LONDON AMBULANCE SERVICE NHS TRUST

SECTION 11 SELF ASSESSMENT TOOL

June 2018

STANDARD 1 – Senior management have commitment to the importance of safeguarding and promoting children's welfare

[London Ambulance Service]

Title: Section 11 Self Assessment Tool	Version: 3.0
Date: June 2018-19	Owner: Alan Taylor Head of Safeguarding

How effective is the commitment of senior management to safeguarding and promoting the welfare of children within your agency / organisation?	
Compliance checklist – policies & procedures, organisational arrangements	**Describe / identify how your organisation meets this standard.**
Named person at senior level responsible for safeguarding and championing role clearly in job description	Executive Lead for Safeguarding Trisha Bain Chief Quality Officer works at an executive level with responsibility to champion role clearly in job description. Alan Taylor is the Head of Safeguarding & Prevent Ginika Achokwu is the Safeguarding Specialist for Children
Corporate plans include reference to safeguarding and staff involved	Safeguarding policy reviewed and agreed February 2017 and is currently being reviewed due to new Working Together document and Child Death changes.
Senior managers demonstrate good understanding of safeguarding Annual monitoring in place and is communicated to staff and action plans to address issues developed	Safeguarding Assurance Group reports to the Quality Assurance Group which reports to Quality Oversight Group of the Trust Board. The Safeguarding Operational Group reports to the Safeguarding Assurance Group. Head of Safeguarding provides training to Trust Board on Safeguarding. Safeguarding training is included on Corporate Induction program. The Trust has a Safeguarding audit plan that audits several areas of safeguarding practice. Any findings are built into our safeguarding refresher training programmes, which occur annually. . Produce quarterly report on safeguarding activity which is shared; internally, with commissioners and external partners.
	How do you know? – include evidence of improved outcomes
	Reports provided to Safeguarding Assurance Group Quality Assurance Group.

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| | Audit findings evidence of practice and retention of learning
Monthly audits completed with Frontline staff recurring themes are used to design training/ refresh previous training e.g. FGM
Job Descriptions have safeguarding roles and responsibilities explicitly included within.
Development and support for Local Safeguarding Leads across all complexes.
Trust Board monitor safeguarding performance through the Quality Oversight Group.
Safeguarding Children work plan in place part of critical success factors.
Annual Safeguarding Report completed and published.
Safeguarding Children referrals are recorded and sample reviewed by Safeguarding Specialist. Any repeat referrals are escalated in accordance with Trust plan.
Safeguarding Children Policies and Procedures in place.
All above communicated to all staff via X:Drive, The Pulse
The Trust Board receive copies of Safeguarding Assurance Group minutes.. | | |

Are any actions required to improve effectiveness?	**How will you do this?**	**Who will lead?**	**Timescale?**
None			

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STANDARD 2 – There is a clear statement of the agency's responsibility towards children and this is available to all staff

How clearly are the agency's responsibilities towards children communicated to all staff?	
Compliance checklist – policies & procedures, organisational arrangements	**Describe / identify how your organisation meets this standard.**
All staff are aware of safeguarding policies and procedures	All Policies and Procedures available on X:Drive and via The Pulse. Notification to staff via the Routine Information Bulletin (RIB) Trust has a Safeguarding Children policy, Chaperone Policy, Domestic Abuse policy, Safeguarding Allegations Against Staff policy. Safeguarding Supervision policy. Core Skills Refresher has Safeguarding included in sessions annually. Operational Work Place Reviews with Safeguarding review. Quality Directorate Bulletin – disseminates urgent messages. Safeguarding team issue safeguarding bulletins, articles in Clinical Update and we have published our first Safeguarding Newsletter which refer to policies and procedures. Trust Safeguarding Children Work Plan.
Effective complaints system in place, which is in line with current statutory guidance, for children, staff & other people to make complaint about non-compliance to agency's procedures.	Safeguarding Children activity reported monthly in Quality report and quarterly in commissioners' report. . Safeguarding Pocket book issued to all staff. Edition 3 currently in development.
Child friendly complaints information	Patient Experiences Department has effective complaints system in place – information disseminated

