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**Peer-to-Peer Learning Forum: Tuesday 6th July 2021**

**Issues of confidentiality and information sharing in Parent-Infant work Discussion notes**

Our thanks to members of the Parent-Infant Teams Network for sharing their experience and learning about this topic. Particular thanks to Emma Limon who kicked us off with a short presentation about the topic. This session opened up lots of useful questions for which there are not yet any clear-cut answers, so we are keen to keep the conversation going and hear how other teams approach these issues.

Emma started the session with a short presentation (attached) which outlined some of the legal, ethical and practice issues in relation to confidentiality and information sharing in parent-infant work. These were the four questions she posed and much of the conversation circled around these issues:

1. **Notifying parents of their right to confidentiality** (and limits to this) at the start of the work – How do we do this? Written and/or verbal format? When to revisit confidentiality?
2. **Record keeping** – Who is the ‘client’ - the parent, the infant or both? What to do with ‘third party’ information? Sharing of systems with other professionals, how do we document ‘sensitive’ information?
3. **Decision making during legal proceedings/in the context of statutory requirements** (e.g. safeguarding proceedings or criminal cases).
4. **Video recording** – Where to store videos? Who will have access to them? How long to retain them?

**Key issues discussed and good practice shared**

**Who is the client?**

A fundamental issue discussed was whether records are stored under the name of the parent, the infant or whether records were linked. A straw poll of those present showed that there was huge difference between services; 5 held records in the infant’s name, 1 in the parent’s name and 5 had linked records. Many of these differences were down to what the context was and what data base was used. For example, System one database which is often used in CAMHS has the facility to linked records when the parent is under 25.

The implications of these differences are that if records are in the parent’s name, it allows multiple children of the same parent to be tracked. However, if records are in the child’s name it allows records to follow them through the care system if there are multiple placements, and gives the child access to this history as an adult. Linked records clearly enable both of these.

**What information ethically should belong to the infant?**

The question of where the info is and how it is shared then raised the ethical issue of what information belongs to the infant and what is the implication for the child’s future access to records.

Particular concerns were raised when an adult child may ask to see records when there is adult MH issues and domestic violence.

**Video storage:**

It seemed in the main, where videos are used, they were seen as the property of the parent and either remained with them or were deleted from records.

However, if the video were part of a formal record for an infant, then the retention time may be much longer. See the following guidance on retention and storage for further details.

[NSPCC Child protection records retention and storage guidance 2011](Child%20protection%20records%20retention%20and%20storage%20guidelines%20(nspcc.org.uk))

[BMA guidance on retention of health records](https://www.bma.org.uk/advice-and-support/ethics/confidentiality-and-health-records/retention-of-health-records)

**Information sharing**

For some services, records were automatically shared with other agencies through a shared database. E.g. some services shared their database with social care and the Rio system enables mental health notes to be shared with other professionals working with the family. This then raised questions about how much detail to put into notes and whether there are some details shared within the privacy of a parent-infant session which were too sensitive to record in an open access shared note-keeping system.

When child protection proceedings are in place then the issue of sharing information becomes potentially much more sensitive. A question raised in this discussion was how to represent the voice of the infant in care proceedings. Do let us know any ideas you have around this question which we may pick up in future meetings.

**Gaining consent**

The issue of how consent was gained was raised and some practice was shared in relation to having the following discussions during the gaining consent process:

* if there is any part of the family, they don’t want to have access to their records
* discuss with parents where the notes will be saved (e.g. infant or parent notes

Following on from this, if teams are happy to share their consent forms, we will upload them to the website in the Teams/ resources area.

**Next Peer Learning Forum**:

**Topic:** The challenges and successes of running a parent-infant service within a service for a wider age-range e.g. 0-5, 0-7, From conception to reception.

**Date:** Sept - TBC