

The right start:

How to support early intervention through initial contact with families



The Children's Society

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Executive summary

The first years in a child's life are critical; they support school readiness, learning and development and family relationships. Early education and support is particularly important for those children from disadvantaged backgrounds. Sure Start children's centres have been an integral part of early year's provision supporting children aged 0-5 and their families since they were first launched in 2004.

In particular, children's centres have been instrumental in supporting vulnerable families by offering a number of targeted services such as parenting programmes and debt advice, alongside in many cases the provision of nursery care. Support for families through children's centres has been further enhanced by the extension of the early education offer to vulnerable two year olds since September 2009.

Ensuring families know about and have access to children's centres in their local area is therefore critical to enabling families to access early support. The Children's Society, through its direct practice and policy work, has been exploring the provision of information to children's centres to help them get in touch with families and raise awareness of services available to them. Last financial year, The Children's Society saw over 18,000 children in our 46 children's centres and had sustained contact with over 9500 children.

The sharing of information about new born children in an area, known as live birth data, is a crucial mechanism, which enables children's centres to get in touch with new families. In July 2013, an amendment was tabled to raise this issue during the passage of the Children and Families Bill that attempted to place a legislative duty on both local authorities and health services to share live birth data with children's

centres. This amendment, which was withdrawn before being voted on, would have put in place a legislative duty on both local authorities and health services to share live birth data with children's centres.¹

This report shows the urgent need for clarified statutory guidance and support for local authorities to ensure families know about and can access the vital services available in children's centres. It shows that the sharing of live birth data is not routinely happening in almost half of local areas, raising concerns that many families may be missing out of the support available in their local centre.

It also sets out the steps that national and local government can take to help families to access services.

This report is based on a Freedom of Information request that The Children's Society made to all English local authorities asking whether they receive live birth data.² We wanted to know how many local authorities were sharing live birth data and to gain an understanding of the data sharing agreements in place locally and the barriers faced to sharing this important information. We also asked whether birth registration is offered on site in children's centres, a recommendation made in the report from the All Party Parliamentary Sure Start Group 'Best Practice for a Sure Start'.³ Our key findings showed that:

- Almost half of local authorities (46.5%) do not routinely share live birth data⁴ with children's centres in their area on a monthly basis
- Despite DfE statutory guidance recommending that health services and

local authorities should share live birth information with their children's centres, 37% of local authorities said they do not share data at all at the local level

- Six in 10 local authorities that are not sharing live birth data say they are unable to obtain the information from local health services
- Around 9% of local authorities offer birth registration in at least one of their children's centres, with a further 6% piloting the process.

The Right Start recommends changes to policy and practice at every level, ranging from changes to national statutory guidance to a data sharing agreement able to be adopted and implemented straight away by local authorities. These changes will help families to access their local children's centre and ensure children receive the best possible start in life.

Recommendations

1. Department for Education (DfE) statutory guidance on sharing live birth data should be reviewed and strengthened to support local authorities to work more closely with health services to share live birth data.
2. The government should consider, alongside the review of statutory guidance, the potential need for the sharing of live birth data to be placed in statute due to the mixed national picture of information sharing.
3. Local health visitors should be co-located at children's centres to improve the sharing of information and early identification of hard to reach families.
4. The government should issue comprehensive guidance on whether or not parental consent is needed to share live birth data as this has been clearly identified as a source of confusion at the local level.
5. The government should encourage local authorities to consider the registration of births in children's centres.
6. The government should establish a review of the evidence on the effectiveness of registration of births in children's centres as a way of promoting engagement with new families.

Introduction

With 3.7 million children currently living in poverty in the UK,⁵ supporting them in their earliest years is more important than ever. Early intervention is recognised as having a positive impact on the overall well-being and development of young children,⁶ particularly for those in vulnerable families. Supportive and healthy early childhood development will ensure that all children have the best start to life and children's centres are an integral part of this.

Children's centres provide vital early years' services and support for families with children aged 0-5 and are instrumental in reducing health inequalities.⁷ They offer a range of services including stay and play sessions to support family development, training to support parents' return to employment and financial advice. Children's

centres are also facing increased financial pressure because of central and local government cuts. Through findings from our Freedom of Information request, we found that over 20% of local authorities have had to either close or merge children's centres in their area in the last two years. Those centres that remain open are increasingly struggling to offer the many services they once did, making targeting families even more challenging.

In recent years, the Department for Education's new Core Purpose⁸ has recognised the importance of early years, in particular the role of children's centres in reducing child poverty. It has placed an increased emphasis on the targeting of disadvantaged families through the amended early years framework and changed Ofsted



criteria for children's centres. The current Children's Centres Inspection Handbook requires that children's centres know 97% of the families in their area with children under five before they can be awarded an 'outstanding' in their inspection.⁹ This means that reaching these families in a local area is crucial, not only to support them in accessing provision, but also to meet Ofsted criteria.

Our *Breaking Barriers* report in 2013 identified the challenges many families face in accessing children's centre services. This was particularly acute for disadvantaged families. We found that of those families surveyed who had never accessed a children's centre more than four in 10 (42%) said they had never heard of them. *Breaking Barriers* identified several ways in which children's centres can target families. This report will focus on two key ways in which children's centres can engage with families:

1. Receiving live birth data on a monthly basis
2. Registering births on site in children's centres.

Methods

This report is based on the findings of a Freedom of Information (FOI) request sent by The Children's Society to all local authorities in England in February 2014. The request asked local authorities whether they share live birth data and if so how regularly.