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Organisation demonstrates how recommendations / outcomes on practice are communicated to staff Commissioning arrangements include monitoring of sec 11 responsibilities Organisation can demonstrate policies and procedures have positive impact on outcomes for children	to all health and social care agencies pan-London; established relationship with Independent Complaints Advocacy Service. Easy read version on safeguarding and also how to make a complaint produced Clinical Updates feature safeguarding cases arising from Serious Case Reviews (SCR). Recommendations & outcomes are included into our annual safeguarding refresher training and we are currently discussing with the Trust learning from experience lead how we can feed into the Trust wide learning from experience. Designated Safeguarding Leads from Brent CCG are members of the LAS Safeguarding Assurance Group. Trust has an annual safeguarding audit plan findings and recommendations are published in clinical updates and shared externally with partners where appropriate.
	How do you know? – include evidence of improved outcomes
	Policies and Procedures have a clear focus on the well being of Children, Young People and their Families. Continued increase in safeguarding referral (LA279) completed by crews for children. Actions and recommendations arising from SCRs fed in to Action Plan, feedback and supervision given to staff involved via the Staff Safeguarding Action Plan Form (LA456) captured on Datix. Safeguarding supervision requirements across the Trust in place and being delivered.

Are any actions required to improve effectiveness?	How will you do this?	Who will lead?	Timescale?
None			

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STANDARD 3 – There is a clear line of accountability within the organisation for work on safeguarding and promoting welfare

How clear is the line of accountability within the organisation for work on safeguarding & promoting welfare?	
Compliance checklist – policies & procedures, organisational arrangements	**Describe / identify how your organisation meets this standard.**
Named person has ultimate accountability for safeguarding arrangements There are clear lines of accountability from staff through organisation to named person & flow chart of accountability is displayed and available to staff Anyone who comes into contact with children or their families has their responsibility towards children's welfare explicitly stated in job description. Staff are aware who has overall responsibility for agency contribution, and are clear of own responsibilities. Effective supervision and monitoring is available to all staff.	Executive Lead Chief Quality Officer has ultimate accountability for safeguarding arrangements. Head of Safeguarding & Prevent in post. Trust also has a Safeguarding Specialist for Children in post. Lines of accountability throughout the organisation from executive to front line staff has been published and is included in safeguarding policy. Job Descriptions for all clinical and managerial staff explicitly contain Safeguarding role and responsibilities. Safeguarding training delivered on induction and Core Skills Refresher, covers Trust and own responsibilities, also detailed in safeguarding pocket book issued to all Trust Staff. The Trust provides mandatory safeguarding supervision to identified staff groups (adhoc supervision is also available) sessions are delivered individually or as part of a group. OWR include Safeguarding elements and give an opportunity for Team Leaders to assess knowledge and awareness of safeguarding issues and the understanding of the policies and processes in place during an observational shift with frontline staff. Clinical staff also receive debriefs and clinical supervision which feeds into safeguarding supervision when required. Safeguarding practice also provided using the Staff Safeguarding Action Plan (LA456) Safeguarding is part of the Clinical Performance Indicators reviewed by the Clinical Audit Research Unit (CARU)- ensuring referrals are done and if missed a retrospective referral is undertaken.

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	How do you know? – include evidence of improved outcomes
	The safeguarding Assurance Group drives the Trusts' action plan for safeguarding children and the safeguarding of adults and meets every quarter. Staff job descriptions includes safeguarding roles and responsibilities. Actions of supervision sessions. SAG Minutes contain details of safeguarding supervision compliance. OWR/Core Skills Refresher training undertaken 2017 .3 included Safeguarding.

