

**Boards' Business Unit**



**DARLINGTON**  
Safeguarding Children Board



**Darlington**  
Safeguarding Adults  
Partnership Board

**Protocol for collaborative working and  
information sharing between  
professionals to protect children and  
vulnerable adults**



**Reviewed  
December 2016**

<b>Title</b>	<b>Protocol for collaborative working and information sharing between professionals to protect children and vulnerable adults</b>
<b>Version</b>	<b>1</b>
<b>Date</b>	<b>12.12.2016</b>
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#### **Update and Approval Process**

<b>Version</b>	<b>Group/Person</b>	<b>Date</b>	<b>Comments</b>
<b>1</b>	<b>DSCB Practice Development and Procedures Group/DSAPB Policy and Implementation Group</b>	<b>December 2016</b>	Two separate protocols had been developed for both the DSCB and DSAPB and agreement reached there should be one Joint Protocol.
<b>2</b>	<b>Business Unit (MG)– Update Working Together 2018 and Data Protection Act 2018 and GDPR HM Government Information Sharing Advice 2018</b>	<b>August 2018</b>	Reference to LSCBs within the context of Working Together 2018 removed as there is no reference to LSCBs in this legislation.

<b>Issue Date</b>	<b>December 2016</b>
<b>Review Date</b>	<b>December 2018</b>
<b>Reviewing Officer</b>	

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## 1. INTRODUCTION

- 1.1 Information sharing is vital to safeguarding and promoting the welfare of children<sup>1</sup>, young people and vulnerable adults<sup>2</sup>. This protocol provides the framework for collaborative working and requires a positive approach from services and agencies to work together to protect children and adults among partner organisations (as listed in Appendix A of this document).
- 1.2 The drive to deliver services in a joined up and integrated way is well established, as is the need to “Think Family” approach. It is essential that collaborative working and good information sharing is established throughout agencies, at all levels, which is then embedded through effective practice by practitioners.
- 1.3 This protocol has been developed to address information sharing both at Board level and operational level within the arena of Children and Adult Safeguarding. It is intended that agencies with the potential to be involved in safeguarding investigations will sign up to the use of this protocol. This agreement is entered into with the purpose of ensuring compliance with the Data Protection Act 2018 and GDPR
- 1.4 For updated advice and guidance on information sharing for practitioners providing safeguarding services to children, young people, parents and carers see [HM Government \(2018\)- Information sharing-Advice for practitioners providing safeguarding services to children, young people, parents and carers](#) . This guidance may also be helpful to adult safeguarding practitioners working with adults who have responsibility for children in need.

## 2. PURPOSE

- 2.1 Effective joint working can be undermined by poor communication, a number of recent serious case reviews have highlighted poor information sharing as a factor. [Working Together to Safeguard Children 2018 Statutory Guidance pages 18-19](#) states effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision. Early sharing of information is the key to providing effective early help where there are emerging problems. Sharing information can be essential to put in place effective child protection services. Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children.

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<sup>1</sup> For the purposes of this protocol the terms child/children are used to describe both children and young people under 18 years old.

<sup>2</sup> Definition of vulnerable adult, Care Act 2014 - **Adult At Risk** means an adult at risk of abuse or neglect. This is usually an adult who has care and support needs, and who is unable to protect themselves from abuse or neglect because of their care and support needs. In a small number of cases, it may include an adult with support needs, such as an unpaid carer of someone with care and support needs

2.2 The Care Act 2014 compliments the principles set out in this document. It enshrines in law the need for organisations to cooperate with one another and share information to make sure people receive the best possible care and support. It also results in a new 'duty to cooperate' to ensure organisations share information where there are concerns about a vulnerable adult at risk of harm.

2.3 To ensure effective safeguarding arrangements:

- All organisations should have arrangements in place which set out clearly the processes and the principles for sharing information internally. In addition, these arrangements should cover sharing information with other organisations and practitioners, including third party providers.
- No professional should assume that someone else will pass on information which they think may be critical to keeping a child or adult safe. If a professional has concerns about a child or an adult's welfare and believes they are suffering or likely to suffer harm, then they should share the information with Darlington social care.