It also asked if the information was not shared, what the reason was for this. Finally, we asked how many local authorities offered birth registrations in children's centres and whether this was on a pilot or permanent basis. We received responses from 147 local authorities in England.

Resources

The Children's Society has also worked with Policy in Practice to produce two complementary resources for local authorities:

1. A 'how to' guide to sharing live birth data exploring the common reasons for not providing live birth data to inform our recommended government review of statutory guidance (see Chapter 3).
2. Principles of a data-sharing agreement which can be adopted and implemented by local authorities (included alongside this report).

The Children's Society would like to hear from local authorities interested in following our 'how to' guide. Contact details are provided at the end of this report.



1: Live birth data

What is live birth data?

'Live birth data' refers to information on the number of new born children in an area and includes the number of live births along with individual records of each child and their parents living within a specific locality. In many cases, this information is passed from the local health service to the local authority, which in turn distributes it to children's centres. This data can then be used by children's centres to determine families living within reach areas of centres, meaning that centres are able to get in touch with families at the earliest possible opportunity and let them know about the services available at their local centre. Live birth data is vital to facilitate contact with new families, as it is the earliest available data containing identifiable details of families.

The importance of sharing live birth data

In 2010, the All Party Parliamentary Group (APPG) on Sure Start Children's Centres launched an inquiry to identify challenges faced by children's centres and to share methods of good practice. One of the key recommendations of the group's final report was:

'The systematic sharing of live birth data and other appropriate information between health and Children's Centres must be put in place'

In 2011, the government commissioned a group of early years and health professionals to explore barriers to information sharing in early years. A task and finish group was established to explore these barriers culminating in the report *Information Sharing in the Foundation Years: a report from the task and finish group*. The report recognised that information sharing between agencies was a key challenge across the board, but explicitly recognised that finding a solution to the sharing of live birth data was urgent.¹⁰

Despite government guidance and recommendations from the Sure Start APPG to share live birth data, the practice is far from uniform across the country. Worryingly, research from The Children's Society shows that the lack of awareness of children's centres is a real problem, with one survey finding that four in 10 (42%) families who have never used a children's centre saying they had never used one because they had not heard of them.¹¹

The sharing of live birth data is one mechanism through which outreach workers can get in touch with new families and make them aware of the services available at their nearest centre. This is also particularly crucial as centres now need to know 97% of families with children under five in their area in order to be awarded an 'outstanding' by Ofsted.

'Live birth data is absolutely essential. Without it, you can't be proactive, you have to just advertise services and hope that people will take them up'

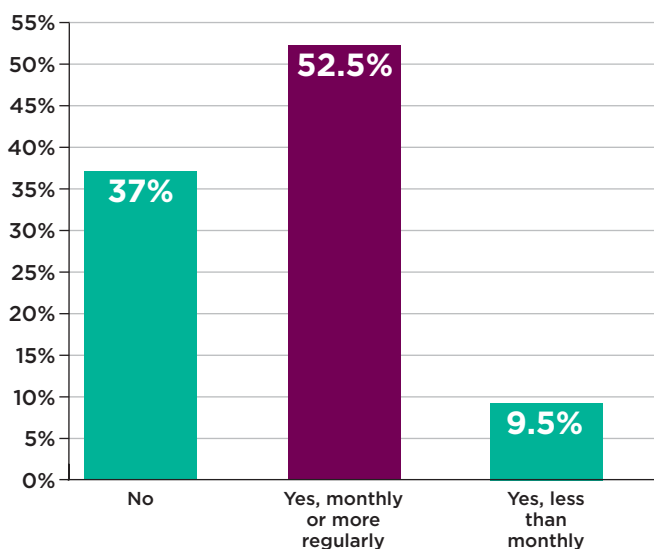
Recommendation 1: Department for Education (DfE) statutory guidance on sharing live birth data should be reviewed and strengthened to support local authorities to work more closely with health services to share live birth data.

Recommendation 2: The government should consider, alongside the review of statutory guidance, the potential need for the sharing of live birth data to be placed in statute due to the mixed national picture of information sharing.

Our findings: Sharing of live birth data in practice

Our findings show just over half (52.5%) of the local authorities who responded routinely provide live birth data on a monthly basis to children’s centres in their area. Nearly one in 10 responses said they did provide live birth data but either on a quarterly or annual basis. Therefore, with almost half of local authorities (46.5%) not routinely sharing live birth data with centres,¹² there are pressing concerns that many families may be unaware of the support and services available at their local children’s centre and their children may be missing out on crucial early intervention services.

Figure 1: The sharing of live birth data to children’s centres



Source: Freedom of Information request by The Children’s Society in February 2014 based upon responses from 147 local authorities in England.

Local authorities gave us various reasons for not providing their children’s centres with live birth data.

