in non-statutory cases.”

³⁴ The Child Safeguarding Practice Review, 2022, Child Protection In England. Source: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1078488/ALH_SH_National_Review_26-5-22.pdf

Welcome To The NSW Mandatory Reporter Guide

Decision Tree

MRC

Next Steps

To start the MRC, select the main decision tree that most closely matches the concern you have. If you have more than one concern, start with your most serious concern.

After selecting a decision tree, you will be asked a series of questions. Read the definition to complete your answer. At the end, you will receive a decision report outlining what to do next.

Need more help?

For guidance on which decision tree to use, many mandatory reporters find it useful to use the [Guide to selecting a decision tree](#)

Physical Abuse

You suspect a non-accidental injury or physical harm to a child/young person may have been caused by a parent/carer or other adult household member. You know of treatment of a child/young person by a parent/carer or other adult household member that may have caused or is likely to cause an injury or physical harm.

Neglect

Supervision; Shelter/Environment; Food; Hygiene/Clothing; Medical Care; Mental Health Care; Education - Not Enrolled; Education - Habitual Absence

You suspect that a parent/carer is not adequately meeting a child's/young person's needs such as: supervision, shelter, medical care, hygiene/clothing, mental health care, schooling/education, nutrition, or other basic needs. A child/young person is a danger to self or others and parents/carers are not supervising or providing care.

Sexual Abuse

Child or Young Person; Problematic Sexual Behaviour Toward Others

Sexual abuse is sexual activity or behaviour that is imposed, or is likely to be imposed, on a child/young person by another person. Select this decision tree if you are concerned/worried that a child/young person has been sexual abused or is at risk of sexual abuse; or a child/young person may be sexually harming another child/young person or a child/young person's behaviour, including sexualised behaviour, makes you worry that he/she may be a victim of sexual abuse.

Psychological Harm

A child/young person appears to be experiencing psychological/emotional distress and is a danger to self or others as a consequence of parent/carer behaviour. An underage marriage or similar union, where one of both partners is under 18 has occurred.

Danger to Self or Others

A child/young person is a danger to themselves or others, including suicidal or self-harming behaviours, and their parent/carer cannot be located; or the parent/carer may be contributing to their child/young person's state; or contributing to their child/young person's ability to access services?

Relinquishing Care

Parent/carer states they will not or cannot continue to provide care for a child under the age of 16 or a young person over 16 and they are unable to make an informed decision (temporarily or permanently). Child/young person is in voluntary care for longer than legislation allows.

Carer Concern

Substance Abuse; Mental Health; Domestic Violence

A child/young person is significantly affected by parent/carer concerns such as substance abuse, mental health or domestic violence.

Unborn Child

You are concerned for the welfare of an unborn child at birth.

Note: If your concern does not fit any of the decision trees, it is probably not reportable, but you may consult with your Department's Child Wellbeing Unit (CWU) and/or your supervisor as appropriate.

Decision Tree
MRG
Next Steps

Sexual Abuse concern

A. Please choose the sexual abuse concern you have for the child/young person

Sexual Abuse of Child (age 0-15 years)
☐

Sexual Abuse of Young Person (age 16-17 years)
☐

Child/Young Person Problematic Sexual Behaviour Toward Others
☐

Next

Definitions of questions

A
☐

Use this when:	
Child	The reported victim or potential victim is under age 16.
Young Person	The reported victim or potential victim is age 16 or 17.
Problematic Sexual Behaviour Toward Others	You are concerned/worried that a child or young person may be sexually harming another child or young person.

Note: Reports about young people 16-17 years are not mandatory in NSW, however reports can be made under Section 24 of the Children and Young Persons (Care and Protection) Act 1998. Note: Some agencies mandate reports for this age group.

The definition for each question is on the right-hand side of the screen. Click the drop down for full definition. Read the definition to complete your answer.

If you need to change your Answer/s on a previous screen, you must click 'Refresh' to restart.

Example decision tree 2

[The Female Genital Mutilation Assessment Tool](#) helps social workers assess where there is a concern around FGM in a family.



Developing excellence
in response to FGM and
other harmful practices

FGM Assessment Tool

Use this tool to help assess cases where there is a concern around FGM.

The tool will help you identify:

- what risks are present
- what safety factors are present or need to be developed
- other information to help you decide what steps to take

It usually takes about 15 minutes to complete.

This is to be used by social work practitioners only and does not replace professional judgement.

For further information read the [Frequently Asked Questions](#).

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Department
for Education

We recommend that the decision aid uses a standard template that is adapted for each role in a multi-agency context. This technique has been implemented in other settings. For example, the Pennine Acute Hospitals NHS Trust uses a protocol with a Paediatric Injury Flow Chart for all children under the age of 16.³⁵ The aid was designed to help Accident and Emergency staff to decide if a case meets the criteria to be referred onto the on-call paediatric consultant. The decision aid uses a simplified structure to maximise usability for individuals facing *information overload*, which could be adapted for a multitude of purposes.

Regardless of whether the aid takes the form of a checklist or a decision-tree, we recommend the decision aid incorporates the following features:

- ♦ **Simplified and intuitive structure:** The template should present a complicated diagnostic protocol in a simple and easy-to-use format. Summary boxes can be used to identify key steps, with decision points highlighted with distinct visual cues.

- ♦ **Reframing of risks:** We recommend framing information in the decision aid to encourage readers to share information whenever they have a concern about a child. To overcome *risk aversion*, statements in the guide could highlight the potential for losses if action is not taken, as opposed to highlighting the potential gains of good practice. There is scope to frame risks in this way across associated communication materials and guidance on safeguarding.

The decision aid could include an overview of what to do in a situation where a practitioner may not want to directly contact families because it poses a risk to a child – for example, if an A&E nurse notices that there has been a delay in seeking medical advice for a child's injury with no explanation. Equally, the decision-aid could incorporate guidance on how to engage families when it is appropriate to do so – a behaviour that poses considerable anxiety amongst children's services front-line practitioners and other individuals from health, police and education professions. Content could guide users to communicate more effectively about information sharing. In our interviews, we heard that families react more positively when children's services front-line practitioners take the time to explain the purpose and necessity for sharing information.

³⁵ White S, et al., 2015, Improving practice in safeguarding at the interface between hospital services and children's social care: a mixed-methods case study, *Health services and delivery research* 3(4), pp.1-164

“It is good practice that when you go out to meet a family for the first time you should share the information guidance with families and let them know how they can make a complaint.”

Social worker from cross-borough organisation

It is imperative that all relevant stakeholders are involved in the development of such a checklist, including families and carers. This will help ensure that the priorities of different organisations are represented, the information is accurate, and the language resonates with children and families.

3

Opportunity for change: Align diverse professionals around a shared responsibility and vision for child safeguarding

Recommendation 4. Generate a simple tool to aid interpretation of frequently used safeguarding and information terms



Target behaviour: Children’s services front-line practitioners, service managers and police, health and education professionals understand how different safeguarding terms, acronyms and protocols are interpreted across different agencies.

Our interviews with children’s services front-line practitioners in the London Borough of Newham surfaced confusion and uncertainty about how different situations are interpreted by different actors in a multi-agency context. There is a need to generate a shared understanding of child protection to ensure that professionals safely, appropriately and securely share information that is meaningful in the context of child safeguarding.



Behavioural and cultural barriers: (1) Different organisations across the system use different terms and protocols, which can cause miscommunication between agencies.