2.4 Effective interagency working is dependent upon effective information sharing whether a child, young person or adult just needs some additional support or whether there are concerns that they are at risk of significant harm (safeguarding). [Advice for practitioners providing safeguarding service to children, young people, parents or carers \(2015\)](#) supports frontline practitioners, working in child or adult services who have to make decisions about sharing personal information on a case by case basis.

[A letter from Government Ministers on the joint commitment to share information effectively for the protection of children](#) (March 2015) following the failures to protect children from sexual exploitation in Rotherham, identified information sharing as a key factor and outlined a number of principles that every agency should commit to:

- **Integrated working (e.g. co-location)** – Close collaboration in multi-agency working is essential in developing 'real time' risk assessments to enhance decision making. A truly integrated approach helps to break down cultural barriers, leading to greater understanding and mutual respect among different agencies.
- **Joint risk assessments** – these ensure clear and sufficient information about particular cases and joint plans for individual interventions.
- **A victim focused approach** – the needs of the victim must be at the forefront of our approach not systems and processes.
- **Good leadership & clear governance** – strong leadership can often bind different organisations together to develop a shared culture.
- **Frequent review of operations** – to continue

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- 2.5 It is commonplace that a range of agencies could potentially be involved in varying aspects of safeguarding children and adults and as such, the following benefits of sharing information appropriately (whilst not exhaustive) can include:-
- agencies working collaboratively to gather information to resolve issues;
  - professionals can draw upon a range of expertise to resolve issues;
  - information shared assists with gaining a fuller picture and identifying appropriate actions;
  - assist potential investigation processes;
  - agencies can work collaboratively to assess the risk to the child or adult and any wider risk to others;
  - agencies can work collaboratively to ensure the least intrusive response takes place.
- 2.6 [Working Together to Safeguard Children 2018 Statutory Guidance page 18](#) identifies how effective information sharing between practitioners and agencies is essential for the early identification of need, assessment and service provision to keep children safe. Serious Case Reviews (SCRs) have highlighted that missed opportunities to record, understand the significance of and share information in a timely manner can have serious consequences for the safety and welfare of children.
- 2.7 The LSCB can require an individual or body to comply with a request for information, as outlined in section 14B of the Children Act 2004 for the purpose of enabling it to perform its functions. Any request for information about individuals should be necessary and proportionate to the reason for the request. LSCBs should be mindful of the burden of requests and should explain why the information is needed.
- 2.8 If you encounter any issues or disputes in relation to information sharing then you should refer to the Safeguarding Boards' joint [Professional Challenge Procedure](#).
- 2.9 The Care Act 2014 emphasises the need to empower people, to balance choice and control for individuals against preventing harm and reducing risk, and to respond proportionately to safeguarding concerns. The Act deals with the role of the safeguarding adults board (SAB) in sharing strategic information to improve local safeguarding practice. Section 45 of the Act<sup>3</sup> 'the supply of information' covers the responsibilities of others to comply with requests for information from the SAB.

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<sup>3</sup> <http://www.legislation.gov.uk/ukpga/2014/23/part/1/crossheading/safeguarding-adults-at-risk-of-abuse-or-neglect/enacted>

### **3. VISION STATEMENT**

#### **3.1 The partners to this protocol recognise that:**

- Safeguarding vulnerable members of the community, whatever their age, is a shared responsibility and requires effective planning of services at both strategic and practitioner levels.
- Effective service delivery depends upon proficient information sharing; continued collaboration; understanding and mutual respect between agencies and professionals;
- Constructive relationships between individual practitioners need to be supported by a strong lead from elected and appointed authority members and the commitment of and leadership from chief officers and senior managers of partner organisations;
- Individual practitioners need to be facilitated in meeting their responsibilities under this protocol through the provision of appropriate training, adequate resources and high quality management support and supervision.