The challenges to sharing live birth data

1. Working with health – a crucial partnership

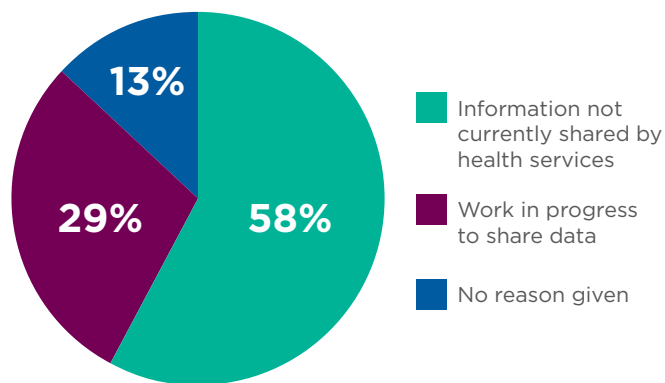
An overarching theme emerging from the findings was the importance of data sharing agreements being in place with the local health service. The barriers identified to putting in place such agreements were not legislative but rather were more about institutional and professional practice. Indeed this is shown by the fact that 92 local authorities are providing live birth data to their centres, although 15% of these are doing so less frequently than monthly. Of the 55 local authorities who are unable to share live birth data with their local children’s centres, 32 (58%) say this is due to the information not being provided by the local health service. Feedback from local authorities included:

‘We do not receive individual child records due to the current information governance arrangements’

‘Live birth data has never been attained historically due to data sharing challenges’

Our findings show that a further 16 are currently in the process of working with their local health service to obtain the data to improve services.

Figure 2: Reasons given for being unable to provide live birth data



Source: This table is compiled from an analysis of the reasons given by the 55 local authorities who were unable to share live birth data with their local children's centres.

Many responses emphasised the importance of a close working relationship with health visitors in order to attract the hardest to reach families. This importance was supported by a possible association between those local authorities routinely sharing live birth data and those that had health visitors either permanently co-located or providing services from their centres. In this context, the pledge to increase the number of health visitors by 4200 by 2015 is to be welcomed.¹³

'We have better relationships with the NHS, GPs and each other. We recognise that we are all part of the same team, and this helps to build trust'

Around 68% of local authorities that are sharing live birth data on a monthly basis have health visitors either based permanently in children's centres or delivering services from the centre. This percentage drops to 61% for those local authorities not routinely providing their centres with data.

Eleven local authorities that responded to our FOI said that their local centres currently obtain live birth data directly from health visitors who circulate this information to the centres in which they operate. In two local authorities, centres are led by health visitors who then are responsible for importing this information into children's centre records:

'Centres are led by our health provider who provide the live birth data'

Recommendation 3: Local health visitors should be co-located at children's centres to improve the sharing of information and early identification of hard to reach families.

2. Data protection barriers

Through our FOI, it was clear that many local authorities considered the sharing of live birth data to their children's centres a breach of data protection requirements. The responses we received demonstrate that further clarity is needed on data-sharing practices in local authorities, particularly to support local authorities in their engagement with local health services. Local authorities are particularly concerned about the legal implications of transferring bulk and identifiable data to their children's centres without parental consent. This confusion needs to be urgently addressed through revised statutory guidance.

Six local authorities expressed uncertainty about whether enabling sharing of information about the services provided by children's centres are considered a 'suitable' reason to supply data without parental consent.

'It would not be a legal use of personal data to provide birth registration data held by the registrar to children's centres without a suitable reason'

Many local authorities believe that legal guidelines, that imply that only a minimal amount of data should be transferred without the expressed consent of the patient, prevent live birth data sharing with children's centres. NHS guidelines also maintain that identifiable data must only be transferred when 'absolutely necessary'¹⁴ and this necessity must be demonstrated. However, we found that these legal guidelines contain a number of exemptions that are unclear. There was widespread confusion on whether there are legitimate grounds for sharing data without consent if it allows for local departments to carry out their primary functions.

Children's centres require complete and up to date information in order to contact families and in particular, to fulfil their increased remit

to target and support the most disadvantaged families who may be unaware of their local centre. Our children's centres tell us that the sharing of live birth data improves delivery and helps the continuous improvement of services. In Appendix 3 we have listed the legislation referred to in FOI responses and showed how different legislation is being used by local authorities and local health services to justify contradictory positions: the legal right to share live birth data without consent and the illegality of sharing identifiable information without parental consent. This is further developed in Chapter 3 and emphasises the need for government guidance on whether parental consent is needed to share live birth data.

3. Sharing live birth data but only with parental consent

Eleven local authorities explicitly mentioned in their response that live birth data was provided but only if the parent consented to the sharing of their information. This led to some local authorities only being provided with aggregated non-Personal Identifiable Data (PID) for fear of legal challenge should

identifiable data be shared without consent. One local authority summarised this concern by stating the local health service stopped providing live birth data:

'the reason for this is the local Health Information Governance Board has refused to give us access to identifiable person level data from June 2010 onwards'

There are a variety of methods that local authorities use to obtain consent, with some of the most common being through the Tell Us Once initiative and the Red Book System.

Tell Us Once: The Department for Work and Pensions (DWP) introduced the Tell Us Once service in 2011. The service notifies the government and local departments of births and bereavements within a local authority, it is based on consent and the individual will only disclose their information once and it is then shared across departments. According to DWP, 85% of local authorities are currently



signed up to the service.¹⁵ However only three local authorities mentioned this provision as a mechanism through which to pass on information about new births directly from the registrar (following the registering of a birth) to relevant local council services including children's centres.