Misalignment between agencies is a cultural barrier to effective cross-organisational decision-making. Individuals may not always be cognisant of the processes and procedures used by other agencies. Each actor has a different perspective informed by their professional role, which prevents a common understanding between children’s services and partner organisations. Unique professional language to describe those perspectives (sometimes referred to as “jargon”) exacerbates the challenge and creates a potential barrier to information sharing in a multidisciplinary context.^{36 37}

³⁶ Frost, N.P. (2017) From ‘silo’ to ‘network’ profession: a multi-professional future for social work. *Journal of Children’s Services*. DOI: <https://doi.org/10.1108/JCS-05-2017-0019>

³⁷ Frost, N. and Robinson, M. (2007) Joining Up Children’s Services: Safeguarding Children in Multidisciplinary Teams. *Child Abuse Review* 16, 184-199.

“Different language, focus and ethos impacts seamless sharing.”

Safeguarding Team Manager working in Multi-agency Children’s Services

“Terminology can be very subjective between and within local authorities.”

Child Protection Service Manager

In primary interviews, it was explained that perceptions of risk are not well calibrated across the system. This sentiment is validated in our survey: *“Different perceptions of when a child is at ‘risk’ compared to other organisations”* was most identified as a top three barrier to information sharing between agencies. Specifically, there is a lack of shared understanding about whether a case should or should not meet statutory risk thresholds. Several studies identified in our secondary qualitative research specifically cite divergent understandings of the threshold for intervention as a challenge for school-based staff.^{38 39} This can result in friction between organisations; information that triggers a risk designation in one organisation may not in another.

“There will always be discrepancies between schools and Newham in the perceptions of the thresholds.”

Designated Safeguarding Lead

When assessing information from external agencies, experienced children’s service front-line practitioners draw on their institutional knowledge and language. However, we heard that new employees often struggle with the use of different acronyms, safeguarding terms and protocols. In situations without support from experienced employees with institutional knowledge, professionals working within the system may struggle to interpret and navigate cross-organisation data sharing situations. Agencies have existing strategies to mitigate this. For example, police officers working in the London Borough of Newham’s MASH are partnered with new front-line officers who have more safeguarding experience.

³⁸ Richards, C. (2018) ‘It’s a big ask when your job is to teach children to read, write and to count’: the experiences of school staff in early help and child protection, *Pastoral Care in Education*, 36(1), 44-56, DOI: 10.1080/02643944.2017.1422003

³⁹ Sharley, V. (2020) Identifying and Responding to Child Neglect within Schools: Differing Perspectives and the Implications for Inter-Agency Practice. *Child Indicators Research* 13, 551–571.

Different descriptors for risk highlight cultural tensions between agencies. One front-line children's services practitioner expressed frustration at the language used by the police, especially when *potential gang involvement* is used as a flag for risk without additional context. Without sufficient evidence, the social worker felt that the description could entrench bias against the young person.

“Sometimes when the police are requesting information it can feel like an interrogation.”

Child Protection Service Manager



Behavioural and cultural barriers: (2) There is a lack of shared understanding across case management systems, which leads to divergent risk categorisations.

It is well known across the child protection system that the use of different case management systems can cause problems for users. In ideation sessions, children's services managers explained how smart system design could remove many of the obstacles to collaboration, and a more centralised, automated system would improve outcomes for vulnerable children.

While structural or technological solutions are not the focus of this report, it is worth noting some of the specific challenges with divergent data systems that emerged in our interviews. Safeguarding partners do not always have a good sense of the data fields and flows tracked across organisations. Without this knowledge, partners cannot judge the completeness of the picture that is held by another agency, or understand what information is forming the picture they have. As one children's service front-line practitioner noted, there is a tendency to see data from an *us versus them* perspective: “our data” or “health's data”. We need to move towards viewing this as shared information. Understanding what each partner has access to is an important stepping stone.



Potential mechanisms for change: Streamlining communication of terminology between agencies may improve cross-organisational collaboration.

Professionals across the system need a common terminology. In an ideal multi-agency context, a common centralised safeguarding system would enable individuals to share information across agencies using the same terminology and identifiers for risk. However, this ideal model is not realistic in a world where people's social behaviour is defined by different cultures, organisational structures and perspectives. Rather than fight these social processes, interventions can work within these realities to develop a stronger multi-agency model.

Our interviews with front-line children's services practitioners working at the London Borough of Newham surfaced several strategies to overcome miscommunication. Practitioners working within the MASH explained that they asked for clarification from external agencies if there was any confusion about a specific case. While this remains a useful strategy in complex circumstances, it is likely that the approach is repeated in similar cases and could be facilitated in a more effective and timely manner. Furthermore, new professionals without established relationships may struggle to reach out to relevant agencies.

Our research has identified a need to *connect the dots* between different information governance terms, acronyms and protocols. Put simply, there is a need for a translation tool that can interpret terms that are perceived as interoperable but can be calibrated and understood relative to one another. For example, if a police officer identifies that a child is in regular contact with a highly organised criminal network, the level of risk they flag in a case report should be determinable and translatable to a correspondent risk categorisation and action in children's services at the local authority.



Summary of recommendation: To align diverse professionals who have different interpretations of risk, front-line workers could benefit from a language tool that is readily updated and co-produced by partners from across the system.

We recommend producing a tool to help practitioners understand how the terms they use are interpreted by other agencies, and how terms used by other agencies can be interpreted in their context. A report from Kantar Public suggests that a visual guide or one-page summary could be created to ensure practitioners in a multi-agency context understand the roles and responsibilities of each organisation.⁴⁰ Going further, we suggest the tool is specifically structured around commonly used risk categorisations, terms, protocols, acronyms and processes.

The language tool will enable different actors in the system to develop an initial understanding of other agencies independently, without having to reach out to others via email or telephone. In the ideation sessions,

⁴⁰ Kantar Public, 2021. Multi-agency reform: Key behavioural drivers and barriers. Source: [Multi-agency reform: Key behavioural drivers and barriers - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/92444/multi-agency-reform-key-behavioural-drivers-and-barriers.pdf)

children’s services front-line practitioners and service managers suggested that a *cheat sheet* could support them in sharing, receiving, and discussing information. For those who are receiving data, the cheat sheet would provide a framework for how some of the terms could be interpreted, whilst for the data sharer it could highlight words to avoid or places where additional detail may be needed to clarify intent.

“I have made a ‘cheat sheet’ for new members of my team with key words and phrases, but it is not something more widely available.”

Programme Manager

Suggestions for cheat sheet items

Definition of key acronyms and terms used

Frequent risk factors reported by the organisation

Case study of low, medium, and high-risk scenarios (or whatever relevant tiering system exists for that organisation) relevant to how each organisation comes into contact with children

Data fields collected related to children’s safeguarding, alongside definitions and descriptions of how those are collected

Contacts for each organisation

We recognise there is a risk of the language tool oversimplifying practice and restricting flexible responses to complex situations. Alternatively, the tool may be too complex and detailed.⁴¹ We recommend that any translation tool is co-designed with front-line practitioners with strong organisational knowledge and experience in information sharing from across social work, education, police and health. We aim to ensure the

⁴¹ Alfandari, R. & Taylor, B.J. (2022) Community-based multi-professional child protection decision making: Systematic narrative review. *Child Abuse & Neglect* 123 (2022) 105432

most common and ambiguous acronyms, phrases and terms are targeted, as well as representative examples of information that leads to a risk designation. A participatory approach to design of the tool will ensure the right level of specificity to be of use. Bringing in a range of perspectives may also illuminate how different organisational structures and case management systems can consolidate language in diverse ways.