Are any actions required to improve effectiveness?	**How will you do this?**	**Who will lead?**	**Timescale?**
N/A			

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STANDARD 4 – Service development takes into account the need to safeguard and promote welfare and is informed, where appropriate, by the views of children & families

How effectively does service development take into account need to safeguard? How is it effectively informed by views of children & families? How can you demonstrate improved outcomes?	
Compliance checklist – policies & procedures, organisational arrangements	**Describe / identify how your organisation meets this standard.**
Service development has taken into account the need to safeguard and promote the welfare of children Children & their families are actively involved in design, development & delivery of services & their involvement is demonstrated. Different methods of communication are available to children to express their views. Children & young people are involved in the development of equal opportunity policies There is a responsive process in place to act on identified unmet need Improved outcomes for children matched to agency / LSCB business plans are demonstrated as a result of service development	Safeguarding Assurance Group Safeguarding Children Action Plan/ workplan and critical success factors. Role of EBS Signposting on Trust website, email, telephone, address Materials (puzzles and quizzes etc.) are available on the LAS website (Key Stage 1, with Key Stage 2 materials being developed) to engage children. Insight in to management Programme, where we work with a group of sixth-formers on a project. Wide range of activities across the Trust to engage children and young people, including: • School visits (all ages) • Cubs, scouts, brownies, guides etc. • Junior Citizen Schemes (mostly year 6) • Knife crime education (all ages); this includes visits in specialist units such as pupil referral units, youth offending teams and prisons etc. • Road safety activities • Careers events/ development activities

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	• Fairs, fetes, and fun days
	Whilst these activities are not mostly directed at the design/development/delivery stage, they do provide opportunities for children and young people to give us feedback about services and express their views.
	How do you know? – include evidence of improved outcomes
	Missed referrals captured and entered on to case management system, – to assist and enable identification of emerging trends whilst addressing individual episodes. This is then fed back to staff via the staff safeguarding feedback form using a process of supervision and recorded on Datix. Any trends are used in refresher training. We routinely seek feedback on our public education work from the organisers.

Are any actions required to improve effectiveness?	How will you do this?	Who will lead?	Timescale?
None			

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STANDARD 5 – There is effective training on safeguarding & promoting the welfare of children for all staff working with or, depending on the agency's primary functions, in contact with children & families

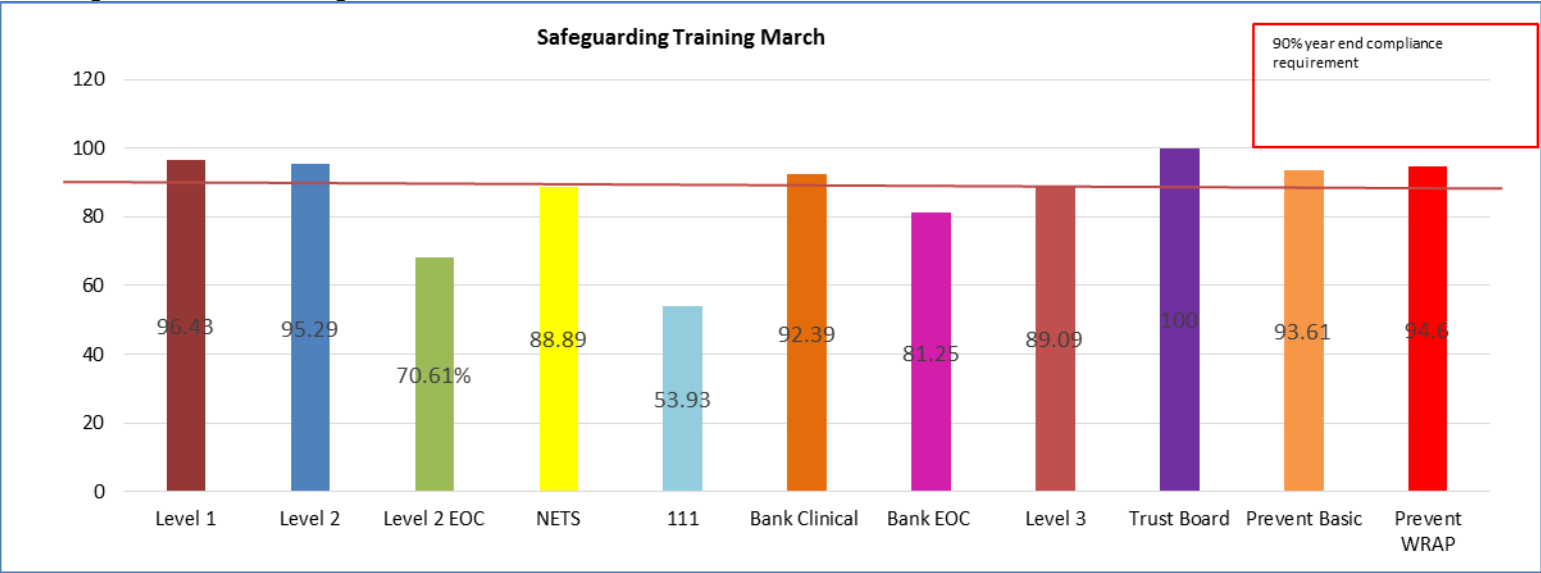| How effective is training on safeguarding & promoting welfare of children for all staff & volunteers working with or in contact with children & their families? Can you demonstrate improved outcomes as a result?	
Compliance checklist – policies & procedures, organisational arrangements	**Describe / identify how your organisation meets this standard.**
A clear induction process is in place for all staff that addresses safeguarding & is delivered in a timely way Staff receive appropriate safeguarding training & individual training plans are in place Organisation can evidence training undertaken by staff through a database Training enhances staff awareness of diversity issues Organisation can demonstrate impact of training on practice & improved outcomes	Safeguarding Children Training is Mandatory for all staff. Below is a list of the training provided by the LAS. Level 1 Safeguarding included on Induction. Level 1 eLearning for all non-clinical staff Level 2 included on all paramedic programmes. With annual refresher covering a range of topics. Level 3 for Specific staff with additional safeguarding requirements. See safeguarding training strategy Trust Board specific training delivered. HR & Senior management training on safeguarding allegations against staff. OWR/CSR Feature Safeguarding Children. Staff individual training records held on OLM Training includes diversity issues