#### **3.2 The partners to this protocol agree to:**

- Actively implement the protocol within their own agency by:
  - Promoting ownership of it at all levels
  - Ensuring dissemination to all staff
- All agencies to ensure the protocol is embedded into all training programmes
- Monitoring compliance through multi-agency audits, case reviews and child protection procedures
- Ensure that staff are familiar with and adhere to the procedures set out in this protocol;
- Ensure that all service-specific procedures and guidelines are consistent with the principles of this protocol.

### **4. AIMS**

4.1 This protocol has been prepared both to formalise and facilitate professionals to work together in the provision of services to children, young people, adults and family units in order to:

- Promote best practice in all areas of inter-agency working
- Promote the appropriate uptake of services, the early identification of need and timely intervention to address unmet need
- Ensure effective communication across service divisions

4.2 The protocol is applicable to all services provided for children and adults living in Darlington where the intention of that service is to promote, augment and safeguard the welfare and wellbeing of its recipients.

- 4.3 The protocol recognises the increasing division of providers into discrete specialist service units. This coupled with the growing complexity and volume of legislation and statutory and professional guidance, particularly in the area of cross and intra-agency information sharing, has led to levels of uncertainty as to when, how and to what degree practitioners can and should collaborate with each other in the delivery of services to individuals and to families.

## **5. PRINCIPLES**

5.1 The protocol is based on the key principles that:

- In all situations the welfare and safety of the child is paramount even when this conflicts with the perceived interests of the parent or carer. Notwithstanding this, consideration should be given to the needs of all family members. This principle applies both to services for adults and services for children.
- The management of risk including that involving the risk to both individuals (be they adults or children) and the risk to the wider community is a shared responsibility. As such all organisations and those employed by them have a professional duty to participate in the identification, assessment and management of risk.
- All organisations and practitioners have a duty of care to services users whether the service user is an adult or child. Professionals should share information appropriately with others, both within and outwith their organisation, when to do so would promote the welfare of either the service user or any other individual, be it an adult or child.
- The sharing of information will also be necessary to ensure that professionals working with service users or their families or associates are protected.

## **6. LEGAL BASIS FOR INFORMATION SHARING (adults)**

6.1 When deciding whether to share personal data for the purpose of safeguarding adults, staff must first establish whether they have the power in law to do so.

6.2 The three main areas of law that relate to the disclosure and sharing of information are:

- The Common Law Duty of Confidentiality
- The Human Rights Act 1998
- The Data Protection Act 2018 and GDPR
- Mental Capacity Act 2005



6.3 Below is a list of the legislation and guidance that may need to be taken in consideration in the context of adult safeguarding and information sharing:

- Crime and Disorder Act 1998;
- Safeguarding Vulnerable Groups Act 2006;
- Mental Health Act 1983;
- NHS and Community Care Act 1990;
- National Health Service Act 2006;
- Mental Capacity Act 2005
- Care Quality Commission (Registration) Regulations 2009
- Caldicott Guidelines (**see Appendix 2**)
- No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse, Department of Health and Home Office 2000 (this is statutory guidance for social services)
- ICO Code of Practice Data Sharing 2012
- Care Act 2014

This list is not exhaustive.

## **7. INFORMATION SHARING “CONSENT AND THE PUBLIC INTEREST”-**

- 7.1 The importance of effective, relevant and proportionate information sharing to safeguard both adults and children is recognised by both the multi-agency Safeguarding Children and Adult’s Board in Darlington.
- 7.2 Serious Case Reviews and Domestic Homicide Reviews locally and nationally frequently comment on either the absence of, or ineffective, information sharing which impacts on the effective risk assessment of a child or an adult’s safety. Professionals can lack confidence about when they should share information and whether they need consent to do so.
- 7.3 The Data Protection Act 2018 and GDPR are not barriers to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
- 7.4 The Children Acts of 1989/2004 together with Government Guidance, Public Inquiry report findings and UK and European case law recognise that protecting people is inter-disciplinary and requires cooperative partnership and multi-agency collaboration, which includes the exchange of information, which should be multi-agency.
- 7.5 This sharing of information can involve the relevant sharing of matters recorded on IT systems, the sharing of reports as well as discussions between professionals. Collectively, this helps professionals to make recommendations and appropriate decisions.