For this resource to be effective, each organisation's overview needs to be relevant, specific, reliable and up to date. To ensure information is maintained, stewardship over the multi-agency tool should be carefully managed in an accountable manner. The tool could be suited to a virtual format, available on mobile, which is regularly updated and reviewed by data stewards.

Recommendation 5. Implement co-located cross-organisational training, particularly at induction



Target behaviour: When there are concerns about a child, front-line practitioners, police, health and education professionals share information with trusted partners.

In our primary research, the establishment of strong relationships emerged as a strong enabler of information sharing. Children's services front-line practitioners, police, health and education professionals reflected that relationships form the foundation for trust and understanding across organisations, both of which support the willingness to work together and share information.

"Strong relationships are key to having an open dialogue."

Social Worker

The MASH at the London Borough of Newham has shown promising results, but there is a need to build stronger relationships between agencies and improve mutual understanding between roles and responsibilities. In this system, professionals from children's services, the NHS, and Metropolitan Police Service (MPS) receive referrals and share data in a controlled, structured environment to assess risk and determine next steps for a child's case. With greater trust, we believe actors in the system are more likely to collaborate effectively.

"I have all the police officers' numbers that I speak with in my phone, so I can call or text them directly, I have known them for years."

Social Worker

“In MASH it is very different to other organisations, and we have processes and privileges that other services do not necessarily have...information is shared quickly from partners to be able to make a threshold decision. We have a portal, MASH partners that we sit with. Police partners, health partners co-locate and work closely with one another.”

MASH Referral Officer



Behavioural and cultural barriers: Intergroup dynamics and a lack of trust prevent collaboration between agencies and interactions are influenced by an *us versus them* mentality.

The perception of our social norms – the behaviours we think of as being normal in our social group – determine what kind of interactions we are willing to have in any given situation.⁴² This desire to avoid negative judgement from others may lead some individuals to follow non-collaborative behaviours, such as holding back from sharing information from people in other groups.⁴³

In our interviews, professionals across the system identified a lack of shared identity as a barrier to information sharing. For most agencies, safeguarding is a portion of a much larger raft of responsibilities. Cogent identities have formed around these responsibilities. As a result, each organisation might act differently to the same situation dependent on what is culturally perceived as the most appropriate response in the group.

As humans, we tend to prefer people who are like us and are more distrustful of those who are different.⁴⁴ Our research exposed a tendency for some individuals to be suspicious of assessments conducted by other agencies who give greater credence to information depending on their source, rather than substantive

⁴² Deutsch, M., & Gerard, H. B. (1955). A study of normative and informational social influences upon individual judgment. *Journal of Abnormal and Social Psychology*, 51 (3), 629–661. Schultz, P. W., Nolan,

⁴³Schultz, P Wesley et al. 2007. “The constructive, destructive, and reconstructive power of social norms.” *Psychological science* vol. 18(5) pp.429-34.

⁴⁴ Seldman, G., 2018. Why do we like people who are similar to us? Source: <https://www.psychologytoday.com/gb/blog/close-encounters/201812/why-do-we-people-who-are-similar-us>

content. Another common perception is that other agencies will not store information securely or are unwilling to share information, and therefore cannot be trusted.⁴⁵

“I would never share information if I am not confident where it is being stored.”

Education Programme Manager

“My Early Help colleagues often have to do a bit of detective work to pull together the full picture of a child”

Early Help Manager

Across all group identities, professionals are concerned their own expertise is devalued by others. For instance, education professionals can become frustrated when the value of their perspective is not recognised fully by social workers.⁴⁶ Correspondingly, social workers note that the data they share holds less weight compared to health professionals: the information they collect and share needs additional context, whereas health information is supported by medical documentation and evidence. Secondary evidence from multi-agency contexts suggests that different professional roles are awarded preferential status, with health and the legal profession identified as often having greater power.⁴⁷

Relationships between agencies are also strained by staff turnover. Experienced staff accumulate knowledge, understanding, and trust across partners – especially those in health and education. When they move on, trust between actors in the system is eroded and must be rebuilt over time.

“There is a high turnover of staff. Structures and solutions need to be flexible in dealing with this.”

Service Manager

“Liaising between nurses and schools breaks down more commonly when professionals are new.”

⁴⁵ Nooteboom, L.A., Mulder, E.A., Kuiper, C.H.Z., Colins, O.F. & Vermeiren, R.R.J.M. (2021) Towards Integrated Youth Care: A Systematic Review of Facilitators and Barriers for Professionals. *Administration and Policy in Mental Health and Mental Health Services Research*, 48, 88–105. <https://doi.org/10.1007/s10488-020-01049-8>

⁴⁶ Sharley, V. (2020) Identifying and Responding to Child Neglect within Schools: Differing Perspectives and the Implications for Inter-Agency Practice, *Child Indicators Research*, 13, 551–571

⁴⁷ Frost, N.P. (2017) From 'silo' to 'network' profession: a multi-professional future for social work. *Journal of Children's Services*. DOI: <https://doi.org/10.1108/JCS-05-2017-0019>



Potential mechanisms for change: (1) Promoting in-person interactions may help professionals to see people from other agencies as belonging to their group.

Even when people seem very different, they share things in common. For instance, they may share the responsibility for safeguarding, working with children and young people, or they might uphold the same values. Highlighting similarities encourages people to see others as belonging to their group and, as a result, feeling more positive towards them.⁴⁸ Studies have shown that when similarities are highlighted people have greater trust in others.⁴⁹

When professionals work together, they share an obvious characteristic: they carry out their duties in the same physical space. This can help to build shared identity between them. Moreover, shared spaces can help to reduce the *us and them* mentality and encourage staff from different agencies to learn about alternative perspectives on the same issues.⁵⁰

Our secondary research suggests that in-person multi-disciplinary teamworking is an enabler of effective information sharing and collaboration. Aligning professionals from different agencies as part of family-focused practice seems to be a successful route. For example, one qualitative study has identified the benefits of this type of multidisciplinary working to close the gaps between services supporting children affected by parental alcohol misuse (PAM) in England. The multi-disciplinary team approach enables diverse staff to align perspectives centrally to provide effective care for the child and the whole family.⁵¹

There is evidence that the family-focused model works in other settings too. The Think Family initiative, first piloted across mental health teams in Northern Ireland, promotes family-focused practice across adult mental

⁴⁸ Trepte, S., & Loy, L. S. (2017). Social Identity Theory and Self Categorization Theory. *The International Encyclopedia of Media Effects*, (March), 1–13.

⁴⁹ Sanders, M., Ni Chonaire, A., Carr, D., Heal, J., & Anik, L. (2017). Increasing Social Trust with an Ice-Breaking Exercise – an RCT carried out with NCS participants. London: The Behavioural Insights Team.

⁵⁰ National Leadership Centre. (2020). Practising Co-Leadership.

