Please note: These meeting notes are Scottish Government summaries of the discussions Scottish Government officials and Ministers heard at these meetings, not formal minutes agreed by those attending. The meetings ranged in audience from frontline practitioners to heads of organisations, and parents and young people, and because of this, the meeting length and delivery format on the day, as well as the structure and length of each meeting note varies. There was a variety of views expressed at each meeting.

**GIRFEC Engagement on Information Sharing**
**Meeting with Unions/Professional organisations representing Nursing Practitioners and Midwives and Minister for Childcare and Early Years**
**1 November 2016**
**Scottish Government Note of Meeting**

1. **Welcome and introductions**

The Minister welcomed the group to the meeting and explained that the purpose of the meeting was to hear the broad views of the nursing and midwifery unions, professional bodies and the regulatory body on the Named Person policy with respect to information sharing.

2. **Setting the Scene**

A summary of the Supreme Court judgment was provided and an update on the engagement activity so far.

3. **Organisational Perspectives**

The Minister invited each of the organisations to share their thoughts on information sharing with and by the Named Person service and offer their initial thoughts on the Supreme Court judgment. The key issues raised were:

**Scottish Executive Nurse Directors (SEND)**

- There is support across SEND for the need and implementation of the Named Person service.
- There are different views across the Health Boards on what the judgment means and thoughts on the way forward.
- Acknowledge that law on information sharing is quite technical but is managed in routine practice through guidance, policies, procedures, etc.
- Concerns around having strict rules, that reduce professional judgement, in relation to the management of consent to sharing information particularly in regard to young people where it is not always straightforward e.g. contraception and teenage pregnancy.
- SEND support trying to reach a middle ground on information sharing with clarity needed around some of the long standing issues.
- Acknowledge that all parties might not agree on every detail of how we decide to take information sharing forward.

**Royal College of Midwives**

- In support of information sharing ‘where necessary and proportionate’.
Please note: These meeting notes are Scottish Government summaries of the discussions Scottish Government officials and Ministers heard at these meetings, not formal minutes agreed by those attending. The meetings ranged in audience from frontline practitioners to heads of organisations, and parents and young people, and because of this, the meeting length and delivery format on the day, as well as the structure and length of each meeting note varies. There was a variety of views expressed at each meeting.

- Good quality guidance would help when deciding what information can be shared and when/what information should not be shared, including situations when consent is not required to share information.
- Want a smooth transition of sharing of information from what happens now to what may be required in the future.
- Some concerns around creating strict new processes around consent to share.
- Reassurance that resources are in place i.e. Health Visitors.

Royal College of Nursing

- How is the Scottish Government going to turn around the negative imagery in the media etc. on the Named Person?
- Concern that nursing staff will be affected by the potentially negative public view of the Named Person service.
- The language used in the statutory guidance on Named Person could at times be negative i.e. ‘dispensing with consent’.
- Must ensure that sufficient resource is in place.
- Need to move perception that the Named Person is the ‘back door to child protection’.
- Need to make the ‘grey areas’ around information sharing clearer.
- Need to ensure that new Health Visitors have sufficient resources and clinical support to take forward the Named Person role.
- Once the Scottish Government produces something ‘tangible’ on information sharing can it be shared/tested with the RCN Membership.

Nursing and Midwifery Council

- The NMC highlighted that it is important for registered nurses and midwives to be clear about what their legal obligations are in the areas of information sharing, that there are professional duties in the Code on information sharing, the right to privacy and confidentiality, and that an important factor to consider would be that staff breaching the Code or the law of the land in relation to information sharing may be subject to fitness to practise referral and put their registration at risk.

Unison

- Need to continue to see the level of investment from the Scottish Government with regard to the Named Person. Unison recognises and welcomes the continued investment.
- Named Person policy relies on the technical aspect of information sharing [it is difficult for Unison to offer advice on the way forward as resolving the Supreme Court concerns will be a technical solution].
Please note: These meeting notes are Scottish Government summaries of the discussions Scottish Government officials and Ministers heard at these meetings, not formal minutes agreed by those attending. The meetings ranged in audience from frontline practitioners to heads of organisations, and parents and young people, and because of this, the meeting length and delivery format on the day, as well as the structure and length of each meeting note varies. There was a variety of views expressed at each meeting.

- The introduction of a Code of Practice would be welcomed. Need to be clear in any guidance on what is ‘relevant information’ and when it should be shared.
- Welcome the provision of the additional Health Visitor numbers however, there is a significant administrative element to the Named Person service which will need to be resourced. ‘Need to get the tools right as well as the mechanics.’

**Unite**

- Named Person is generally supported by the members.
- Concerned about the implications on members workload of fulfilling the Named Person role – this will be influenced by any specific requirements and guidance on information sharing.
- General opinion – that the Named Person is not a new concept. It is very much what we do on a day to day basis in terms of good practice.
- Guidance to help support practitioners making decisions on information sharing is always helpful.
- A consent based approach is supported, but the implications of any new duties and associated processes must be considered in light of a range of circumstances, e.g. a 10 minute medical appointment.
- GIRFEC Communications need to be on the front foot. Practitioners need a positive environment where they can practice and know that they are fully supported.
- Have to ensure that the lone Health Visitor feels supported.