- 7.6 All data shared in accordance with this agreement will not be used, copied or transferred for any other purpose than safeguarding and promoting the welfare of children and young people. Data ownership will remain with the individual agency and data will not be transferred to any other agency without the prior written agreement of that agency.
- 7.7 The Caldicott principles, current Government guidance and HM Government advice for practitioners on 7 Golden Rules (Appendix C) are helpful in considering the justification for the sharing of information.

## 8. CALDICOTT PRINCIPLES

- 8.1 Dame Fiona Caldicott first investigated issues surrounding confidentiality and the use of patient data in the NHS in 1996-97. This saw the introduction of the 'Caldicott Principles' and the appointment of Caldicott guardians to take responsibility for the security of confidential information.
- 8.2 Dame Fiona has reviewed these arrangements and published a report in April 2013 "[Information to share or not to share: the information governance review](#)" which has been accepted by the Government. This lengthy report addresses several aspects of information sharing and recognises the practical issues faced by professionals.
- 8.3 The Caldicott review found a strong consensus of support among professionals and the public that the safe and appropriate sharing of information in the interests of the individual's direct care should be the rule not the exception.
- 8.4 This has coincided with a new Caldicott Principle:
- That the duty to share personal confidential data can be as important as the duty to respect service user confidentiality.***
- 8.5 Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.
- 8.6 [HM Government Information Sharing: Guidance for practitioners and managers](#) (2014 - now archived) applies to both adults and children. The guidance addresses the issue of sharing information without consent when a person's safety is at risk, as well as sharing information for the purposes of the prevention and detection of a crime.

The following extracts assist in decision making:

Paragraph 3.30 – *it is good practice to seek consent of an adult where possible. All people aged 16 and over are presumed in law to have*

*the capacity to give or withhold their consent to sharing confidential information unless there is evidence to the contrary.*

Paragraph 3.41 - *It is not possible to give guidance to cover every circumstance in which the sharing of confidential information without consent will be justified.*

*You must make a judgement on the facts of the individual case. Where there is clear risk of significant harm to a child, the public interest test will almost certainly be satisfied (except as described in 3.43). There will be other cases where you will be justified in sharing limited confidential information in order to make decisions on sharing further information or taking action – the information shared should be necessary for the purpose and be proportionate.*

Paragraph 3.42 – *There are some circumstances in which sharing confidential information will normally be justified in the public interest. These are:*

- *When there is evidence or reasonable cause to believe that a child is suffering, or is at risk of suffering, significant harm; or*
- *When there is evidence or reasonable cause to believe that an adult is suffering, or is at risk of suffering, serious harm; or*
- *To prevent significant harm to a child or serious harm to an adult, , including through the prevention, detection and prosecution of serious crime.*

Paragraph 3.43 - *An exception to this would be where an adult with capacity to make decisions (see paragraph 3.30) puts themselves at risk but presents no risk of significant harm to children or serious harm to other adults. In this case it may not be justifiable to share information without consent.*

**IF THE SERVICE USER CONSENTS TO SHARE THEN THE INFORMATION SHOULD BE SHARED**

**CONSIDER THE SEVEN GOLDEN RULES FOR INFORMATION SHARING AS IN APPENDIX C.**

## **9. COLLABORATIVE WORKING**

### **9.1 Duty of Care**

9.2 Statutory agencies and all those they employ have a professional duty of care towards vulnerable members of society. This is enshrined in both legislation and in professional and ethical codes of conduct and reinforced by government guidance. In tandem with this is the

requirement that service providers work together at all levels to ensure that duty of care obligations are fulfilled.

- 9.3 Traditionally this has been viewed almost entirely in terms of safeguarding children. However there has been a growing recognition, underpinned by policy developments, that the concept of duty of care and with it the need for collaborative working extends beyond the arena of child protection.
- 9.4 Professional duty of care is now seen to encompass both adults and children who are vulnerable not just to harm but also to their welfare being adversely affected without the provision of services.
- 9.5 As a consequence all practitioners and managers involved with service provision need to be mindful of their professional responsibility to ensure that if they are made aware of or they identify any adult or child who appears to require services that they cannot provide then they take the appropriate action to initiate an assessment for service. This is irrespective of whether or not the adult or child concerned is the person to whom they are providing a service.