⁵¹ Alderson H, Mayrhofer A, Smart D, et al. (2022) An Innovative Approach to Delivering a Family-Based Intervention to Address Parental Alcohol Misuse: Qualitative Findings from a Pilot Project. *International Journal of Environmental Research and Public Health* 19(13)

health and children's services. The programme includes the development of a joint protocol on service response and promotion of inter-agency working, with Think Family Champions advocating joint working across services. Pilot studies suggest the programme leads to a positive shift in perceptions of other agencies by social workers, family members and involved professionals, as well as improvement in collaboration between services.^{52 53}

Embedding social work practitioners in health, police, education and other agencies can also strengthen collaboration and information sharing. In 2019, the What Works for Children's Social Care (WWCSC) launched three pilot projects across Lambeth, Southampton, and Stockport to understand the impact of multi-disciplinary working. The pilots aimed to measure the impact of placing social workers in schools on social care outcomes for children. School integration was perceived to be broadly successful by professionals across education and children's services, children and young people, families, and other professionals. Evidence also suggests an increase in school responses to safeguarding issues. In Stockport, there was a reduction in Section 17 (Child in Need) cases, and in Southampton and Lambeth, the proportion of Section 47 (Child Protection) investigations decreased.⁵⁴

“The human side of social work is key, for me it was going into schools and having face to face meetings.”

Social Worker

In the London Borough of Newham, MASH staff work in the same space: Early Years, health and police colleagues share an office and work collaboratively. In our interviews, front-line children's services

⁵² Fitzsimons, L. (2020) The role of champions in promoting family focused practice across adult mental health and children's services, *Advances in Mental Health*, 18(3), 251-260, DOI:

10.1080/18387357.2019.1661783

⁵³ McCartan, C., Davidson, G., Donaghy, M., Grant, A., Bunting, L., Devaney, J. et al. (2022) Are we starting to 'think family'? evidence from a case file audit of parents and children supported by mental health, addictions and children's services. *Child Abuse Review*, 31(3), e2738.

⁵⁴ What works for Children's Social Care (WWCS). 2020. Social Workers in Schools: An evaluation of pilots in three local authorities in England. Source: https://whatworks-csc.org.uk/wp-content/uploads/WWCSC_Social-Workers-in-Schools_pilot-study_full-report_May-2020.pdf

practitioners noted the benefits of a co-located MASH. Firstly, working collaboratively in the same space as police, health and other professionals prevents siloed working. Secondly, it enables timely information sharing, especially in serious cases that require a rapid response. As noted in the 2019 serious case review, multi-agency practice requires staff to be alert to their own “*professional cultures*” and “*ready to translate this to other professionals.*”⁵⁵



Summary of recommendation: To build greater trust and alignment between agencies, introduce co-located training sessions

Despite the evidence above, opportunities for shared working in the same physical space are often missed. In our interviews, individuals across roles and organisations noted that the transition to virtual meetings has been a blessing and a curse: while more people have the flexibility to join these meetings, much of the core relationship building is lost in a virtual setting.

Co-located training could provide a way forward. Joint training helps professionals learn about each other’s systems and areas of expertise, acquiring collaboration skills and building relationships,⁵⁶ and has been identified by multiple studies as facilitator of inter-agency collaboration and information sharing.^{57 58} In the absence of significant investments to relocate services together and the popularity of remote working, organisations could promote opportunities for partners to learn from one another in person as part of training, especially when staff are new.

We believe that training sessions in a shared space could build shared identity across different organisations. Co-located training aims to increase mutual understanding two different but equally essential elements: (1) an accurate understanding of practical aspects of other services and professions (e.g. policies, referral criteria, responsibilities, roles and resources) and (2) an understanding of other professionals’ cultures and

⁵⁵ Department for Education, 2020. Learning for the future: final analysis of serious case review, 2017 to 2019. Source: <https://www.gov.uk/government/publications/serious-case-reviews-analysis-lessons-and-challenges>

⁵⁶ Alfandari, R. & Taylor, B.J. (2022) Community-based multi-professional child protection decision making: Systematic narrative review. *Child Abuse & Neglect* 123 (2022) 105432

⁵⁷ Cooper, M., Evans, Y., & Pybis, J. (2016). Interagency collaboration in children and young people's mental health: a systematic review of outcomes, facilitating factors and inhibiting factors. *Child: care, health and development*, 42(3), 325–342. <https://doi.org/10.1111/cch.12322>

⁵⁸ Nooteboom, L.A., Mulder, E.A., Kuiper, C.H.Z., Colins, O.F. & Vermeiren, R.R.J.M. (2021) Towards Integrated Youth Care: A Systematic Review of Facilitators and Barriers for Professionals. *Administration and Policy in Mental Health and Mental Health Services Research*, 48, 88–105. <https://doi.org/10.1007/s10488-020-01049-8>

perspectives (e.g. understanding other professionals' priorities, their understanding of children's problems and philosophies of care).⁵⁹ With this greater understanding, children's services professionals, police, health, and education colleagues will be able to request and share data in a way that compliments their partners' roles and responsibilities more effectively.

At present, multi-agency training is often provided in a siloed or entirely remote manner, which prevents collaborative learning. At the London Borough of Newham, front-line practitioners in children's services do not always get the opportunity to learn alongside professionals from other agencies.

"In none of my roles have I been in a situation where we have had training in the same room as police or health colleagues"

Front-line Practitioner

With this in mind, we suggest that this training should bring diverse professionals from different agencies together, in person, and integrate the following core elements:

♦ **Emphasising the things people share:** Training should emphasise the safeguarding goals, responsibilities and roles that are shared between different agencies. Highlighting similarities may encourage people to see others as belonging to their group and have greater trust in others.⁶⁰ Cross-organisation training contextualises different priorities, pressures, constraints, ways of working, and goals. and be inclusive to as many organisations as possible, where appropriate. For training to be effective, partners from across different organisations must be actively involved. Where possible, training should be conducted in a way that does not increase the burden of the individuals who are being shadowed.

♦ **Leveraging the messenger effect:** Training should be delivered by a trusted leader in multi-agency safeguarding who models appropriate information sharing behaviours.

⁵⁹ Cooper, M., Evans, Y., & Pybis, J. (2016). Interagency collaboration in children and young people's mental health: a systematic review of outcomes, facilitating factors and inhibiting factors. *Child: care, health and development*, 42(3), 325–342. <https://doi.org/10.1111/cch.12322>

⁶⁰ Sanders, M., Ni Chonaire, A., Carr, D., Heal, J., & Anik, L. (2017). Increasing Social Trust with an Ice-Breaking Exercise – an RCT carried out with NCS participants. London: The Behavioural Insights Team.

♦ **Encouraging active listening:** Structured active listening exercises can be conducted at the start or end of training, as a warm-up or wrap-up activity. This exercise encourages the listener to use their voice and body to show the speaker that they are listening carefully to what is being said. Evidence suggests that when people receive verbal responses that show the other person is listening carefully to them, they feel more understood than when they receive advice or other kinds of acknowledgements.

♦ **Integrating shadowing opportunities:** As well as joined-up training opportunities, we recommend shadowing programmes to provide first-hand exposure to different systems and processes for data sharing. Induction training for children's services front-line practitioners should involve time spent shadowing key contacts in health, police, and schools. This would mean observing their case work and how they collect, process, share, and request data. This practice is already underway within some MASH teams. For instance, at the London Borough of Newham, the police complete informal training shadowing for two weeks before starting officially in their role in the MASH.

Recommendation 6. Embed case studies and narratives to highlight positive behaviours and data sharing experiences that have resulted in positive outcomes for children and families



Target behaviour: Professionals from children's services, health, police and education safely, appropriately, and securely share information.

Our interviews uncovered a need to reframe messaging around information sharing to promote a more collaborative culture. In our interviews, we heard anecdotal cases of insecure, blocked or ineffective information sharing that have resulted in negative outcomes for vulnerable children. While these cases should be emphasised as instances that should be avoided in future, we believe they contribute to a culture that is shaped by a fear of wrongdoing.