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How do you know? – include evidence of improved outcomes
Training undertaken during 2017-18

Safeguarding Training March

90% year end compliance requirement

Level 1: 95.43
Level 2: 95.29
Level 2 EOC: 70.61%
NETS: 88.89
111: 53.93
Bank Clinical: 92.39
Bank EOC: 81.25
Level 3: 89.09
Trust Board: 100
Prevent Basic: 93.61
Prevent WRAP: 94.6

Are any actions required to improve effectiveness?	How will you do this?	Who will lead?	Timescale?
EOC and 111 both have recovery plans to ensure improved compliance	Monitoring through SAG and CEO monthly performance reviews	Heads of Control service Head of 111	July 2018

STANDARD 6 – Safer recruitment procedures including vetting procedures and those for managing allegations are in place

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How robust are organisation's recruitment, vetting and managing allegations procedures?	
Compliance checklist – policies & procedures, organisational arrangements	**Describe / identify how your organisation meets this standard.**
Organisation has safer recruitment & selection procedures in place in line with statutory guidance Organisation can demonstrate that agencies commissioned to provide services have safer recruitment in place Safer recruitment training is in place for managers involved in recruitment Organisation has managing allegations procedures in place A senior manager has been identified for the managing allegations process & knows who the LADO is and when to contact them Support is available for staff who are subject to allegation Audit processes are in place to monitor safer recruitment & managing allegations	All Trust staff with patient contact have DBS check. These include all new starters in operations and control and all management posts The Trust undertakes an enhanced DBS check and ISA checks on appropriate recruitment and role changes. The Trust is currently rechecking existing staff DBS over the next 18 months. The expectation around safeguarding responsibilities is outlined in SLA/contracts with other providers working on behalf of the Trust, e.g. VAS, private companies and volunteers. The Trust has procedures to manage allegations via the disciplinary procedure and an Allegations Against Staff policy, which is currently being updated. Safer recruitment & selection procedures are now in line with statutory guidance following issues identified below Chief Quality Officer and Head of Safeguarding identified for managing allegations process knows who the LADO are and how and when to contact them. See evidence of improvements. HR has process in place to support staff subject to allegation via the disciplinary procedures. Staff who are suspended also receive an individual named support manager.
	How do you know? – include evidence of improved outcomes
	The Trust complies fully with the duty to inform the Independent Safeguarding Authority (ISA) if our organisation dismisses or removes a member of staff/volunteer from working with children and/or vulnerable adults because they have harmed a child or vulnerable adult. 1 member of staff resigned LADO and professional body informed.