Red Book: A small number of local authorities explicitly mentioned the Personal Child Health Record, commonly referred to as the '*Red Book*', to record details of new births during initial health appointments. Health visitors will ask parents to complete a slip allowing their details to be stored in their local children's centre's database. One local authority explained that:

'Children's centres receive notification of live births via a slip in the parents red book; these are completed by the health visitor at the 10 day birth visit. Consent of the parent is required'

It is clear that many local authorities fear that they may be breaching patient confidentiality if they share live birth data without parental consent and there are clearly divided opinions on whether the sharing of identifiable data requires consent or not. While the measures above are a welcome step towards helping families to access important services, both are consent-based and therefore raise questions about those families who do not have access to or knowledge about existing services and so may still miss out on this vital support. Many of these may be the most socially excluded families, who are most in need of information about these services.

The sharing of live birth data and other forms of health data is not currently an explicit statutory requirement. However, it is widely acknowledged that there is an implied duty to share data when interventions can greatly benefit disadvantaged individuals. Public establishments require leeway in this regard in order to perform their duties to the best of their ability.

To overcome these legal and technical misperceptions, the Department for Education (DfE) has produced a number of publications on children's centres that are readily available to local authorities. The DfE's *Sure Start Children's Centres Statutory Guidance* stipulates that local authorities and health services should supply useful data, including live birth data, regularly to their children's centres yet it is clear from our findings that this is not happening routinely in local areas. It is clear that further clarification is needed on existing guidance to address the operational questions being raised.

Recommendation 4: The government should issue comprehensive guidance on whether or not parental consent is needed to share live birth data as this has been clearly identified as a source of confusion at the local level.

2: Birth registration

What is it?

All births in the United Kingdom must be registered within 42 days following the birth of a child.¹⁶ Births can be registered in the area in which the child is born or in the hospital before both mother and child are discharged.

Under the Births and Deaths Registration Act 1953, a child must be registered in the district in which they are born; the act does not specify a specific location for this to be undertaken. Under this legislation, both local authorities and registrars have the legal capacity to offer and conduct birth registrations in children's centres. Registering births on site in children's centres is a key way to encourage families into their local centre.

Benefits of registering births in children's centres

In our *Breaking Barriers* report we identified the important role that registering births in children's centres could play in establishing the first point of contact between families and their local children's centre. Half of parents we surveyed who were not using local children's centre services explained that one reason for this was that they were using other early years services. Co-locating key services such as birth registration within children's centres will help to attract families, giving parents the opportunity to find out about services on offer and familiarise themselves with children's centres and their staff.

The universal registering of births in children's centres will also ensure that parents are aware of the existence of their

nearest centre. The latest DfE evaluation of children's centres in England (2014) found that families registered to children's centres do choose to take-up services. It stated that: 'over half (55%) of 0-4 age group in the reach area used centres over one year' following registering with their local centre.¹⁷

'Parents come in for support on a wide range of issues, health, housing, benefits, debt as well as childcare, health and education'

The Sure Start APPG reported that of those small numbers of local authorities where birth registration took place in children's centres, access to services was greatly improved for families. The APPG also found that birth registration not only improved reach but also had a number of other advantages, including the re-engagement of families and reduced social stigma. For larger localities, diversifying the locations that offer birth registration has also helped to reduce demand in hospitals and town halls.

The report concluded that the universal nature of birth registration attracts a wider and more receptive audience. One of the key recommendations from the report states that:

'Registration of Births should take place in children's centres – no legislation is required but cross-Government political commitments will be needed to make it happen'

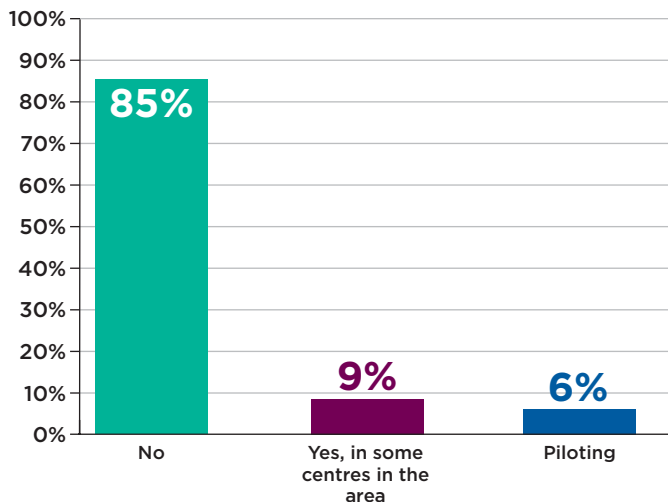
In its recent response to the report, the government has supported this recommendation.¹⁸ No legal or regulatory change is needed to enable birth registration to take place in children’s centres, yet our research shows this practice is far from common among local authorities.

An amendment was tabled, but not voted on, in the Children and Families Bill 2013–2014 which attempted to include the piloting of birth registration in children’s centres in statute. The piloting of birth registration would establish the effectiveness of registering births in children’s centres as means for identifying and reaching families.

Our findings: Registering of births in children’s centres

Of the local authorities that responded to our FOI, 13 were permanently registering births in one or more children’s centres in their local area and a further nine were piloting the process. Around 85% of local authorities were not registering births in children’s centres, although many expressed an interest in doing so.