There is a need to shift the perception of information sharing to a positive paradigm, where effective behaviours are seen as something to strive for through learning and collaboration. This would stand in opposition to a practice where fear of wrongdoing dominates inter-agency communication.

"It seems there is a lack of confidence and a sense of fear at every level of the system."

Family Co-ordinator



Behavioural and cultural barriers: The current multi-agency culture is one shaped by a fear of wrongdoing.

Our interviews with health, police, education and children's services professionals exposed a fear of wrongdoing related to two practices: sharing too much or too little information.

♦ **Sharing too much:** Under GDPR, there is a need to conduct an assessment before information is shared. The assessor should decide how much information it is strictly necessary to share, how to restrict the sharing only to those who need it, and whether there is a legal basis to share without consent. As noted previously, when individuals feel overwhelmed by the complexity, they choose the least risky option: doing nothing at all.

In a 2020 study of serious case reviews, a culture of blame, shame and fear was described to permeate through the children's social care system, creating an environment that is mistrusting and risk averse.⁶¹ In our interviews, one social worker explained that this culture felt more acute in recent years due to the rise of Subject Access and Freedom of Information requests from families. In this environment, front-line practitioners in children's social care may associate information sharing with negative reputational consequences and soured relationships with families.

♦ **Sharing too little:** On the other hand, serious case reviews often highlight where data *should* have been shared and it was not, often with devastating consequences. Incomplete, blocked or flawed multi-agency sharing is cited as a compounding factor in well-publicised investigations into child deaths, including the murders of one-year-old Star Hobson and six-year-old Arthur Labinjo-Hughes.⁶²

⁶¹ Brandon, M., Belderson, P., Sorensen, P., Dickens, J., Sidebotham, P., Cleaver, H., Garstang, J., Harris, J. and Wate, R., 2020. Complexity and challenge: a triennial analysis of SCRs 2014-2017. Source: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/869586/TRIENNIAL_SCR_REP_ORF_2014_to_2017.pdf

⁶² The Child Safeguarding Practice Review, 2022, Child Protection In England. Source: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1078488/ALH_SH_National_Review_26-5-22.pdf

Whether too much or too little information is shared, we identified that some professionals instinctively associate information sharing with negative emotions. In these instances, practitioners may experience *confirmation bias*: they see negative outcomes as more prevalent than positive ones because this is what they want to see, even if it is not true or reflective of the reality.⁶³ Professionals in a multi-agency context face negative messaging on both sides of the spectrum (both under- and oversharing), which makes it challenging to build a collaborative culture where individuals are motivated by positive outcomes.



Potential mechanisms for change: (I) Share positive experiences and stories of information sharing with professionals.

In ideation sessions with practitioners working across a multi-agency context, case studies were consistently mentioned as a tool to aid learning and reflection. Professionals found case studies to be especially effective when they capture complicated situations that are relatable to everyday practice: for instance, where there is a need to share information, but gathering the consent of the family involved will be challenging. In our survey, most respondents agreed that the ability to review cases helped them to understand when information should be shared.

“We should use case studies of best practice to prove the art of what is possible [when data is shared effectively]”

Service Manager

“Positive case studies shared by DfE would show high up endorsement”

Family Co-ordinator

While case studies can be a helpful learning aid, they often highlight negative or distressing outcomes, such as reputational damage, or the heightened abuse, neglect, or even death of a vulnerable child. It is hard for professionals to respond to guidance about information sharing when it is associated with these distressing or negative outcomes. As discussed previously, the desire to avoid negative judgement or blame from others may lead some individuals to hold back from sharing information. Sharing positive stories is one way to reframe

⁶³ Nickerson, R.S., 1998. Confirmation bias: A ubiquitous phenomenon in many guises. *Review of general psychology*, 2(2), pp.175-220.

information sharing away from its negative associations. We know that rewarding and recognising effective information sharing behaviours can send a strong signal that an organisation values these actions. ⁶⁴

Example of case studies

Recently published case reviews

Last updated: 03 Feb 2023

Case reviews
published in
2022

Case reviews
published in
2021

Case reviews
published in
2020

Case reviews
published in
2019

Case reviews
published in
2018

Case reviews
published in
2017

Case reviews published in 2022

A list of the executive summaries or full overview reports of serious case reviews, significant case reviews or multi-agency child practice reviews published in 2022. To find all published case reviews [search the national repository](#).

Case reviews describe children and young people's experiences of abuse and neglect. If you have any concerns about children or need support, please contact the NSPCC helpline on 0808 800 5000 or emailing help@nspcc.org.uk.

2022 – Anonymous – Adam

Death of a child in a road traffic collision in 2020. Adam was believed to have been at risk of criminal exploitation at the time of his death.

Learning includes: always follow safeguarding procedures to assess and manage the risk of harm to a child in parallel with any criminal investigation; practitioners should professionally challenge and escalate any decisions that they do not agree with; ensure the risks and the impact of non-engagement to the child have been assessed before closing a case and consider escalating the concerns if those risks are still prevalent.

Recommendations include: practitioners need to be able to distinguish between factual information and hearsay evidence that needs to be utilised to inform a risk assessment; consider adverse childhood experiences (ACEs) and trauma informed practice as a strategic priority together with the need to provide training on the impact of ACEs on children, including where there has been a history of criminality; adopt the Child Safeguarding Practice Review Panel's recommendation that all

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Reviews
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[NSPCC Learning Hub](#) publishes case reviews to support others to understand where there have been incidents of child abuse or neglect. We recommend focusing on instances where information is shared effectively, highlighting the positive influence on a child.

⁶⁴ The Behavioural Insights Team. 2022. 'Using Behavioural Science to support better decision making and information sharing in Children's Social Care'. A rapid evidence review commissioned by the Department for Education. P.23



Potential mechanisms for change: (2) Leverage trusted messengers to promote safe, appropriate and secure information sharing.

Case studies are often available to professionals in written documents, teaching aids or webpages, and most often present information using the third person, rather than sharing personal first-hand accounts. We believe there is scope to leverage the *messenger effect* and incorporate personal reflections from trusted professionals as part of case studies. As described earlier in the report, this effect describes how people are more likely to act on information if they respect the person who delivers it.⁶⁵

A review of effective decision-making in community-based multi-professional contexts suggests leaders can influence practice in several ways: (1) advocating collaboration, (2) modelling collaborative behaviours and (3) mediating conflicts between professionals.⁶⁶ Exposing staff members to respected individuals who successfully navigate safeguarding in a multi-agency context and collaborate effectively may encourage greater trust in information sharing behaviours.



Summary of recommendation: In order to shift the perception of data sharing amongst front-line professionals to a more positive paradigm, share case studies of successful data sharing experiences

We recommend sharing personal stories that celebrate examples of collaboration across different organisations, focusing on positive outcomes for children and families. Where possible, stories should be shared through creative mediums that could induce positive and memorable emotions in the viewer. Reading lots of text can be more difficult for some, especially when faced with a high *information load*. Professionals across the multi-agency context expressed a preference for using animated video clips, online resources and scenarios to make the information more accessible and easier to retain.

“I wish information was sometimes presented in a more creative way, reading lots of text can be really hard for some.”

⁶⁵ *ibid*

⁶⁶ Alfandari, R. & Taylor, B.J. (2022) Community-based multi-professional child protection decision making: Systematic narrative review. *Child Abuse & Neglect* 123 (2022) 105432

Service Manager

We recommend that stories cover instances where professionals have engaged with other partners in ambiguous or complex situations. In our ideation session, a front-line practitioner in children's social care expressed that there is a "grey area" for social workers when a family member requests information about a young person between the age of 16 and 18, but the child has not given consent to their information being shared. This is the type of situation in which a model of positive sharing behaviour could be impactful.

