

Example 1

Ruby is new to a service and when she arrives, she appears to be very upset, when the practitioner speaks to her, she says that her mom shouted at her and dragged her by the hair into the car; she said her brothers weren't shouted at. Ruby has no visible injuries and says she is not in pain, but says it hurt at the time.

Should the practitioner share the information they have?

What would be the rationale for sharing and what would they actually share?

As Ruby was new to the service the practitioner chose to call MASH to see if there were any concerns known about the family; MASH confirmed there were not and advised the practitioner to contact the parents.

The practitioner contacted mom who explained that the morning had been really tricky. The children were getting used to getting back into a routine and they were all having their own anxieties, the need for Ruby to also attend an appointment had been especially hard today. She explained that the boys had got into the car but Ruby had gone back upstairs. Mom was really cross that Ruby wouldn't hurry up so she went upstairs to hurry her up. As Ruby was still being slow she grabbed her shoulder to hurry her up and accidentally grabbed her hair at the same time. This was not intentional but because she was shouting and Ruby was screaming at her she didn't realise initially. Ruby got into the car still crying and was really cross with her mom. Mom said that she had been really upset as she never smacked the children so was sad that she had hurt Ruby (she was crying on the phone). She explained the plan she had already made for the next time and how she would be more prepared. The practitioner offered support and Mom said that she would monitor the situation & inform them how she was getting on in a week's time.

The outcome of this approach was that Mom and the practitioner started to form a positive relationship and the practitioner was ideally placed to be able to offer early help. The sharing of information also meant that the practitioner could be certain that there were no historic concerns that may be impacting on the family relationships.

Example 2

Bev has 3 children 11, 13, 16. There are concerns about neglectful home conditions and the children often looking unkempt. Bev often presents as unmotivated and low in mood. Bev has a partner whom she spends a lot of time with; there are no concerns about him and the children reported that they get on with him and are observed to be comfortable in his presence.

As part of the work Bev shares with a practitioner that she had always struggled with money. She told them about a time in the past when she was quite a lot younger, before she had the children, she had really struggling to pay the rent and buy food and on one occasion a male friends helped her with some money. She wasn't in a relationship with him but felt she owed him so when he asked her for sex she agreed. Bev talked about how bad this has made her feel at the time and that she

has vowed to never be in that type of situation again, but still feels disappointed with herself for ever letting it happen.

Several people in the team of professionals working with Bev feel a bit frustrated as she occasionally misses appointments or can be difficult to contact.

Should the practitioner share the information they have?

What would be the rationale for sharing and what would they actually share?

There is no need to share all of the information; it is very personal and historic. It is important however those professionals are aware that there may be historic events that are impacting on Bev's self-worth and possibly her mental health which in turn may be impacting on her motivation and that the practitioner will continue to work with Bev to explore how best to support her to recognise this and access appropriate specialist support if needed.

Example 3

Paula moved from Exeter with her 8-year-old child when she was fleeing a domestic abuse. She has engaged well with a number of services and her daughter entered education and is making good progress.

One morning a professional notices Paula is wearing a long sleeved high neck jumper, which is odd for the time of year as the weather is hot. When they go to talk with Paula they notice she also looks tired and does not have make up on, which is unusual. She also appears to be in a hurry, but wants to explain that her daughter heard her drop a plate after she had gone to bed, which woke her up and she may not be feeling to bright today. After Paula has left the professional decides to speak with Paul's daughter who looks tired and is not as well presented as usual; her hair is not brushed and her clothes are creased. She said that her Mom has a partner called Steve; she said he is really nice usually and she could remember his full name as she had learnt to spell it one day at home. She said that she woke up in the night as she heard him shouting and calling her Mom names, she then heard a loud smash. She said that when she went downstairs her Mom told her not to worry and said she had just dropped a plate, but she said she could tell her Mom had been crying; she says that she is really worried about her Mom and that they will have to move again.

Should the practitioner share the information they have?

What would be the rationale for sharing and what would they actually share?

The practitioner decided that because of the history of domestic abuse, the way that Paula had presented and what she had said was different to what her daughter said. There also already appeared to be a significant impact on the child, that they would share the information with MASH.

MASH identified significant concerns on their system and asked the practitioner to make a referral as soon as possible. This could be done without consent as it met the threshold for likelihood of significant harm; the practitioner would however need to inform Paula that the referral was being made.

Example 4

A practitioner is working with Sasha and is aware that there are concerns about child sexual exploitation, while Sacha is with the practitioner her Mom's new partner calls to check Sasha is there. They say that her Mom is worried about her going missing and wanted to check she is where she said she was going.

Should the practitioner share the information?

What would be the rationale for sharing and what would the practitioner actually share?

The practitioner asked for the caller's name and number and then decided to check if they had parental responsibility, as they did not, they did not share the information; the practitioner's rationale for doing this was because they could not be certain who was calling, without parental responsibility they did not have the rights to know; it was also informed by their awareness that exploiters may target families and not just children. The practitioner shared the details including the name and phone number they were given on a [FIB](#) form.