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	When appropriate the Exec Lead (or Named Professional) informs LADO or SAM if we have any concerns about our staff; During 2017-18 the trust had 7 child (4 not safeguarding, 1 staff resigned 2 trust disciplinary process followed and 17 adult concerns (14 closed not all proven 3 cases ongoing, Trust disciplinary process followed where appropriate). Engagement with police and Safeguarding Adult Manager (SAM) where appropriate
	SI was considered in relation to NET's and other staff who are patient facing without a DBS completed. Immediate action plan was established and weekly reviews of progress against actions with Directors was established. These are now all complete and the trust has established a monthly review group to monitor further changes to improve the trusts safer recruitment process and oversee the rechecking of all clinical staff DBS checks which the trust agreed to do by 2019.
	The Trust's Recruitment Policy includes reference to DBS checks for specific groups prior to appointment:
	http://thepulse/managing/1048696132.html

Are any actions required to improve effectiveness?	How will you do this?	Who will lead?	Timescale?
None			

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STANDARD 7 – There is effective inter-agency working to safeguard & promote the welfare of children

How effective is inter-agency working by your organisation? How do you demonstrate improved outcomes as a result?	
Compliance checklist – policies & procedures, organisational arrangements	**Describe / identify how your organisation meets this standard.**
Multi-agency working is actively promoted	Head of Safeguarding attends London Safeguarding Children Board.
Early Assessment tools are utilised to improve outcomes and are monitored for effectiveness of improved outcomes	The Trust has external Designated Safeguarding Leads from Brent CCG on the Safeguarding Assurance Group and members of the Patients Forum.
Agency contributes to the team around the child approach	The Safeguarding Specialist for Children attends the NHSE child professionals group
Organisation uses LSCB inter-agency protocols for specific needs	Quality Governance Assurance Managers or rep attend LSCB, Health Sub Group or equivalent
Organisation ensures effective contribution to Sec 47 investigations and CP Plans	The Trust uses Patient Specific Protocols (PSP) and Individual Dispatch Procedures (IDP)
participation in multi agency planning at multi-agency meetings is monitored and non-attendance addressed	The safeguarding team works with external agencies such as local authorities and other Trust departments, in order to ensure that the Trust is compliant with its statutory responsibilities set out in the Children Act 2004
Outcomes identified though assessment of children are monitored to demonstrate improvement at all levels of intervention	The Trust contributes to Rapid Response Meetings (RRM), Serious Case Reviews (SCR), MARACs, Case Conferences, professionals meetings and CDOPs. Clinical Audit and Research Unit (CARU) audit clinical standards and provide reports for the trust.
Children & their families are consulted on regarding the effectiveness of inter-agency	

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working.	**How do you know? – include evidence of improved outcomes**		
	Database captures names and attendance at LSCB meetings. This improves communication and information sharing between the LAS and other professionals involved in Safeguarding Children work. Database sits on the X:Drive. Annual safeguarding audits undertaken including local safeguarding activity undertaken with complexes Form A completion for CDOP completed by EBS Form B completion by Safeguarding Team This year we have begun to obtain dial in details for RRM when these are available to ensure we are able to take part in discussions when they are short notice or a long distance from our stations. Openness and transparency – all polices and practice guidelines available on Trust website		
Are any actions required to improve effectiveness?	**How will you do this?**	**Who will lead?**	**Timescale?**
Considering how Trust can meet safeguarding requirements and priorities across 64 Boards	Have written a proposal to the Board Chairs, awaiting feedback on proposals. Have approval from Designated Safeguarding Leads from Brent CCG to approach	Head of Safeguarding & Prevent	Dec 2018

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STANDARD 8 – There is effective Information Sharing