Strong leadership at different levels is required promote effective information sharing and multi-agency working. To leverage the *messenger effect*, we recommend sharing personal stories from trusted leaders who model collaborative behaviours. This intervention was proposed by participants in our ideation sessions. Participants articulated that the fear of wrongdoing could be dismantled by promoting positive messaging through "*collaboration champions*." A similar idea was described in Kantar Public's 2021 report, where it is recommended that individuals within partnership agencies take a lead in promoting collaboration, sharing examples of good practice, and acting as a point of contact for queries from colleagues.⁶⁷

"[The] school safeguarding leads who I work with are amazing."

Early Help Manager

The collaboration champions could feature in case study videos, explaining their approaches and the result of their practice on children and their families. Outside their role in case study examples, these individuals could serve as real models of exemplary collaboration; champions could take on the responsibility of liaising with their counterparts in other organisations to ensure messaging is coordinated across partners. One of the key aspects of this responsibility would also be to demonstrate and communicate buy-in from leadership, who could appoint this responsibility to a trusted messenger. Almost all of our survey respondents agreed with the importance of a supportive manager, and this theme also emerged in in-depth interviews: top-down messaging and support matters.

⁶⁷ Kantar Public, 2021. Multi-agency reform: Key behavioural drivers and barriers. Source: [Multi-agency reform: Key behavioural drivers and barriers](#) - GOV.UK (www.gov.uk)

Section 5. Final comments

Key learnings

The study focuses on behavioural and cultural factors influencing information sharing between the London Borough of Newham and other agencies across London and outlines recommendations to improve information sharing in similar multi-agency contexts. Specifically, we aimed to answer two questions:

♦ **What are the behavioural and cultural barriers to data and information sharing in a multi-agency context?**

There are three main themes that emerge as the underpinnings of the cultural and behavioural barriers detailed throughout the report. Firstly, many of the behavioural barriers are underpinned by the constraints of the existing technical system, information governance and infrastructure. Different agencies take divergent approaches to data sharing based on their processes, categorisations, and infrastructure. When systems do not align neatly, information sharing becomes increasingly burdensome for professionals as they must navigate additional mechanisms to enable the transfer of data. For example, they must communicate across organisations to understand different risk categorisations or share information in an interoperable format.

Secondly, there are behavioural barriers underpinned by biases in human decision-making. These barriers are enhanced by a system that is not designed around lived experience or behaviour. GDPR legislation provides a useful case in point. While GDPR was never designed to be an obstacle to sharing necessary information between safeguarding professionals, our research has identified the legislation as a source of uncertainty and anxiety. Practitioners note that the complexity involved in translating its basic principles into practice can discourage them from sharing information.

Thirdly, there are behavioural barriers underpinned by the cultures and identities that have formed around specific agencies and their ways of working. While coherent identities and values-systems are integral to the functioning of children's services, police, education and health providers, there is a need for a shared vision of child safeguarding. Mistrust between agencies is a barrier to collaboration, and this sentiment can be felt strongly when dealing with sensitive personal information about a vulnerable child.

♦ **How can a behavioural and cultural lens support the development of adaptable and actionable solutions to information sharing in a multi-agency context?**

The recommendations in this report target multiple barriers and provide solutions to challenges at the intersection of the three categorisations outlined above. Addressing challenges to information sharing will require new tools, service changes, communications, and approaches to change the behaviour of actors involved in the system. Deploying any one intervention in isolation may not lead to positive outcomes without considering its impact on the broader information sharing ecosystem. Fundamentally, these changes need to work together in a systemic or policy environment that works with, rather than against, cognitive and cultural processes.

The success of multi-agency working at the front door of children's services is a helpful case study. In our primary research, professionals cited the co-located MASH model as a successful interdisciplinary environment. The hub brings people from different agencies together and, through their interactions, highlights their shared purpose. While the MASH culture enables greater trust and facilitates information sharing, professionals working in the MASH environment still struggle to negotiate GDPR legislation. As a result, they may not feel confident sharing information that could be necessary to protect a child at risk of abuse or neglect. If one component of the system upholds a behavioural barrier to sharing, this component will have an influence on the effectiveness of the entire information sharing process.

Towards impact at scale

To work towards impact at scale, we recommend taking a systemic view of information sharing and deriving solutions that work – as far as possible - for all agencies involved. We suggest three steps towards achieving that vision:

♦ **Identify the relevant building blocks and strategic levers needed to bring about change in behaviour:** The cultural and behavioural barriers to information sharing should be considered alongside the existing enablers. This report describes some of the challenges faced by professionals – from navigating distrustful relationships to understanding unfamiliar terminology used by other agencies. There are potential enablers in the existing system that facilitate information sharing too, such as co-location, multidisciplinary working, and trust between agencies. We believe these should be considered together to identify successful mechanisms for behaviour change.

♦ **Assess how the outcomes of the intervention will interplay with other changes in the**

system: There is no ‘one size fits all’ solution to information sharing. A pilot may offer suggestive evidence of effectiveness, but it cannot indicate whether the intervention will be as effective if implemented somewhere new. We suggest assessing carefully how the intervention will interplay with other changes in the system before delivering at scale.

♦ **Pilot and refine interventions in a multi-agency context:** Where possible, recommendations should be refined and piloted in a multi-agency context. A co-design approach to service change would enable professionals from different organisations to inform the structure of an intervention in a way that would benefit all those involved. We recommend piloting the intervention at a small scale, with measurable behavioural outcomes, to understand its effectiveness.

If you have any questions about the recommendations and findings outlined in the report, please contact the Social Finance team.

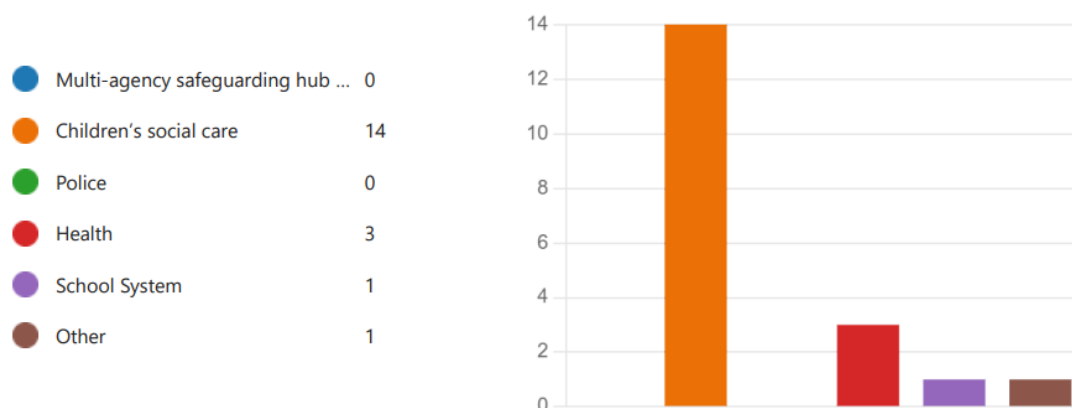
Annex

Annex A. Raw data tables & charts

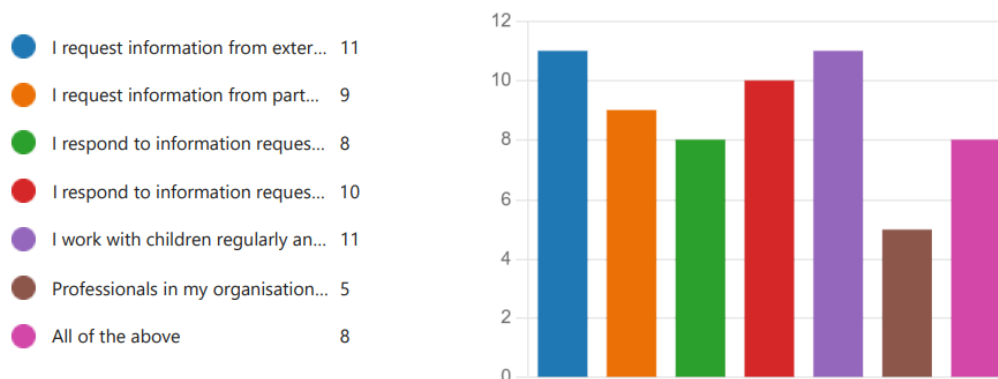
Overview of results from Front-line Practitioners Survey