Figure 3: Birth registration availability in children’s centres



Source: Freedom of Information request by The Children’s Society in February 2014 based upon responses from 147 local authorities in England.

The local authorities that are currently offering birth registration in one or more centres have strategically selected centres based upon their geographical reach in order to target as many families as possible. Many said that they are keen to extend the service to all children’s centres in their locality.

‘Births can be registered at four children’s centres, plans are in place to roll this out to a further 3, to ensure that all 7 children’s centre cluster areas offer this service’

‘...plans are in place for this service to be offered in a number of centres following the review of the Registrars service in 2014’

In one local authority, children’s centre staff are based in the registrar office on a rota basis and register families to children’s centres there. While this is a welcome step towards better integrating local services, this approach does not enable families to visit the centre for the first time while meeting other families who also use the centre and its services.

Barriers to registering births in children’s centres:

1. Financial constraints

Despite having the legal ability to conduct birth registrations in children’s centres, the majority of local authorities do not offer this service. Some local authorities gave reasons for this, and one of the main challenges they reported is that registrar services do not have capacity to reach all children’s centres and undertake birth registration.

2. Piloting of birth registrations

In line with the Sure Start APPG report and findings, nine local authorities are piloting birth registration schemes in children’s centres. One South Eastern local authority explained that:

‘One of our children’s centres is currently piloting birth registrations which began in January 2014 and is going very well. Consideration will be given to extending this pilot to another children’s centre in another part of the Borough following evaluation of the pilot service’

The evaluation of these pilots should be shared nationally to encourage more local authorities to make the case for birth registration in children's centres. A government-led national review would help to establish the effectiveness of this practice in engaging with new families.

Recommendation 5: The government should encourage local authorities to consider the registration of births in children's centres.

Recommendation 6: The government should establish a review of the evidence on the effectiveness of registration of births in children's centres as a way of promoting engagement with new families.



3: A 'how-to' guide for local authorities

This chapter was produced by Policy in Practice

The approach

We undertook reviews with six local authorities. All conversations were held under the Chatham House Rule.²⁰

The types of questions we sought to answer were:

- **Who** provides the momentum for sharing live birth data?
- **How** was this initially achieved, and what barriers and objections were overcome?
- **What** is the day-to-day process for sharing live birth data?
- **Why:** What are the benefits of sharing live birth data?

Findings: What does a good data sharing process look like?

Data protection is a crucial right for all people. Data must only be shared where there is a legitimate reason to do so. This guide is to support local authorities to share live birth data safely and appropriately with children's centres so that they can contact new parents.

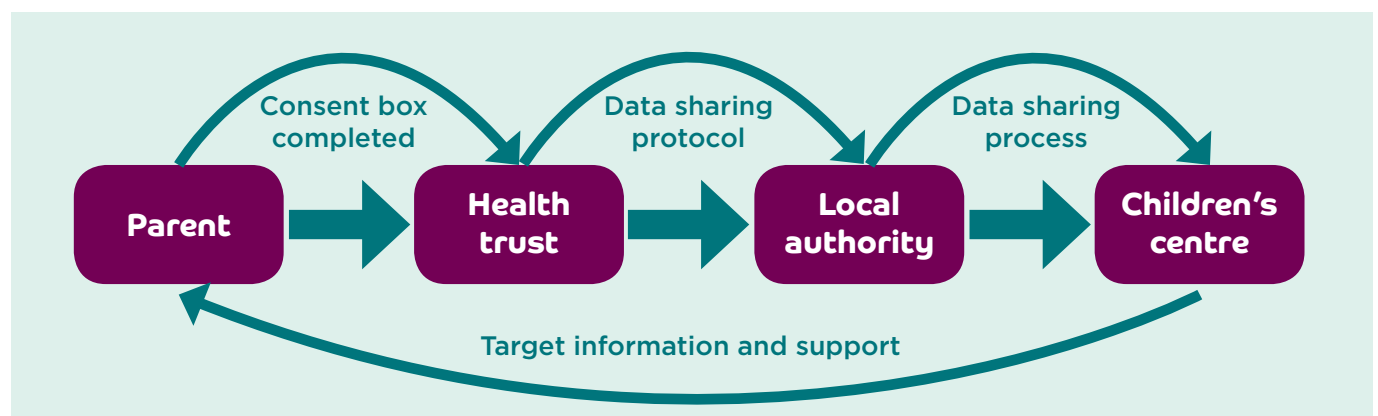
We found that where local authorities share live birth data, the processes for doing so, the level of data being shared, and the ways in which that data is used differs across local authorities and children's centres.

Since 1 April 2013, The Health and Social Care Act 2012 (HSCA) has created the legal framework where personal confidential data (PCD) can be managed centrally for purposes other than direct care.

Local authorities can share data under the following general provisions:

- Section 111(1) Local Government Act 1972²¹
- Sections 10 & 11 Children Act 2004²²
- Section 2(1) Local Government Act 2000²³

Figure 4: Overview of sharing of live birth data



In this study the three organisations involved in the sharing of live birth data, along with the parent, are the local health trust, the local authority, and the children's centre.

The health service collects data on children registered with them. This includes information on expectant mothers and live births. It is considered good practice that midwives and health visitors should seek consent from the mother to allow the sharing of the child's data with other appropriate support services as part of the registration process.