How effective are the organisations arrangements for information sharing governance?	
Compliance checklist – policies & procedures, organisational arrangements	**Describe / identify how your organisation meets this standard.**
Organisation has a clear policy on appropriate information sharing to ensure children are safeguarded and their welfare promoted Organisation can evidence how this impacts on outcomes for children Training addresses need for effective information sharing and encourages staff to use professional judgement Staff know where to seek advice on information sharing & have confidence in their professional judgement	Data Protection Act/Children Act enable sharing of information where appropriate to do so Information is shared with Local Authority via LA279 Child at Risk/in Need report form completion. These referrals are made by frontline crews detailing their concerns about children who may be at risk of abuse or neglect via secure email by Emergency Bed Service (EBS) to Children's Services for action. Staff can call EBS 24/7 to make referrals. Safeguarding Specialists reviews all referrals from crews when there are no identified safeguarding concerns, to ensure nothing has been missed and where required will refer to relevant agency and feedback to staff. Frontline staff may also refer to Metropolitan police Service if the child or young person is thought to be at risk of significant harm or a crime has taken place Safeguarding Team complete form B and other reports as requested. EBS complete a Form A for child deaths were the Trust staff Recognise Life Extinct. Staff may seek advice, support on information sharing from the, EBS and the Safeguarding Specialist for Children, Head of Safeguarding or other members of the safeguarding team. Where there are requests for Patient Specific Protocols & Individual Despatch Protocol and High Risk Register –the patient would be notified. Feedback from local authority is poor. Record Management policy in place (TP29) Safeguarding children policy in place (TP18)
	How do you know? – include evidence of improved outcomes
	Referrals are increasing in number this demonstrates frontline crew's ability to detect children who

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	may be at risk of abuse or neglect and share information with the relevant professionals. Education package clearly states importance of information sharing to safeguard the welfare of children and young people. All requests for information are sent via secure emails. Safeguarding pocket book details duty to share information and that Data Protection Act and General Data Protection Regulation is not a barrier to sharing safeguarding information. Requests for information from Patient Experience Department (PED) and safeguarding email address. Form A completion by EBS (LAS referral team) Form B completion by Safeguarding Officer at request of local authority		
Are any actions required to improve effectiveness?	**How will you do this?**	**Who will lead?**	**Timescale?**

This audit was completed by:
Name: Alan Taylor
Position: Head of Safeguarding London Ambulance Service NHS Trust
Signed:
Date: 12ᵗʰ June 2018

LSCB representative:
Name:
Position:

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Signed:	
Date	

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Section 11 guidance notes

What is Section 11?
Safeguarding children is everyone's responsibility. S.11 of the Children Act places a statutory duty on key organisations to make arrangements to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children.

It is important to remember that s.11 does not give agencies any new functions, nor does it over-ride their existing functions. Instead it requires you to carry out your existing functions in a way that takes into account the need to safeguard and promote the welfare of children.

Who does s.11 apply to?
S.11 compliance is a mandatory requirement for key organisations involved with children and young people, including:

- Local Authorities
- The Police
- The Probation Service
- NHS Bodies (including designated special health authorities, primary care trusts, NHS trusts and NHS Foundation Trusts)
- Youth Offending Teams

Guidance notes to support the completion of the S11 self assessment tool

This assessment tool has been designed to provide agencies with the opportunity to highlight areas of strength and to identify areas for development in respect of their section 11 duties and responsibilities. This will assist the LSCB partnership in identifying where to target support in order to drive safeguarding standards upwards.

In completing the assessment tool

1. If an agency decides that a particular strand within the assessment tool is not applicable the agency must clearly set out why the standard is not relevant.
2. When referring to children, the standard includes all children and young people aged 0 to 18 years
3. Safeguarding and promoting the welfare of children is defined within WT 2010 (1.20) as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

This tool covers the continuum of safeguarding need from early safeguarding provision to statutory child protection processes.

Evaluation of responses
All LSCBs are inspected using OFSTED grading standards. S 11 evaluation reports will measure compliance using the OFSTED standards.

You may wish to reference your own inspection standards as evidence within submissions.

Evidencing the standards
When providing evidence to support compliance with standards you must be assured that statements made within the completed tool are correct and based on accessible evidence.

This self-assessment tool does not require agencies to submit documentation as evidence; however evidence may be subsequently requested.