These graphs represent the original outputs from the survey with practitioners and they have not been formatted or altered. All graphs will be reformatted to improve clarity and accuracy in the next iteration of this report, accompanied by full data tables.

4. Which option below best describes the organisation you are part of?



5. Please indicate which of the following describes your role in data sharing related to child safeguarding. Many of these may describe your role in data sharing; please choose all that apply.



6. From your perspective, how important is data sharing with partners to effectively safeguarding children?

Not very important	0
Important, but not the most im...	2
Most Important	17



7. How worried are you that information is not being shared as well as it could be to effectively safeguard children who are looked after or on a child protection plan?

Not worried	0
There could be improvements, ...	14
I'm worried about this, I think th...	5



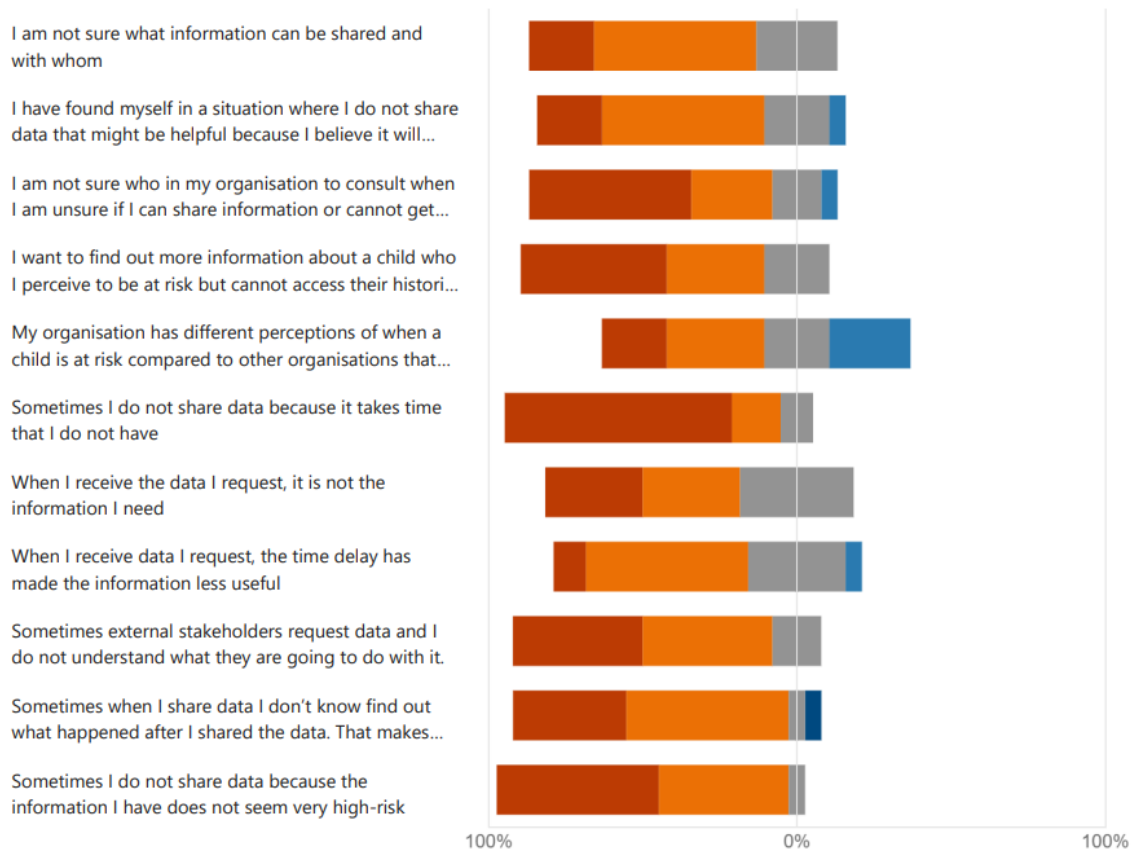
8. How worried are you that information is not being shared as well as it could be to effectively safeguard children who are not looked after or on a child protection plan?

Not worried	1
There could be improvements, ...	10
I'm worried about this, I think th...	8



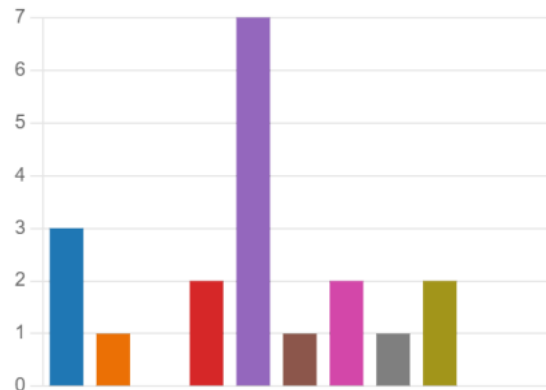
9. Please indicate how much each of the barriers listed below impact you in sharing and/or receiving data related to children's safeguarding

- This is not a barrier I have faced
- This statement resonates with me but it is not something I experience regularly
- I have faced this barrier on many occasions/situations
- I regularly experience this barrier and I believe it influences how I share and receive data for children's safeguarding
- Option 5



10. Please choose up to three barriers that most resonate with your experience

- I am not sure what information ... 3
- I have found myself in a situatio... 1
- I am not sure who in my organis... 0
- I want to find out more informat... 2
- My organisation has different p... 7
- Sometimes I do not share data ... 1
- When I receive the data I reques... 2
- When I receive the data I reques... 1
- Sometimes external stakeholder... 2
- Sometimes I do not share data ... 0
- Sometimes when I share data I ... 0



11. Please indicate how strongly you feel about each of the statements below

- Disagree
- Neutral
- Agree
- N/A - this statement is not relevant to my role
- Option 5

Data sharing with internal and external partners is not a problem when a child is looked after or is on a chil...

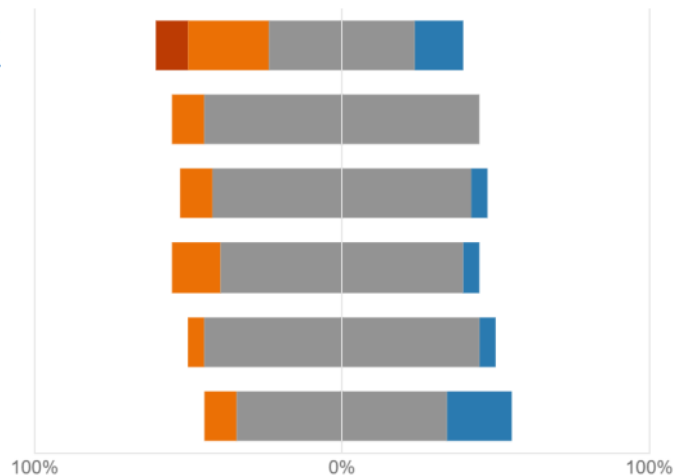
I find it helpful to review/hear about specific case studies to understand when information should be...