#### **Situations That Require Collaborative Working**

- 9.6 In child protection it is essential that all agencies 'tasked' with statutory child protection involve:
- Assessing family and environmental factors such as family history and functioning (including lifestyle)
  - The family's peer groups, friendships and social networks
  - Wider family connections and the family's social integration

**The assessment of harm for children may include an analysis of a single incident or event or a compilation of incidents, both acute and long standing, which interrupt, change or damage a child's physical and psychological development.**

- 9.7 Experience has shown that:
- A single agency or service is unlikely to have or be able to access all the relevant information which helps to assess the risk of harm
  - Risk assessment is a continuous, dynamic process. Risk can change quickly, sometimes daily and because of this different agencies or services will have information which, if shared, may escalate or even reduce risk.
  - The public and government expect agencies and services to share information to protect adults and children and trust professionals to do the right thing. This is a judgement call for the professionals, commonly referred to as making a proportionate response.
- 9.8 The duty of care responsibility also gives rise to an obligation to work collaboratively with others when:

9.9 **Different services are being provided to different members of the same family unit or extended family network.** *NB it is not necessary for family members to be part of the same household to be considered as part of the same family unit. For example collaboration would be required in a case where a father was in receipt of mental health services and had contact with but was not living with a child in receipt of learning disability services.*

9.10 Where such situations exist then some level of collaborative working must take place. However the nature and extent of such work will be dependent upon:

- Individual circumstances
- The nature of the services being provided and the type of provider
- The legal and procedural context in which services are being provided
- Local initiatives and agreements
- Service specific inter-agency agreements

Such working **may** include:

- Joint assessment (including risk assessment)
- Joint planning and review
- Joint service provision/funding
- Co-working

It **must** include:

- Robust mechanisms for the timely and efficient exchange of information.
- The routine and timely sharing of risk management plans.
- Routine and sustained communication including processes for the notification of significant events including but not limited to case transfer, withdrawal of or from the service and case closure.

## 10. SO WHAT SHOULD BE SHARED?

10.1 Agencies across Darlington are committed to delivering effective information sharing at an early stage to prevent matters escalating to safeguarding.

10.2 In safeguarding, the ability to share information without consent, or in the public interest, centres on 2 factors:

- Whether there is **evidence or reasonable cause to believe** that someone is suffering, **or is at risk of suffering**, significant harm **AND/OR**
- To prevent significant harm to someone, including through the prevention, detection and prosecution of serious crime.

In any given circumstances, both these factors may be present or only one.

- 10.3 Professionals must recognise that the information sharing factors do not rely on a professional having evidence of significant harm. Having a **reasonable cause to believe** that information sharing is necessary to prevent a child or adult from suffering significant harm in the future is equally important.
- 10.4 When a child is exposed to physical or sexual abuse, professionals generally recognise this as significant harm and will share this information.
- 10.5 However there are situations, often relating to the parents of the child or connected with the child's home or family circumstances, where professionals **SHOULD** share information. Often this is linked to parental problems around alcohol and drug use, domestic abuse or parents who may have mental health problems. These are often referred to as 'the toxic mix' of risk indicators.
- 10.6 The sharing of information is also necessary where parents are failing to address their responsibilities to clothe, feed and nurture a child.
- 10.7 The sharing of information under both circumstances is proportionate and necessary to help professionals understand how this may impact on children and assist agencies to coordinate the right support, at the right time, both for the parents and the child.
- 10.8 Similarly adults can suffer or be at risk of significant or serious harm through physical or sexual abuse. This can occur through exploitative, coercive and controlling relationships often seen in domestic or elder abuse.
- 10.9 The sharing of information under these circumstances is proportionate and necessary to protect adults and to prevent serious crime.
- 10.10 Service User Consent

It is important to ensure that all adult(s) at risk are empowered at each stage of the process and that individuals are assisted in making informed decisions as identified in the [Statement of Government Policy on Adult Safeguarding](#) [DH, May 2013]

#### 10.11 Adults with capacity

Where an adult at risk has capacity to make a decision in relation to the sharing of their information, staff should seek their consent at the earliest opportunity and this should be sought in a manner appropriate to the individual's communication needs.