We noted that there was considerable confusion about whether consent should be sought or not. Government guidance is unclear, and there is a need for improved official guidance to prevent confusion at the local level. Our interpretation, given that it is in the child's interest for the data to be shared, is that approval should be in the form of an unchecked opt-out box. It is important that it is not treated as small print and that the consenting parent can clearly see the declaration. Good practice is that consent should be explicit, or in other words that the health visitor should have a dialogue with the mother. An example consent box text is available below:

I understand that [Anytown] health trust will share data about my child with children's services with the intention to ensure that all my child's health and well-being needs are consistently and quickly catered for. I would prefer that my child's data **was not** shared with other services.

There also needs to be to an appropriate **data sharing arrangement** in place between the health and local authorities. This agreement would allow the partners to share additional information where reasonable to do so, for example data on all children aged 0-5.

The local authority receives and then passes the data to children's centres. The detail of this process varies across local authorities.

While the **receipt of data** should always be secure, this may be achieved in variety of ways. Security may be assured through the modification of an IT system, through the sharing of an administrator position between the local authority and the health service, or through secure data transfer as outlined below.

Method of transfer and protocols

Data collected by health and local authorities can only be **shared through secure data transfer**. Health trusts will typically use the secure email and file transfer within the NHS-Net service. Local authorities will typically use the GSX government secure service.²⁴ Both of these are variations on GSI (Government Secure Internet). Third-party suppliers can connect to these secure systems through GSE or through the local authorities own GSX connection. Contractor staff would have to do the GSX online study course to obtain the pass-certificate. It is **not a blocker to undertaking data sharing**.

Information shared with children's centres is broken down into catchment areas and must always be deleted/overwritten regularly. However, the frequency of sharing live birth data varies (monthly, quarterly), as does the amount of information shared (parent's name, date of birth and address) and also how the data is used within the local authority. Some local authorities use the data to support operational decisions, to join up service provision and to pick up children who have moved into a new catchment area. Children's centres are then able to use this information to promote services and make initial contact with parents.

Addressing common questions related to sharing live birth data

Can sharing live birth data be made a properly resourced priority?

‘Failure to share data hinders so much of what happens on the ground, but is not seen as a priority at the strategic level.’

‘The motivation to make this happen needs to come from the top.’

‘Everyone is so terrified of falling foul of the Data Protection Act.’

‘The reason for sharing this data is in legislation, in the section 75 health act.’

There is a clear objective between the Cabinet Office, Department of Health and the Department for Communities and Local Government that it is in the interest of all citizens and their families that care and health services should be integrated. The Health and Social Care Act 2012 sets out specific obligations for the health system and its relationship with care and support services. It gives a duty to NHS England, clinical commissioning groups, Monitor and health and wellbeing boards to make it easier for health and social care services to work together. This will improve the quality of services and people’s experiences of them.

Sharing is most effective when the benefits of integrated services are recognised and championed at a **strategic level**. This helps operational teams to overcome day-to-day barriers.

At the **operational level**, changing personnel can lead to the questioning of longstanding processes and data-sharing arrangements.

Steps to take:

- Make data-sharing a priority at the strategic level. This should be led at director level in both the local authority and the health service, and re-enforced at an operational level by officers within health and children’s services.
- Local authorities should ensure that live birth data is used to good effect at the operational level, by children’s centres, and share these benefits with senior stakeholders.

Is parental consent required to share live birth data?

‘The governance team within health decided they couldn’t share the data, since there was no consent.’

‘Why do we have to sign this? We thought you shared data already.’

Consent is sought by all of those local authorities that are successfully sharing live birth data. For those that do not share, the health authority cited their failure to seek consent from the mother as part of the registration process. It’s clear that there is confusion about whether or not consent is needed at the local level. Our recommendation is for local authorities to put in place an ‘opt out’ option, with the mother understanding that she is giving consent and clarifying that this is not a requirement.

Those authorities that do have a consent box reported that parents almost universally give their consent, and perhaps most interestingly most assume that data is already being shared.

Steps to take:

- Include a mandatory ‘opt-out’ consent box as part of the birth registration process. This would ensure the box was completed in all cases.

What compliance is needed to ensure robust data sharing agreements?

‘We used lessons from serious case reviews, and invited experts from the Information Commissioner’s Office early on to eliminate many of the myths.’

As mentioned earlier, resistance to data sharing is often ‘human as opposed to legal.’ In many cases the statements being made by staff that the Data Protection Act prevented sharing was the result of data protection mythology. The grounds for data sharing have been provided through legislation, governmental standards and good practice.

Those that do share data typically have a robust process in place for sharing information between health and the local authority, and between the local authority and the children’s

centre. Often those local authorities who do share data have appointed a member of staff which is shared between the local authority and health to manage the sharing of information.

Steps to take:

- Ensure that data transfer is secure and set up a secure process to share the appropriate level of information with children's centres.
- Train staff on the rules for data sharing to ensure that frontline staff understand not only the rules but also the importance and benefits of sharing live birth data to the overall service that the local authority delivers.
- Place a simplified set of data sharing rules on to the intranet
- Consider appointing a member of staff shared between local authority and health to manage the sharing of information.

How can local authorities promote the excellent use children's centres can make of live birth data?

'Ideally, we do need to tighten up the loop to check that they are contacting and engaging with those families.'

'We use the data to organise new baby parties, targeting all parents but particularly those we are keenest to reach.'