It is/would be helpful to have shared space with professionals from other organisations to build...

It would be helpful to have more clear guidance, in the form of checklists, FAQs, or training, to understa...

It is important to me to know that my manager supports me when I share data.

When I have information related to children's safeguarding but I'm not sure what to do with it, it...



Annex B. Interview Guides

Explorative interviews

Section 1: On sharing information

Could we start by thinking about information sharing within children's services in your local authority.

As I've already said, let's try and consider historical cases or those where there is no longer a safeguarding risk.

Can you talk us through a straightforward case where data sharing internally was straightforward and you received information in a timely manner which meant we could safeguard a child and family.

- What do you think helped to make this straightforward?
- Why did having the information when you did help?

Could you now talk us through a time when data sharing internally was tricky or something was delayed led to a negative outcome for a family or caused a safeguarding risk.

- What caused this to be difficult?
- What could have helped to avoid this situation?

Now, thinking about requesting or sharing data externally with partners.

Could you talk us through a time when this was straightforward and information was received in a timely way which meant, collectively, we were better able to safeguard a child and family.

- What helped to make this straightforward?
- Did you have prior relationships with that service? Were they the referrer etc.?

Could you now talk us through a time when data sharing externally didn't happen which led to a negative outcome for a family or caused a safeguarding risk.

- What caused this to be difficult?
- Did you have permission from the family to request / share their data?
- Have there been cases where you've felt uncomfortable sharing information? Why?
- Does any of this depend on how you feel about the case?
- Was this perpetuated because there were variations in understanding of when we can share and request information?
- Does any of this depend on your relationship with the family?

Section 2: Sharing and requesting information

I now want to move on to talk about data sharing more broadly and how you see data protection fitting into your day-to-day role.

What does data protection mean to you and how does it apply in your role?

- Are you offered data protection training as part of your role? How useful is this to you?
- What communication do you receive about Newham's / external partner's data sharing agreements?

- How regularly do you receive information?
- What do you follow?
- When do you think we need to gather consent from families before sharing and requesting data about them? How would you feel about requesting information if you don't have consent?
- How does this differ between whether the case is non-statutory or statutory?

Section 3: On solutions

Finally, I'd like to ask you about any solutions that Newham or others have put in place that respond to some of the challenges and barriers to data sharing.

- What solutions are you aware of?
- To what extent do they respond to challenges around data sharing?

Are there greater issues or more complex cultural difficulties that hinder data sharing (both internally and with external partners)

How do you feel Newham Council are responding to these challenges? Have you seen positive changes over the last few years?

How imperative is it that we tackle these issues?

Existing solutions interviews

Overview of barriers/solutions

I'd like to ask you about any solutions that Newham or others have put in place that respond to some of the challenges and barriers to data sharing.

What do you think has been the biggest changes to data sharing over the last 10 years?

Can you think of any changes in the way of working which have addressed barriers to data sharing?

At what stage part of the journey do you think it is most important to focus solutions on (eg. Information sharing at the point of referral, information sharing at multi-agency meetings, at step down meetings)? Where do the barriers to data sharing have the biggest potential impact on child safeguarding?

Existing solutions

- What solutions are you aware of?
 - What barrier did this solution address?
- At what stage of the journey did this solution address (eg. Information sharing at the point of referral, information sharing at multi-agency meetings, at step down meetings)
- Who was involved in the design of this solution?
- Who was the intended solution designed to help?
- What would you say were the main reasons why this solution was successful/not successful?
 - What would have made this better?
 - What would you have changed?

MASH as a solution

We'd like to talk a bit about MASH now, which we've heard a lot about as one of the key changes to improve data sharing for children's safeguarding. As we understand, it is the front door service to social care and there needs to be good processes of data sharing with external partners such as education, police and health organisations.

- Could you tell me the extent to which MASH addresses some of the barriers to sharing data
- What elements of MASH would you change to improve data sharing at the front door?
- We know that the MASH model primarily relates to triaging at the front door. Are there elements of the MASH model that would be able to address data sharing barriers in different settings or stages?

Non-statutory cases

In conversations we've had with practitioners in the last few weeks, we have heard that there are more barriers to data sharing in cases that are not statutory, as consent is needed to share data and different stakeholders (e.g., schools, health, etc) may have different perceptions of when a

child is at risk. Relatedly, we've heard that there are gaps in data sharing when cases are closed or step down.

- Does this description of barriers resonate with you? Is there any additional context you would provide?
- Are you aware of solutions that have been put in place to address this challenge?

Relationships across agencies

We've also heard that there can be differing objectives and relationships across various stakeholders (CS, police, health, schools) that impact how data is shared.

- Does this description of barriers resonate with you? Is there any additional context you would provide?
- Are you aware of solutions that have been put in place to address this challenge?

We have heard that when a child moves from outside London to a London borough it can be hard to access complete information, does this resonate with you? And how might we think about improving this to enable better information sharing when interacting with a borough not in the Pan-London safeguarding process?

Ideas for solutions

- Are there greater issues or more complex cultural difficulties that hinder data sharing (both internally and with external partners)
- How do you feel Newham Council are responding to these challenges? Have you seen positive changes over the last few years?
- How imperative is it that we tackle these issues? How much of a priority should this be?

Annex C. Ideation workshop structure

As noted, the project team held two ideation workshops: one for managers and senior stakeholders and one for front-line professionals. In each of those sessions, participants were divided into breakout rooms to respond to “How might we...” prompts within their assigned opportunity areas. The table below includes the opportunity area and “How might we...” statements as they were posed to participants during the workshop.

Opportunity area	How might we....
Improve data sharing in non-statutory cases to ensure all potentially valuable information is shared	Ensure that there is a common understanding for what is meant by ‘statutory case’ and ‘non-statutory cases’
	Clarify when and what types of information can be shared when cases do not meet statutory threshold
	Ensure that information is considered and discussed when cases do not meet the statutory threshold
	Create routes for professionals to get advice if they have information related to a child and they are unsure if the information is high risk
Align professionals around a shared responsibility and vision for child safeguarding	Work towards a shared understanding among professionals of when a child is "at risk"
	Promote a culture where child safeguarding is every organisation's responsibility and responsible data sharing is a core aspect of that
	Improve understanding of the different roles that each organisation plays in child safeguarding and the type of information each organisation collects
	Encourage relationship-building between professionals across organisations
Increase professionals' confidence in data sharing	Ensure professionals know which resources are available to them when they are unsure about a data sharing situation
	Ensure professionals feel supported and empowered to share data within their organisation when they believe it is important to a child's case

	Improve perceptions of support for families, so that professionals do not have to worry about how sharing data could impact the relationship with the family
--	--

Annex D. Ideation workshop participants

Attendees

Managers and Senior Stakeholders

- 5 Children's services
- 1 Early help
- 1 Health
- 2 Police
- 1 Department for Education
- 2 uncategorised

Front-line Practitioners

- 3 Children's services
- 1 Health (ambulance services)
- 1 Police
- 1 Education

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