The self-assessment must demonstrate the impact of policies and practice on identifiable improved outcomes for children young people and families for which evidence is available.

Demonstrating Outcomes
To demonstrate improved outcomes you may, for example, discuss how you identified areas for improved outcomes, what you hoped to achieve, what you did and then set out who was better off.

STANDARD 1 – senior management commitment to the importance of safeguarding and promoting children's welfare

Job descriptions clearly set out the expectations placed on the named person.

Corporate / business plans highlight the improved outcomes expected as a result of the plan so that measured improvements in safeguarding, including child protection, are easily identifiable.

Ofsted and CQC guidance to be used where applicable throughout-www.ofsted.gov.uk; www.cqc.org.uk. Where voluntary services are contributing to the process safe network standards are to be used www.safernetwork.org.uk

To include reference to Health and Wellbeing Boards and Children's Partnerships where applicable.

STANDARD 2 – A clear statement of the agency's responsibility towards children is available to all staff

How do you know that your staff are aware of their safeguarding responsibilities eg how many staff are trained and level of training, induction training, professional development that highlights safeguarding knowledge, appraisals etc.

Provide evidence of complaints made regarding safeguarding issues including compliance with procedures. Include how the agency used complaints to improve service outcomes through organisational learning. You may include learning from serious case reviews, single and multi agency audits etc

Evidence how your agency ensures that any contracted/commissioned agency has the required level of safeguarding knowledge, including those who provide locum services. Evidence how you monitor contractual safeguarding compliance matched to outcomes including, for the voluntary sector, safe network standards.

STANDARD 3 – A clear line of accountability within the organisation for work on safeguarding and promoting welfare

Even if safeguarding is not your core business, agencies must evidence the accountability structure in place to ensure that children and young people are safeguarded and their welfare promoted, for example, through Think family/ hidden harm / safe networks / CQC standards/ Ofsted etc

STANDARD 4 – Service development takes into account the need to safeguard and promote welfare and is informed, where appropriate, by the views of children & families

Some suggestions for evidence within this section may include:

Equality impact assessments that include a specific area on safeguarding

How you have utilised young people forums to inform strategic planning or decision making

The methods that have been used to ensure the diverse needs of children are identified and addressed.

Identify the outcomes your agency prioritised and evidence how these have been progressed towards achievement.

STANDARD 5 – Training on safeguarding & promoting the welfare of children for all staff working with or, depending on the agency's primary functions, in contact with children & families

Agencies must consider single and multi agency training undertaken: You may have discussed training elsewhere, this can be cross referenced.

A database for recording attendance at training can be in a number of formats including excel spreadsheet / word / electronic

STANDARD 6 – Safer recruitment procedures including vetting procedures and those for managing allegations are in place

How do you promote the role of the LADO within your agency (intranet / internet / websites / Team Meetings etc)? What evidence do you have to demonstrate that processes are embedded within your organisation and referrals made whenever an allegation is made.

Evidence could include referrals made to the Independent Safeguarding Authority (ISA), that they have been fully completed, not stopped due to staff resignation / checks made including CRB and professional registration.

STANDARD 7 - Effective inter-agency working to safeguard & promote the welfare of children

How do you utilise data and provide examples. For example provide an example of how you have acted on your data to improve early intervention provision.

Where applicable evidence how your organisation has used interagency protocols.

Show how you have worked effectively with LSCB partners to successfully deliver Care plans and appropriately support any s47 investigation.

Evidence to include how you monitor agency attendance at child protection conferences and core groups and ensure effective contribution to child in need and looked after children planning

Further examples could include attendance at multi agency meetings/ evidence of how non attendance at key meeting is addressed within your agency/ Agency progression of child in need plans / team around the child plans etc / dispute escalation procedures in place for resolving disagreement internally and externally on case issues

STANDARD 8 – Effective information sharing

Evidence practice links to the statutory guidance 'Information Sharing for Managers & Practitioners (DCSF) and the 8 golden rules. If information sharing arrangements

are effective it will include secure transfer of information such as secure email, password protection etc.

Effective and appropriate information sharing could be identified through increased cases of early identification of need.