The individual must be given sufficient information to enable them to make an informed decision, this includes:

- i. The nature of the information which may be shared.
- ii. Who it may be shared with.
- iii. The purpose, or purposes, for which it will be shared.
- iv. Any other relevant details.

They must not be acting under duress, i.e. consent must be voluntarily and freely given without any pressure or undue influence.

Staff agree to obtain consent in a fair and transparent way, and staff must not mislead data subjects as to the way in which their data will be processed.

#### 10.12 Adults lacking capacity

Where an adult at risk does not have capacity to make decisions in relation to the sharing of their information, staff will need to consider the following:

1. Is there anyone else able to give or refuse consent, such as an attorney under a registered Enduring or lasting power of attorney or someone appointed by the Court of Protection?
2. Does a 'best interests' decision need making in accordance with the Mental Capacity Act 2005?

#### 10.13 Failure to obtain consent

Where an adult at risk does not have capacity to consent to the processing of their personal data, staff will undertake a 'best interests' decision in accordance with the Mental Capacity Act 2005.

There may be occasions whereby consent cannot be obtained, for example:

- the adult(s) at risk cannot be contacted within a reasonable timeframe and dependent upon the seriousness of the concerns and timescales for action, investigations must proceed (in these instances the adult(s) at risk should be informed at the earliest opportunity unless this would be inappropriate);
- the adult(s) at risk does not have the mental capacity to consent (see section above);
- contacting the adult(s) at risk could place others at unacceptable risk or hamper a criminal investigation; or
- the adult(s) at risk have refused to give consent.

Any decision to share information without consent must be done in accordance with the Data Protection Act 2018 and GDPR, the Human Rights Act 1998 and the common law duty of confidentiality (as above). Any decision to share the information without consent must be clearly recorded and fully justified. Staff will only share the minimum amount of data necessary, relevant, proportionate and accurate to achieve the objective.

Where an individual has refused consent and no other lawful reason for sharing the information exists, their personal information must not be shared. Details of the refusal will be recorded by the relevant organisation. In such circumstances, the individual should be made aware that the level of the service they receive may be adversely affected as a result of their decision, but no undue pressure should be applied to obtain consent. In situations such as this where lack of consent may have adverse consequences for the individual the Caldicott Guardian should be consulted.

#### 10.14 Consent Duration

Consent must not be assumed to be open ended and an individual may withdraw their consent at any time.

Consent should be reviewed when:-

- Re-referrals are submitted for an individual(s);
- Timescales for an investigation process have been uncontrollably prolonged;
- There has been a significant lapse of time since the consent was first obtained
- Information is expected to be shared with new or alternative third parties (e.g. within Safeguarding meetings because of a provider change);
- The information is being shared for a different purpose

In the above instances the consent agreement should be reviewed at the earliest opportunity with the adult(s) at risk. However, if when the agreement is reviewed the adult at risk withdraws consent relevant information should be shared in accordance with the legislation when the threshold for a best/vital/public interest decision is met.

#### 10.15 Recording consent

Safeguarding Alert forms have a section for recording whether consent has been obtained and for recording the capacity of data subject(s) in relation to safeguarding issues. Staff will complete these forms accurately and will clearly display the views and wishes of the data subject.



Consent obtained for other processes e.g. a medical examination should be recorded appropriately in line with other agency policy and procedures.

## 11. ROLES AND RESPONSIBILITIES

### 11.1 Roles and Responsibilities of Line Managers

Effective and safe inter-agency working is dependent on appropriate systems being in place for management oversight and case supervision.