4. Exploring the engagement questions set out in the discussion paper.

The Minister facilitated a round table discussion where the group considered the questions around information sharing as set out in the engagement paper. The main points raised in the discussion are:

- The safeguards have to protect the Health Visitor in practice to ensure that only relevant and proportionate information is shared with the right person at the right time hence protecting the interests of families.
- Provide guidance that is clear about how information sharing affects the wellbeing of the child – the test needs to be the wellbeing of the child. Practitioners need to be able to say that any information sharing decision was made with regard to the wellbeing of the child.
- The aim of all practitioners is to share information with consent where this is possible without putting anyone at risk.
- The gap that we are trying to address is where information should and could have been legally shared and sharing has not been pursued.
- It is recognised that there is currently a gap where practitioners could and should share under existing law. The question to ask is why a practitioner
Please note: These meeting notes are Scottish Government summaries of the discussions Scottish Government officials and Ministers heard at these meetings, not formal minutes agreed by those attending. The meetings ranged in audience from frontline practitioners to heads of organisations, and parents and young people, and because of this, the meeting length and delivery format on the day, as well as the structure and length of each meeting note varies. There was a variety of views expressed at each meeting.

might not recognise relevant information to share or why they would not ask for consent to share information.

- An attempt to set a level for the “necessity” to share wellbeing information in any guidance would be difficult due to the wide range of variables. There needs to be scope for a high degree of professional judgement.
- If a practitioner is extremely concerned about the wellbeing of a child, consent is not an issue as it becomes a child protection issue.
- Training will be required on any new duties on information sharing to provide clarity and build confidence.
- It is crucial that we do not lose sight of the fact that we are talking about the wellbeing of child.
- The agencies who will share information with the Named Person i.e. Police Scotland, will also need access to a code of practice and guidance.
- Understand the need for guidance on any new duties for example; Midwives are at the starting point and may be aware of information that they believe will be helpful in relation to the wellbeing of the child that falls below child protection, guidance would help inform decisions in what may be appropriate and proportionate to share with consent. It is important to get any new guidance right.
- We must not separate the elements of wellbeing. It is not possible to consider safety without looking at the other wellbeing indicators.
- User friendly case studies would be helpful to demonstrate how the wellbeing indicators inform child safety and how the individual wellbeing indicators can affect each other.
- There is a lot of strong evidence available to support the development of case studies i.e. the joint services approach in Glasgow works well with parents to gain consent on information sharing and sets up a package of care for most children without going down the road of social care.
- Welcome case studies and scenarios but would like to see them set as middle ground cases and not bogged down with extreme examples.
- There is a need to be thoughtful about professional judgement. There is a requirement to produce standards as well as guidance and case studies.
- There are already good examples of multi-disciplinary/multi-agency teams working together. These teams meet regularly to discuss thresholds and families are content to share their information as their families want support. Essential to use some of the language around relationship based care in the case studies.
- There must be an emphasis on trust.
- Young people might not speak to practitioners if they think that their information could be shared without consent.
- Guidance will narrow the grey areas within information sharing however there must be scope for professional judgement.
- Develop robust diagnostic testing to allow practitioners to measure what they are seeing with each young person and help in their decision making.
- Need to establish what is getting in the way of information sharing with consent e.g. parents of children with significant disabilities often want more
information shared to help them get support. The solution might be a national practice model and tool kit.

- Do we make it clear that if you are a practitioner in Scotland the expectation is that you must seek consent to share information unless it would be unsafe to do so?

5. Final thoughts and reflections from organisations

Unite

- Would like to find out why practitioners are not currently seeking to share information with informed consent, if part of the reason is time constraints then this could be addressed.

Unison

- There is a need for better understanding of wellbeing indicators and how they relate to each other, real lives and outcomes.
- With the support of regulatory colleagues, produce guidance on information sharing which provides clarity on the ‘grey areas’.
- Guidance on when it is necessary to share information without consent would be helpful.

Nursing and Midwifery Council

- Careful consideration had been put into developing aspects of the Code, that the principle of consent was important and that it was important to think carefully about how to make sure the policy intention aligns with the duties on registered nurses and midwives in the Code.

Royal College of Nursing

- Establish where and why appropriate information sharing with consent is working well. It’s every bit as important to understand why people are seeking consent to share information.
- Case studies and scenario building on partnership working and information sharing with consent are hugely important in putting out a positive message.

Scottish Executive Nurse Directors

- Good quality guidance for practitioners on information sharing would be helpful.
- Agree with the call for professional standards.
- Need to ensure that the momentum and good practice which has been achieved in the implementation of GIRFEC is maintained whilst we await further guidance.
Please note: These meeting notes are Scottish Government summaries of the discussions Scottish Government officials and Ministers heard at these meetings, not formal minutes agreed by those attending. The meetings ranged in audience from frontline practitioners to heads of organisations, and parents and young people, and because of this, the meeting length and delivery format on the day, as well as the structure and length of each meeting note varies. There was a variety of views expressed at each meeting.