



Bracknell Forest
Local Safeguarding
Children Board



The Royal Borough of Windsor and Maidenhead

LOCAL SAFEGUARDING
CHILDREN BOARD



Information Sharing Protocol – Practitioner Guidance

1. Introduction

This advice is for all frontline practitioners and senior managers working with children, young people, parents and carers who have to make decisions about sharing personal information on a case by case basis. The principles apply to information shared across and between ALL agencies, as well as information shared with Children's Social Care.

The Local Safeguarding Children Boards Thresholds guidance sets out the different levels of need for children and the types of services available depending on need identified. As a rule, consent to share information from one agency to another is **always** required from the young person/parent from level 1 – level 3 inclusive. Consent should also normally be sought, subject to the guidance set out below where the needs in the family reach the threshold for social care involvement at Level 4.

Professionals should regularly review the level of need within the family and assess whether, if the situation remains unchanged, the child or young person may be at risk of suffering harm. If so then the professionals should follow the guidance below to ensure that the child/young person and family receive the right help at the right time proportionate to their needs and to prevent the situation escalating.

2. The Seven Golden Rules of Information Sharing

1. **The Data Protection Act 1998 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.**

Where there are concerns about the safety of a child, the sharing of information in a timely and effective manner between organisations can reduce the risk of harm. Whilst the Data Protection Act 1998 places duties on organisations and individuals to process personal information fairly and lawfully, it is not a barrier to sharing information where the failure to do so would result in a child or vulnerable adult being placed at risk of harm. Similarly, human rights concerns, such as respecting the right to a private and family life would not prevent sharing where there are real safeguarding concerns.

2. **Be open and honest with the child/young person and/or their family where appropriate from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.**

You will need to consider with the safeguarding lead in your organisation (where one is in place) whether informing the family/parent may increase the risk to the child, other children

or adults or whether it may lead to the prevention of detection of a crime (i.e. destruction of evidence). If there is any doubt consult with Children's social care in the MASH.

3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

You can discuss your concerns with your manager or safeguarding lead in your own agency without gaining consent from the child/young person or parent. If you do contact Children's Social Care to consult, you must identify yourself but should not identify the child/young person. If the information you provide leads the social worker to believe that a child may be suffering harm then they can dispense with the need to get consent and request you to provide the family details.

4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.

If you contact Children's Social care without informing the young person/parents you will be advised as to whether the information you provide is such that consent is still required. This will happen where the social worker has concluded that there is not sufficient evidence that the child/young person may be suffering harm or where there is no assessed risk to gaining consent. In such cases you will be advised to speak with the young person/parent about your concerns and seek consent to refer to Social Care for further assessment of need OR consider with the family appropriate services to address identified needs.

5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

It is important for professionals to be clear about the ability to give informed consent as a child, young person or parent and that this may be affected by a number of things such as learning disability; drugs or alcohol, fear of reprisal, cultural perspective etc.

In particular professionals must ensure that in relation to young people they distinguish between and balance the need to gain consent against the need to safeguard. Young people may not recognise that what they are experiencing is harm and this is particularly true in relation to **sexual exploitation; female genital mutilation and radicalisation**. Young people may also be placing themselves at risk through their behaviours i.e. consuming drugs or alcohol; going missing; self-harming; anorexia. Therefore any professional who is concerned that a young person who is Fraser competent is suffering harm but not giving consent to share information should consult with or refer to Children's Social Care at the earliest opportunity.

Further information on Fraser guidelines and assessing competency is available in Appendix 1.

6. **Necessary, proportionate, relevant, adequate, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles below).
7. **Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.**

Recording discussions and decisions to share information or not is of particular importance where there may be a number low-level concerns below the threshold for information sharing that, when considered together provide evidence that a child is experiencing harm. This is particularly relevant in relation to neglect and emotional harm.

Professionals should make use of their safeguarding lead (where in place) or manager in making decisions regarding whether to share information, which should be reflected in records.