As such, in addition to their standard duties, this protocol requires that line managers must ensure:

- That any practitioner/manager for whom they have line management responsibility:
  - Complies with the requirements of this protocol
  - Has thorough knowledge of their agency procedures regarding information sharing and joint working with other agencies.
  - Is aware of where to get advice and guidance relating to information sharing and joint working.
  - Is clear about the requirements of their own agency and any relevant professional codes of conduct regarding their duty of care towards those in need of services to promote their welfare and maintain their safety.
  - Is clear that the need to protect the safety and welfare of others (including those employed by their own and other agencies) **always** is paramount over any perceived right of confidentiality of the service user. **Failure to disclose information to other agencies that would serve to protect any other person is not justifiable under any circumstances and may lead to action being taken as per individual organisations guidance.**
  - Whose professional conduct or attitude negatively impacts on collaborative work is appropriately challenged.
- That situations requiring some form of collaborative working are identified and that the appropriate action is taken.
- That salient issues arising from the collaborative process are identified and reported back through the relevant management structure.
- That all decisions made during collaborative working continuously reflect best practice and are consistently in the best interests of the service user.

- Standards regarding recording, communication and timescales are adhered to.

## 11.2 Roles and Responsibilities of Practitioners

The potential benefits to service users and their families of providers working collaboratively will only be maximised if practitioners contribute fully, cohesively and effectively to that process.

This protocol sets out the baseline requirements for such working and to assist practitioners in complying with these requirements the seven golden rules have been established (see appendix C).

**This protocol will be formally ratified by Darlington Safeguarding Children and Adult Boards.**

## 12. CONTACT DETAILS

If you have any questions or comments about this document please email the Local Safeguarding Boards business unit:

[safeguardingboards@darlington.gov.uk](mailto:safeguardingboards@darlington.gov.uk)

or telephone: 01325 406450

## 13. Useful resources and statutory guidance:

[HM Government \(2018\) - Information sharing-Advice for practitioners providing safeguarding services to children, young people, parents and carers](#)

[Centre for Excellence on Information Sharing](#)

[Working together to Safeguard Children 2018 Statutory Guidance](#)

[Keeping Children Safe in Education 2015](#)

[What to do if you are worried a child is being abused 2015](#)

[Care Act 2014](#)

## 14. Useful legislation:

Children Act 1989 (Sections 17, 27 and 47)

Local Government Act 2000 (Section 2)

Crime and Disorder Act 1998 (Section 115)

Data Protection Act 2018 and GDPR

(Learning and Skills Act 2000

Children Act 2004 (section 11)

Human Rights Act 1998

Care Act 2014 (Section 45)

Mental Capacity Act 2005

Common Law Duty of Confidentiality

Safeguarding Vulnerable Groups Act 2006

Mental Health Act 1983

NHS and Community Care Act 1990

National Health Service Act 2016

Care Quality Commission (Registration) Regulations 2009

Caldicott Guidelines

No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse

Department of Health and Home Office 2000 (statutory guidance for social services)