There was not always a process in place to ensure that children's centres acted upon the data to reach out to families and new mothers.

There was guidance given to children's centre managers, and those we spoke to were using the data proactively. However, local authorities felt that closer monitoring (albeit constrained by resources) would help to show that their work was having an impact.

Steps to take:

- Guidance and regular meetings with children's centres, with proactive engagement with parents is a good first step.
- Monitoring attendance, and investigating outbound marketing to families that are either not registered, or not attending is more proactive.

Key elements to sharing live birth data

Our interviews with local authorities found that live birth data can be shared and can deliver real benefits. The process for sharing data need not be onerous, nor prescriptive. The key elements are:

- Recognise the benefits of sharing live birth data, and the relevant enabling legislation
- Ensure that there is a relevant data-sharing arrangement in place between the health service and the local authority
- Seek consent from the parent through a mandatory opt out box that is completed by health visitors
- Ensure that there are robust processes in place for receiving data from the local health service, and for sharing data with the children's centre
- Ensure that children's centres have guidance on how to use this data effectively, through regular reviews.

4: Conclusions and recommendations

Children's centres have been supporting vulnerable families for over a decade yet they still face structural and operational challenges in reaching the families most in need. This places substantial pressure on children's centres and in some cases can prevent them from fulfilling their core purpose to support children in their early years.

As this report has shown, one of the main challenges facing children's centres is their ability to contact families early through the provision of live birth data. Children's centres require access to live birth data in order to develop targeted strategies to support disadvantaged families. Despite national guidance and recommendations to routinely share live birth data, the national picture is mixed and the legislative and legal framework causes confusion at the local level. With almost half (46.5%) of the local authorities who responded not routinely sharing live birth data, many children's centres are unable to make contact with new families in their local area. The government should review and strengthen statutory guidance to improve the sharing of live birth data at the local level.

Many local authorities are unable to provide live birth data to children's centres in their local area as they are unable to obtain this information from their local health service.

Of those local authorities currently not sharing data, 30% are working with the local health service to try and reach an agreement to facilitate the safe and routine sharing of this information. This highlights the continuous challenge local authorities face in reaching local agreements. To help facilitate this process we have provided, a 'how to' guide and principles of a data sharing agreement to support local authorities to begin sharing live birth data.

The registering of births on site in children's centres also helps to establish links with local families and it is an opportunity for families to find out about their local children's centre. There are no legal provisions required to conduct birth registration on site in children's centres, yet we found that only 15% of local authorities offer birth registration in any of their children's centres.

The recommendations in this report are designed to improve practice and data sharing at the local level to help families to access vital support in the early years of their child's life. They also add to the growing national evidence base that current statutory guidance is insufficient to ensure routine data sharing at the local level and is therefore having a detrimental impact on outcomes in early years.

Appendix 1: Freedom of Information request sent to all local authorities in England, February 2014

- 1) Do you provide live birth data to your local children's centres? (Yes/No)
- 2) If so, how often is this live birth data provided? If you do not provide this data, please could you briefly outline why not.
- 3) How many children's centres within your local authority have health visitors located on site?
- 4) Can births be registered at any of your local children's centres? (Yes/No)
- 5) Are there any plans to close Ofsted registered children's centres in your local authority area in 2014/2015, and if so how many?

Appendix 2: Children and Families Bill 2013–2014 Amendments

After clause 78

Part 4A: Children's centre

Birth registration pilot scheme

Local authorities must establish a pilot scheme to trial the registration of births within children's centres, and evaluate the effectiveness of the scheme to:

- a) identify and contact new families; and
- b) enable children's centres to reach more families, in particular those with children under the age of two, or who the local authority consider:
 - i) hard to reach, or
 - ii) vulnerable.

Information and data sharing

- 1) NHS trusts shall make arrangements to share with local authorities records of live births to parents resident in their area, to be used by the local authority for the purposes of identifying and contacting new families through children's centres and any other early years outreach services it may operate.

Appendix 3: The legislative background to the sharing of live birth data

Legal barriers to sharing live birth data:

The Data Protection Act 1998:

The Data Protection Act outlines the sharing of only minimal subjective information. This data must be processed fairly and lawfully and only be passed on for a specific purpose which must be given. Local authorities are worried that the transferring of live birth data may breach this provision.

NHS patient confidentiality:

The NHS has a policy of not disclosing any personal information to a third party without the consent of the patient. This policy would also regard local authorities as a third party body. NHS practitioners have a specific statutory obligation to safeguard person-identifiable data (PID) and to adhere to The Caldicott Principles.

The Caldicott Principles 1997:

The Caldicott Principles are six guiding principles that should be strongly considered before passing on person-identifiable data (PID). Only a minimum level of PID should be transferred.

The second principle specifically outlines that data should only be forwarded if 'absolutely necessary'. Passing on data only when considered absolutely necessary can cause challenges for local authorities in defining a criteria for what can be considered suitable. This can become a contestable and time consuming process, and the families most in need will slip through the net.

Legal basis to share live birth data:

The Children's Act 2004:

In order to improve the well-being of children, The Children's Act 2004 imposes a statutory duty on local authorities to promote cooperation between departments to better safeguard children's well-being. The routine sharing of live birth data will contribute to this goal by enabling the effective identification of children who would benefit from targeted support from children's centres.

The Childcare Act 2006:

The Childcare Act 2006 requires local authorities to improve the outcomes for all young children and reduce inequalities. Local authorities are responsible for ensuring that there is sufficient high quality integrated early year's provision and childcare for parents locally. The act also legally defines provisions for Sure Start children's centres. It places statutory duties on local authorities in relation to establishing and running children's centres.

Public Interest Argument:

The public interest test devised by the Information Commissioner's Office (ICO) contends that in some cases the sharing of personal information can be justified in the interest of the public in instances: (i) When there is evidence or reasonable cause to believe that a child is suffering, or is at risk of suffering, significant harm; (ii) When there is evidence or reasonable cause to believe that an adult is suffering, or is at risk of suffering, serious harm; (iii) To prevent significant harm to a child or serious harm to an adult, including through the prevention, detection and prosecution of serious crime.

Appendix 4: Useful sites

Department of Health's Information Governance Toolkit

www.igt.hscic.gov.uk/Home.aspx?tk=418244512352259&cb=64cd4b52-076c-4211-b240-32a51baed181&Inv=7&clnav=YES **LA view** www.igt.hscic.gov.uk/Help_LocalAuthorities.aspx

Care Bill

www.publications.parliament.uk/pa/bills/lbill/2013-2014/0001/lbill_2013-20140001_en_1.htm

Health and Social Care Act 2012

www.legislation.gov.uk/ukpga/2012/7/contents/enacted

The Mandate: a mandate from the government to the NHS Commissioning Board: April 2013 to March 2015

www.gov.uk/government/uploads/system/uploads/attachment_data/file/256497/13-15_mandate.pdf

Caring For Our Future: reforming care and support - white paper

www.gov.uk/government/publications/caring-for-our-future-reforming-care-and-support

Integrated Care: Our Shared Commitment

www.gov.uk/government/publications/integrated-care

Frequently Asked Questions - Care. Data Guide for G.P. Practices

www.england.nhs.uk/wp-content/uploads/2014/03/cd-gp-faq-03-14.pdf

Health & Social Care Data Flows: Information Governance - Preparing for Transition - What You Need to Know

www.england.nhs.uk/wp-content/uploads/2013/03/hscic-data.pdf

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Notes

1. See text of amendment in Appendix Two.
2. See Appendix One.
3. All Party Parliamentary Group on Sure Start Children's Centres (2013) Best Practice for a Sure Start: The way forward for children's centres, p14.
4. This figure is compiled from those local authorities who said that they do not share live birth data at all and those who share data less frequently than monthly.
5. www.gov.uk/government/publications/households-below-average-income-hbai-199495-to-201213
6. Waldegrave, H (2013) Centres of Excellence? The role of children's centres in early intervention, Policy Exchange, p10.
7. Marmot, M (2010) Fair Society, Healthy Lives: The Marmot Review, p22.
8. Department for Education (2011) Sure Start Children's Centres: Local authorities' duties.
9. www.ofsted.gov.uk/resources/childrens-centre-inspection-handbook-for-inspections-april-2013
10. J. Gross (2013) Information Sharing in the Foundation Years: A report from the task and finish group, p4.
11. These findings are from a survey of 170 families living in the South West of England who do not currently access children's centre services. The findings from this survey were published in 'Breaking Barriers' (2013), Royston and Rodrigues, The Children's Society.
12. This figure is compiled from those local authorities who said they do not share data, share data but less frequently than monthly and those who only share data with parental consent.
13. Department of Health (2011) Health Visitor Implementation Plan 2011-15.
14. Caldicott Principle (1997) (see appendix: Principle Two).
15. http://ico.org.uk/-/media/documents/library/Corporate/Research_and_reports/ico_presentation_20121016_data_sharing_seminar_Chris_Graham.ashx.
16. Births and Deaths Registration Act (1953) Part 1: Section 2.
17. Department for Education (2014) Evaluation of Children's Centres in England.
18. House of Commons, Education Committee (2014) Foundation Years: Sure Start children's centres: Government Response to the Committee's Fifth Report of Session 2013-14 Fifth Special Report of Session 2013-14, p13.
19. See text of amendment in Appendix Two.
20. When a meeting, or part thereof, is held under the Chatham House Rule, participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed.
21. Section 111(1) of the Local Government Act 1972, providing that they 'shall have power to do anything...which is calculated to facilitate, or is conducive or incidental to, the discharge of any of their statutory functions.'
22. Section 10 of the Children Act 2004 (the duty to co-operate) and Section 11 of the Children Act 2004 (the duty to safeguard and promote the welfare of children).
23. Section 2(1) Local Government Act 2000 - providing that they shall 'have power to do anything which they consider is likely to achieve any one or more of the following objects - (a) the promotion or improvement of the economic well-being of their area; (b) the promotion or improvement of the social well-being of their area; (c) the promotion or improvement of the environmental well-being of their area'
24. In addition, where any function relating to a Children Centre, Health Trust or Local Authority has been outsourced the contractor must meet at least ISO27001 standards or have access to the Government Gateway. Only approved Save Haven Faxes can be used for the exchange of information. Source: Michael Pollington Anglia Community Enterprise www.acecic.co.uk/Home.aspx

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For more information on the findings from this report, or to get in touch if you are thinking of implementing the data sharing agreement provided alongside this report, please contact:

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