3. The principles of Information Sharing

Practitioners should use their judgement when making decisions on what information to share and when and should follow organisation procedures or consult with their manager/safeguarding lead if in doubt. **The most important consideration is whether sharing information is likely to safeguard and protect a child.**

1. Necessary and proportionate

When taking decisions about what information to share, you should consider how much information you need to release. The Data Protection Act 1998 requires you to consider the impact of disclosing information on the information subject and any third parties. Any information shared must be proportionate to the need and level of risk.

2. Relevant

Only information that is relevant to the purposes should be shared with those who need it. This allows others to do their job effectively and make sound decisions.

3. Adequate

Information should be adequate for its purpose. Information should be of the right quality to ensure that it can be understood and relied upon.

4. Accurate

Information should be accurate and up to date and should clearly distinguish between fact and opinion. If the information is historical then this should be explained.

5. Timely

Information should be shared in a timely fashion to reduce the risk of harm. Timeliness is key in emergency situations and it may not be appropriate to seek consent for information sharing if it could cause delays and therefore harm to a child. Practitioners should ensure that sufficient information is shared, as well as consider the urgency with which to share it.

6. Secure

Wherever possible, information should be shared in an appropriate, secure way.

Practitioners must always follow their organisation's policy on security for handling personal information.

7. Record

Information sharing decisions should be recorded whether or not the decision is taken to share. If the decision is to share, reasons should be cited including what information has been shared and with whom, in line with organisational procedures. If the decision is not to share, it is good practice to record the reasons for this decision and discuss them with the requester. In line with each organisation's own retention policy, the information should not be kept any longer than is necessary. In some circumstances this may be indefinitely, but if this is the case there should be a review process.

Useful Links:

- Further information on safeguarding children can be found on the Berkshire Local Safeguarding Boards Child Protection manual website:

<http://www.proceduresonline.com/berks/>

- Thresholds Guidance for each LSCB can be found on their individual websites:

<http://www.proceduresonline.com/berks/>

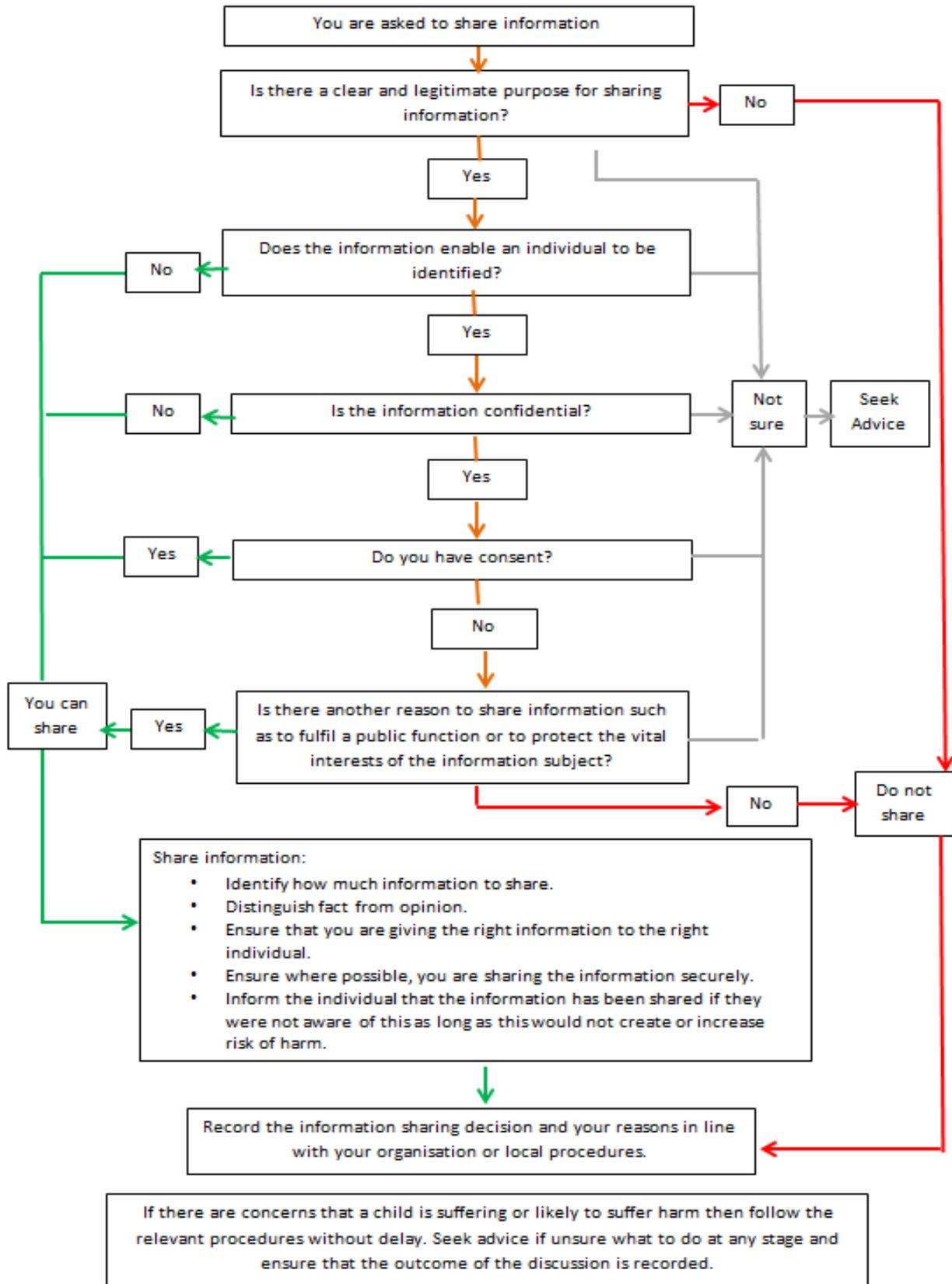
- Working Together to Safeguard Children 2015:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

- Information Sharing Guidance for Safeguarding Practitioners 2015:

<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

INFORMATION SHARING FLOW-CHART



Appendix 1 – Fraser Guidelines

Gillick competency and Fraser guidelines refer to a legal case which looked specifically at whether doctors should be able to give contraceptive advice or treatment to under 16-year-olds without parental consent.

In 1982 Mrs. Victoria Gillick took her local health authority and the Department of Health and Social Security to court in an attempt to stop doctors from giving contraceptive advice or treatment to under 16-year-olds without parental consent.

The case went to the High Court in 1984 where Mr. Justice Woolf dismissed Mrs. Gillick's claims. The judgment was subsequently upheld in the Court of Appeals:

"...whether or not a child is capable of giving the necessary consent will depend on the child's maturity and understanding and the nature of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent, if given, can be properly and fairly described as true consent."

The principles of Fraser guidelines can be applied more widely in relation to sharing information and service provision across agencies and organisations. The following questions will assist professionals in considering whether a child or young person is Fraser competent and therefore able to give informed consent. If the young person is not assessed to be competent to give informed consent then parental consent must be sought (subject to the considerations set out in the main guidance).

Professionals must consider where the young person is assessed whether they are at risk of or are suffering harm and therefore whether there is a need to over-ride a lack of consent to information sharing if it is required to safeguard the individual or any others.

Questions to consider:

1. Can the young person understand the advice/information they have been given to understand what is involved and what the implications are?
2. Does the young person understand/accept the concerns you have discussed and the need to share the information with a third party?
3. Do they understand the consequences of sharing or not sharing the information?
4. Is the young person under the influence of drugs or alcohol or any other circumstance that may affect their ability to consent?
5. Are you confident that the young person is making the decision for themselves and not being coerced or influenced by another person?
6. Are you confident that you are safeguarding and promoting the welfare of the young person?
7. Has the young person explicitly requested that you do not tell their parents/carers about the concerns prior to the information being shared?
8. Have you done everything you can to persuade the young person to involve or inform their parent(s)/carer(s)?
9. If the information is not shared, what will be the impact on the child/young person's health, welfare or development?