ICO Code of Practice Data Sharing 2012

## SIGNATORIES

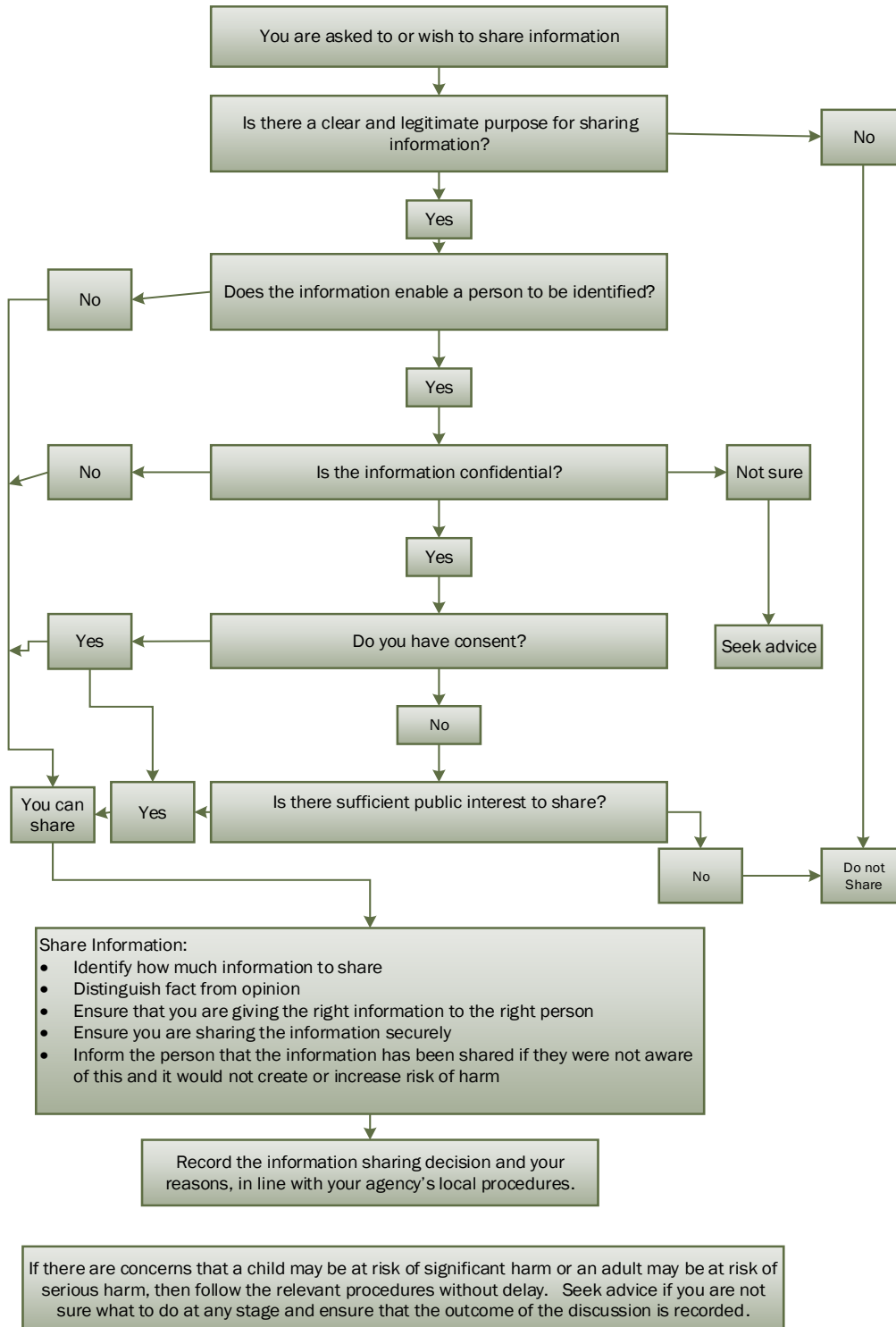
Agreement:

We the undersigned do hereby agree to implement the terms and conditions of this Information Sharing Protocol.

Organisation	Name	Position	Contact Details	Date
Tees Esk and Wear Valley NHS Foundation Trust	Louise Eastham	IG Lead	<a href="mailto:Louise.eastham@nhs.net">Louise.eastham@nhs.net</a> Tel: 0191 333 6637	
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		Caldicott Guardian		
County Durham and Darlington NHS Foundation Trust	Lisa Natrass	IG Lead	<a href="mailto:Cdda-r.informationgovernance@nhs.net">Cdda-r.informationgovernance@nhs.net</a> Tel: 01325 743085	
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NHS England				
CAFCASS				

Information Sharing Flowchart



## SEVEN GOLDEN RULES FOR INFORMATION SHARING<sup>4</sup>

1. **Remember** that the Data Protection Act 2018, General Data Protection Regulation (GDPR) and human rights legislation are not barriers to justified information sharing but provide a framework to ensure that personal information about living persons is shared appropriately.
2. **Be open and honest** with the 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.
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.
4. **Share with informed consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis 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.
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.
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 people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
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 ([Haringey Judgement 2013](#))

<sup>4</sup> HM Government Guidance- Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419628/Information\\_sharing\\_advice\\_safeguarding\\_practitioners.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf)