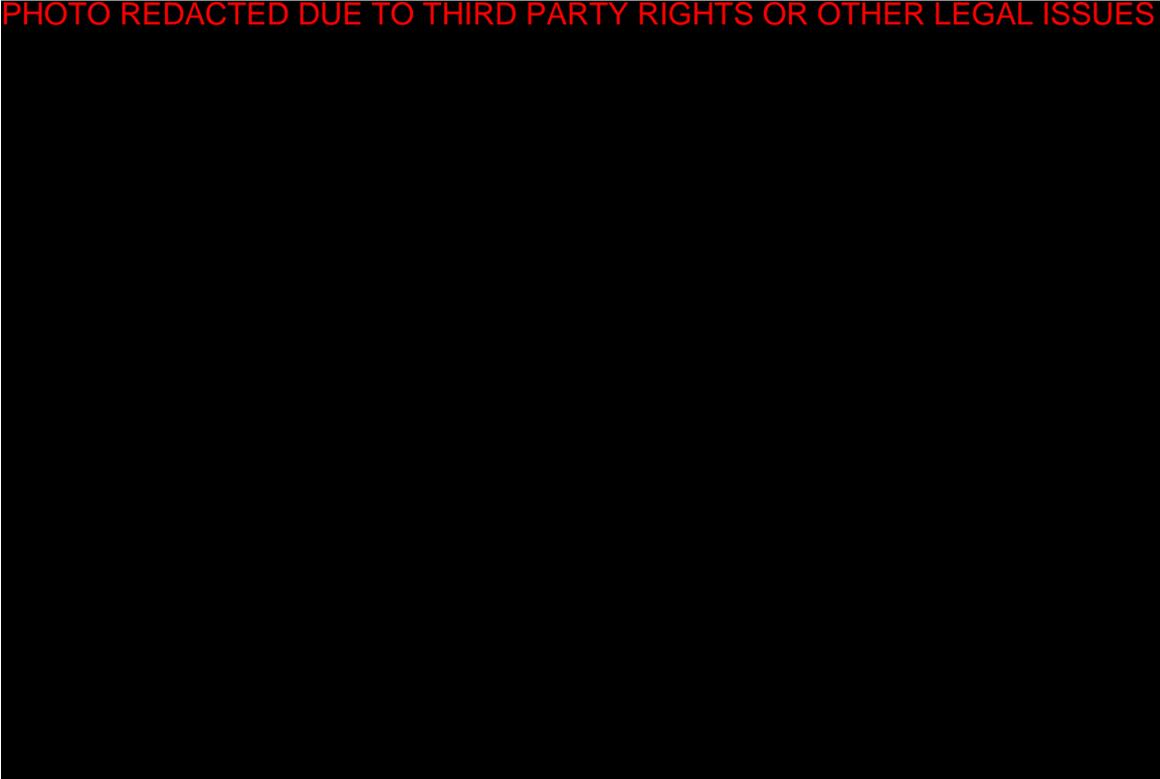




# Information sharing: Practitioners' guide

Integrated working to improve outcomes  
for children and young people

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Every Child Matters

Change For Children



NON-STATUTORY  
GUIDANCE

“Ensuring that children and young people are kept safe and receive the support they need when they need it is vital. Where information sharing is necessary to achieve this objective it is important that practitioners have a clear understanding of when information can be shared. It is also important for them to understand the circumstances when sharing is inappropriate. The Data Protection Act is not a barrier to sharing information but is in place to ensure that personal information is shared appropriately. This guidance is welcome as it sets out a framework to help practitioners share information both professionally and lawfully.”

**Richard Thomas**

Information Commissioner

This guidance is for everyone who works with children and young people, whether they are employed or volunteers, in the public, private or voluntary sectors. It is for staff working in health; education; early years and childcare; social care; youth offending; police; advisory and support services, and leisure. It is also for practitioners who work in services provided for adults, for example mental health services and drug and alcohol services, as many of the adults accessing those services may have parenting or caring responsibilities.

Alongside this document, we are publishing:

- a set of case examples which illustrate information sharing situations;
- a set of training materials available for local agency and multi-agency training, and for use by providers of initial training and continuous professional development for the children’s workforce;
- *Information Sharing : Further Guidance on Legal Issues* – a summary of the laws affecting information sharing in respect of children and young people.

**GO TO** [www.ecm.gov.uk/informationsharing](http://www.ecm.gov.uk/informationsharing)

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# 1. Introduction



**1.1** The aim of this cross-Government guidance is to improve practice by giving practitioners across children’s services clearer guidance on when and how they can share information legally and professionally. This document:

- summarises, in one page, six key points for practitioners to remember on information sharing in respect of children and young people (**Section 2**);
- sets out core guidance for practitioners on information sharing (**Section 3**);
- sets out further information to inform practitioners’ decisions on information sharing (**Section 4**);

**1.2** Sharing information is vital for early intervention to ensure that children and young people with additional needs get the services they require. It is also essential to protect children and young people from suffering harm from abuse or neglect and to prevent them from offending.

**1.3** Improving information sharing practice is therefore a cornerstone of the Government *Every Child Matters* strategy to improve outcomes for children. This guidance complements and supports wider policies to improve information sharing across children’s services.

These include:

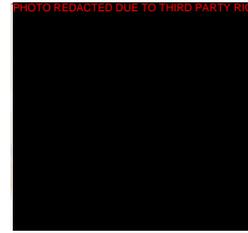
- the statutory guidance under the Children Act 2004 for agencies covered by the duty to co-operate to improve well-being and by the duty to safeguard children and promote their welfare;
- the revised *Working Together to Safeguard Children* (DfES, 2006). The statutory guidance sets out how organisations and individuals should work together to safeguard and promote the welfare of children;

- the *Common Assessment Framework for children and young people* (CAF), a shared assessment tool used across services to avoid children and families having to tell and retell their story and to help practitioners develop a greater shared understanding of a child's needs;
- the lead professional to coordinate action if more than one service is involved;
- the *Common Core of Skills and Knowledge for the Children's Workforce* (DfES, 2005) for everyone working with children, young people and families;
- the *Sure Start Children's Centres Practice Guidance* (DfES, 2005), which focuses on identifying and intervening in the most disadvantaged and hard-to-reach families;
- the information sharing index, to be rolled out across local authorities by end 2008, which will help practitioners contact one another more easily and more quickly to support earlier intervention and stop children falling through the net;
- the statutory guidance to support the Multi-Agency Public Protection Arrangements (MAPPA), which form the basis of public protection, including protection to children, and which operate on a multi-agency partnership basis throughout England and Wales.

**SEE THE**  [Back cover for available resources](#)

**1.4** It is important that practitioners understand when, why and how they should share information so that they can do so confidently and appropriately as part of their day-to-day practice. This document seeks to give practitioners clear practical guidance, drawing on experience and on the consultation we have carried out.

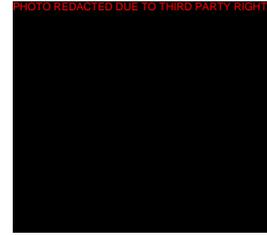
## 2. Six key points on information sharing



- You should explain to children, young people and families at the outset, openly and honestly, what and how information will, or could be shared and why, and seek their agreement. The exception to this is where to do so would put that child, young person or others at increased risk of significant harm or an adult at risk of serious harm, or if it would undermine the prevention, detection or prosecution of a serious crime (see glossary for definition) including where seeking consent might lead to interference with any potential investigation.
- You must always consider the safety and welfare of a child or young person when making decisions on whether to share information about them. Where there is concern that the child may be suffering or is at risk of suffering significant harm, the child's safety and welfare must be the overriding consideration.
- You should, where possible, respect the wishes of children, young people or families who do not consent to share confidential information. You may still share information, if in your judgement on the facts of the case, there is sufficient need to override that lack of consent.
- You should seek advice where you are in doubt, especially where your doubt relates to a concern about possible significant harm to a child or serious harm to others.
- You should ensure that the information you share is accurate and up-to-date, necessary for the purpose for which you are sharing it, shared only with those people who need to see it, and shared securely.
- You should always record the reasons for your decision – whether it is to share information or not.



# 3. Core guidance on sharing information



## Why information sharing is important

**3.1** Sharing information is essential to enable early intervention to help children, young people and families who need additional services to achieve positive outcomes, thus reducing inequalities between disadvantaged children and others. These services could include additional help with learning, specialist health services, help and support to move away from criminal or anti-social behaviour, or support for parents in developing parenting skills. As local areas move towards integrated children's services, professional and confident sharing of information is becoming more important to realising the potential of these new arrangements to deliver benefits for children, young people and families.

**3.2** Information sharing is also vital to safeguarding and promoting the welfare of children and young people. A key factor in many serious case reviews has been a failure to record information, to share it, to understand the significance of the information shared, and to take appropriate action in relation to known or suspected abuse or neglect.

**3.3** We know that practitioners recognise the importance of information sharing and that there is much good practice. But practitioners also tell us that in some situations they feel constrained from sharing information by their uncertainty about when they can do so lawfully. This guidance aims to provide clarity on that issue. It is important that practitioners:

- are supported by their employers in working through these issues;
- understand what information is and is not confidential, and the need in some circumstances to make a judgement about whether confidential information can be shared, in the public interest, without consent;
- understand and apply good practice in sharing information at an early stage as part of preventative work;
- are clear that information can normally be shared where you judge that a child or young person is at risk of significant harm or that an adult is at risk of serious harm.

The rest of this section covers these matters.

## How practitioners should be supported by their employers

**3.4** To give practitioners confidence to apply the guidance in practice, it is important that they have:

- a systematic approach within their agency to explaining to children, young people and families when they first access the service how and why information may be shared, which will build the confidence of all involved;
- clear systems, standards and protocols for sharing information. These may derive from their agency's policies, any local protocols in place, or from their professional code of conduct;
- access to training where they can discuss issues which concern them and explore case examples with other practitioners;
- a source of advice and support on information sharing issues.

**3.5** The statutory guidance on section 11 of the Children Act 2004 states that in order to safeguard and promote children's welfare, the agencies covered by section 11 should make arrangements to ensure that:

- a. all staff in contact with children and young people understand what to do and the most effective ways of sharing information if they believe that a child and family may require particular services in order to achieve positive outcomes;
- b. all staff in contact with children and young people understand what to do and when to share information if they believe that a child may be a child in need, including those children suffering or at risk of suffering harm;
- c. appropriate agency-specific guidance is produced to complement guidance issued by central Government, and such guidance and appropriate training is made available to new staff as part of their induction and ongoing training;
- d. guidance and training specifically covers the sharing of information between professions, organisations and agencies, as well as within them, and arrangements for training take into account the value of multi-agency as well as single agency training;
- e. managers in children's services are fully conversant with the legal framework and good practice guidance issued for practitioners working with children and young people.

The statutory guidance on section 10 of the Children Act 2004 makes it clear that effective information sharing supports the duty to co-operate to improve the well-being of children.

## Confidentiality

**3.6** In deciding whether there is a need to share information you need to consider your legal obligations including:

- a) whether the information is confidential; and
- b) if it is confidential, whether there is a public interest sufficient to justify sharing.

**3.7** Not all information is confidential. Confidential information is information of some sensitivity, which is not already lawfully in the public domain or readily available from another public source, and which has been shared in a relationship where the person giving the information understood that it would not be shared with others. For example, a teacher may know that one of her pupils has a parent who misuses drugs. That is information of some sensitivity, but may not be confidential if it is widely known or it has been shared with the teacher in circumstances where the person understood it would be shared with others. If however it is shared with the teacher by the pupil in a counselling session, for example, it would be confidential.

**3.8** Confidence is only breached where the sharing of **confidential** information is not authorised by the person who provided it or to whom it relates. If the information was provided on the understanding that it would be shared with a limited range of people or for limited purposes, then sharing in accordance with that understanding will not be a breach of confidence. Similarly, there will not be a breach of confidence where there is explicit consent to the sharing.

**3.9** Even where sharing of confidential information is not authorised, you may lawfully share it if this can be justified in the public interest. Seeking consent should be the first option, if appropriate. Where consent cannot be obtained to the sharing of the information or is refused, or where seeking it is likely to undermine the prevention, detection or prosecution of a crime, the question of whether there is a sufficient public interest must be judged by the practitioner on the facts of each case. Therefore, where you have a concern about a child or young person, you should not regard refusal of consent as necessarily precluding the sharing of confidential information.

**3.10** A public interest can arise in a wide range of circumstances, for example, to protect children or other people from harm, to promote the welfare of children or to prevent crime and disorder. There are also public interests, which in some circumstances may weigh against sharing, including the public interest in maintaining public confidence in the confidentiality of certain services. The key factor in deciding whether or not to share confidential information is proportionality, i.e. whether the proposed sharing is a proportionate response to the need to protect the public interest in question. In making the decision you must weigh up what might happen if the information is shared against what might happen if it is not, and make a decision based on a reasonable judgement.

**3.11** It is not possible to give guidance to cover every circumstance in which sharing of confidential information without consent will be justified. Practitioners must make a judgement on the facts of the individual case. Where there is a clear risk of significant harm to a child, or serious harm to adults, the public interest test will almost certainly be

satisfied. However there will be other cases where practitioners will be justified in sharing some confidential information in order to make decisions on sharing further information or taking action – the information shared should be proportionate.

**3.12** It is possible however to identify some circumstances in which sharing confidential information without consent will **normally** be justified in the public interest. These are:

- **when there is evidence** that the child is suffering or is at risk of suffering significant harm; or
- **where there is reasonable cause to believe** that a child may be suffering or at risk of significant harm; or
- **to prevent significant harm** arising to children and young people or **serious harm** to adults, including through the prevention, detection and prosecution of serious crime.

For the purposes of this guidance, serious crime means any crime which causes or is likely to cause significant harm to a child or young person or serious harm to an adult.

### **Sharing information as part of preventative services**

**3.13** There is an increasing emphasis on integrated working across children’s services so that support for children, young people and families is provided in response to their needs. The aim is to deliver more effective intervention at an earlier stage to prevent problems escalating and to increase the chances of a child or young person achieving positive outcomes. In some areas there is increased use of multi-agency services, for example in children’s centres to support child health development; or through youth inclusion and support panels (YISPs) to support young people to help them move away from involvement in crime and disorder.

**3.14** Whether the integrated working is across existing services or through specific multi-agency structures, success depends upon effective partnership working between universal services (such as education and primary health care) and targeted and specialist services for those children, young people and families at risk of poor outcomes. Preventative services working in this way will be more effective in identifying concerns about significant harm, for example as a result of abuse or neglect. However, in most situations children, young people and family members will require additional services in relation to education, health, behaviour, parenting, or family support, rather than intervention to protect the child or young person from harm or to prevent or detect serious crime.

**3.15** Effective preventative services of this type will usually require active processes for identifying children and young people at risk of poor outcomes, and passing information to those delivering targeted support. Practitioners sometimes express concern about how this can be done lawfully.

**3.16** Seeking consent should be the first option. Practitioners in universal, targeted and specialist services, including multi-agency services, should proactively inform children, young people and families, **when they first engage with the service**, about their service's policy on how information will be shared, and seek their consent. The approach to sharing information should be explained openly and honestly. Where this is done, young people and families will be aware how their information may be shared, and experience shows that most will give consent.

**3.17** Information which is not confidential may generally be shared where that is necessary for the legitimate purposes of preventative work. Where information is confidential, however, and consent is refused, that should be respected, unless in the practitioner's professional judgment on the facts of the case, the public interest justifies the sharing of information. Paragraphs 3.6 to 3.12 above explain this and make it clear that there will be cases where practitioners are justified in sharing confidential information without consent in order to make decisions on whether to share further information or take action.

### **Sharing information where there are concerns about significant harm**

**3.18** It is critical that all practitioners working with children and young people are in no doubt that where they have reasonable cause to suspect that a child or young person **may be suffering or may be at risk of suffering significant harm**, they should always consider referring their concerns to children's social care. While, in general, you should seek to discuss any concerns with the family and, where possible, seek their agreement to making referrals to children's social care, **this should only be done where such discussion and agreement-seeking will not place a child at increased risk of significant harm or lead to interference with any potential investigation. The child's interests must be the overriding consideration in making any such decisions.**

**3.19** In some situations there may be a concern that a child or young person may be suffering or at risk of significant harm or of causing serious harm to others, but you may be unsure whether what has given rise to your concern constitutes 'a reasonable cause to believe'. In these situations, the concern must not be ignored. You should always talk to someone to help you decide what to do – a lead person on child protection, a Caldicott guardian, or a discussion with a trusted colleague or another practitioner who knows the child. The decision, to share information or not, should be recorded.

**3.20 Significant harm to children and young people** can arise from a number of circumstances – it is not restricted to cases of deliberate abuse or gross neglect. For example a baby who is severely failing to thrive for no known reason could be suffering significant harm but equally could have an undiagnosed medical condition. If the parents refuse consent to further medical investigation or an assessment, then you may still be

justified in sharing information for the purposes of helping ensure that the causes of the failure to thrive are correctly identified.

**3.21** Similarly, **serious harm to adults** is not restricted to cases of extreme physical violence. For example, the cumulative effect of repeated abuse or threatening behaviour or the theft of a car for joyriding may well constitute a risk of serious harm. Again, it may be justified to share information without consent for the purposes of identifying children or young people for whom preventative interventions in relation to such behaviour are appropriate.

## 4. Further information to inform decision-making



**4.1** To inform your decision-making this section sets out further information illustrating the key principles underlying information sharing. This section explains these through eight key questions. The relationship between them is illustrated in the flowchart at the end of this section. They are:

1. Is there a legitimate purpose for you or your agency to share the information?
2. Does the information enable a person to be identified?
3. Is the information confidential?
4. If the information is confidential, do you have consent to share?
5. Is there a statutory duty or court order to share the information?
6. If consent is refused, or there are good reasons not to seek consent to share confidential information, is there a sufficient public interest to share information?
7. If the decision is to share, are you sharing the right information in the right way?
8. Have you properly recorded your decision?

### **Is there a legitimate purpose for you or your agency to share information?**

**4.2** If you are asked to or wish to share information about a child or young person, you need to have a good reason or legitimate purpose to share information. This will be relevant to whether the sharing is lawful in a number of ways.

**4.3** If you work for a statutory service such as education, social care, health or youth justice, or if you work in the private or voluntary sector and are contracted by one of the statutory agencies to provide services on their behalf, the sharing of information must be within the functions or powers of that statutory body. It is likely that this will be the case if you are sharing the information as a normal part of the job you do for that agency.

**4.4** Whether you work for a statutory service or within the private or voluntary sector, any sharing of information must comply with the law relating to confidentiality, data protection

and human rights. Establishing a legitimate purpose for sharing information is an important part of meeting those requirements. There is more information about the legal framework for sharing information in the document ***Information Sharing : Further Guidance on Legal Issues.***

**GO TO** [www.ecm.gov.uk/informationsharing](http://www.ecm.gov.uk/informationsharing)

**4.5** Different agencies may have different standards for sharing information. You will need to be guided by your agency's policies and procedures, any local information sharing protocols, and – where applicable – by your professional code.

#### **Does the information enable a person to be identified?**

**4.6** In most cases the information covered by this guidance will be about a named child or young person. It may also identify others, such as a parent or carer. If the information is anonymised, it can lawfully be shared as long as the purpose is legitimate. If, however, the information does allow a person to be identified, it is subject to data protection law and you must be open about what information you might need to share and why and you must also take account of other relevant laws.

#### **Is the information confidential?**

**4.7** Confidential information is explained in paragraph 3.7. This section provides further information.

**4.8** There are different types of confidential relationship. One is where a formal confidential relationship exists, as between a doctor and patient, social worker and client, or counsellor and client. In these relationships all information shared, whether or not directly relevant to the medical, social care or personal matter which is the main reason for the relationship, needs to be treated as confidential.

**4.9** Another is an informal confidential relationship that exists between, say, a teacher and a pupil. A pupil may tell a teacher a whole range of information some of which is not confidential, but may also ask the teacher to treat some specific information as confidential. Then, for the purposes of the confidential information only, the teacher and pupil will have a formal confidential relationship.

**4.10** Sometimes people may not specifically ask you to keep information confidential when they discuss their own problems or pass on information about others, but may assume that personal information will be treated as confidential. In these situations you should check whether the information is or is not confidential, the limits around

confidentiality and under what circumstances information may or may not be shared with others.

**4.11** Public bodies that hold information of a private or sensitive nature about individuals for the purposes of carrying out their functions (for example children’s social care) may also owe a duty of confidentiality, as people have provided information on the understanding that it will be used for those purposes. In some cases the body may have a statutory obligation to maintain confidentiality, for example in relation to the case files of looked after children.

### **Do you have consent to share?**

**4.12** Consent issues can be complex, and lack of clarity about them can sometimes lead practitioners to incorrect assumptions that no information can be shared. This section gives further information to help you understand and address the issues. It covers:

- what constitutes consent;
- whose consent should be sought;
- when not to seek consent.

#### *What constitutes consent*

**4.13** Consent must be ‘informed’ – this means that the person giving consent needs to understand why information needs to be shared, who will see their information, the purpose to which it will be put and the implications of sharing that information.

**4.14** Consent can be ‘explicit’ or ‘implicit’. Obtaining explicit consent is good practice and it can be expressed either orally or in writing, although written consent is preferable since that reduces the scope for subsequent dispute. Implicit consent can also be valid in many circumstances. Consent can legitimately be implied if the context is such that information sharing is intrinsic to the activity, and especially if that has been explained at the outset, for example when conducting a common assessment. A further example is where a GP refers a patient to a hospital specialist and the patient agrees to the referral; in this situation the GP can assume the patient has given implied consent to share information with the hospital specialist.

**4.15** The approach to securing consent should be transparent and respect the individual. For example, it is good practice to set out clearly your agency’s policy on sharing information to children, young people and families, when they first access the service. Consent should not be secured through coercion, or inferred from a lack of response to a request for consent. If there is a significant change in the use to which the information will be put to that which has previously been explained, or in the relationship between the

agency and the individual, consent should be sought again. Individuals have the right to withdraw consent after they have given it, although in practice this is rarely exercised.

#### *Whose consent should be sought*

**4.16** You may also need to consider whose consent should be sought. Where there is a duty of confidence it is owed to a person who has provided the information on the understanding it is to be kept confidential and, in the case of medical or other records, the person to whom the information relates. A young person aged 16 or 17, or a child under 16 who has the capacity to understand and make their own decisions, may give (or refuse) consent to sharing.

**4.17** Children aged 12 or over may generally be expected to have sufficient understanding. Younger children may also have sufficient understanding. When assessing a child's understanding you should explain the issues to the child in a way that is suitable for their age, language and likely understanding. Where applicable, you should use their preferred mode of communication.

**4.18** The following criteria should be considered in assessing whether a particular child on a particular occasion has sufficient understanding to consent, or refuse consent, to sharing of information about them:

- Can the child understand the question being asked of them?
- Does the child have a reasonable understanding of:
  - what information might be shared?
  - the main reason or reasons for sharing the information?
  - the implications of sharing that information, and of not sharing it?
- Can the child or young person:
  - appreciate and consider the alternative courses of action open to them?
  - weigh up one aspect of the situation against another?
  - express a clear personal view on the matter, as distinct from repeating what someone else thinks they should do?
  - be reasonably consistent in their view on the matter, or are they constantly changing their mind?

**4.19** In most cases, where a child cannot consent or where you have judged that they are not competent to consent, a person with parental responsibility should be asked to consent on behalf of the child.

**4.20** Where parental consent is required, the consent of one such person is sufficient. In situations where family members are in conflict you will need to consider carefully whose

consent should be sought. If the parents are separated, the consent of the resident parent would usually be sought. If you judge a child or young person to be competent to give consent, then their consent or refusal to consent is the one to consider even if a parent or carer disagrees.

**4.21** These issues can raise difficult dilemmas. You must always act in accordance with your professional code of practice and in the best interests of the child, even where that means overriding refusal to consent.

#### *When not to seek consent*

**4.22** There will be some circumstances where you should not seek consent, for example where to do so would:

- place a child or young person at increased risk of significant harm; or
- place an adult at risk of serious harm; or
- prejudice the prevention or detection of a serious crime; or
- lead to unjustified delay in making enquiries about allegations of significant harm.

#### **Is there a statutory duty or a court order to share information?**

**4.23** In some situations you are required by law to share information, for example, in the NHS where a person has a specific disease about which environmental health services must be notified. There will also be times when a court will make an order for certain information or case files to be brought before the court.

**4.24** These situations are relatively unusual and where they apply you will know or be told about them. In such situations you must share the information, even if it is confidential and consent has not been given. Wherever possible, you should inform the individual concerned that you are sharing the information, why, and with whom.

#### **Is there sufficient public interest to share information?**

**4.25** Eliciting the views of children, young people and parents is important and represents good practice. However, even if consent is refused, that does not automatically preclude you from sharing information about a child about whom you have a concern. Paragraphs 3.6 to 3.12 above explain this in more detail, including the public interest test, the need to consider the public interest in maintaining confidence in confidentiality and how a risk of significant harm to a child or serious harm to an adult increases the public interest in sharing. There will be cases where sharing limited information without consent is justified to enable practitioners to reach an informed decision about whether further information should be shared or action should be taken.

**4.26** In deciding whether the public interest justifies disclosing confidential information without consent, you should be able to seek advice from your line manager or a nominated individual whose role is to support you in these circumstances. If you are working in the NHS or a local authority the Caldicott Guardian may be helpful. Advice can also be sought from professional bodies, for example the General Medical Council or the Nursing and Midwifery Council.

**4.27** If the concern is about possible abuse or neglect, all organisations working with children and young people will have a named person who undertakes a lead role for child protection, so consulting this person may also be helpful.

**4.28** If you decide to share confidential information without consent, you should explain to the person that you intend to share the information and why, unless one of the points at 4.22 is met.

#### **If the decision is to share, are you sharing the proper information in the proper way?**

**4.29** If your decision is to share, you should share information in a proper way. This means:

- share the information which is necessary for the purpose for which it is being shared;
- share the information with the person or people who need to know;
- check that the information is accurate and up-to-date;
- share it in a secure way;
- establish with the recipient whether they intend to pass it on to other people, and ensure they understand the limits of any consent which has been given;
- inform the person to whom the information relates, and, if different, any other person who provided the information, if you have not already and it is safe to do so.

#### **Have you properly recorded your decision?**

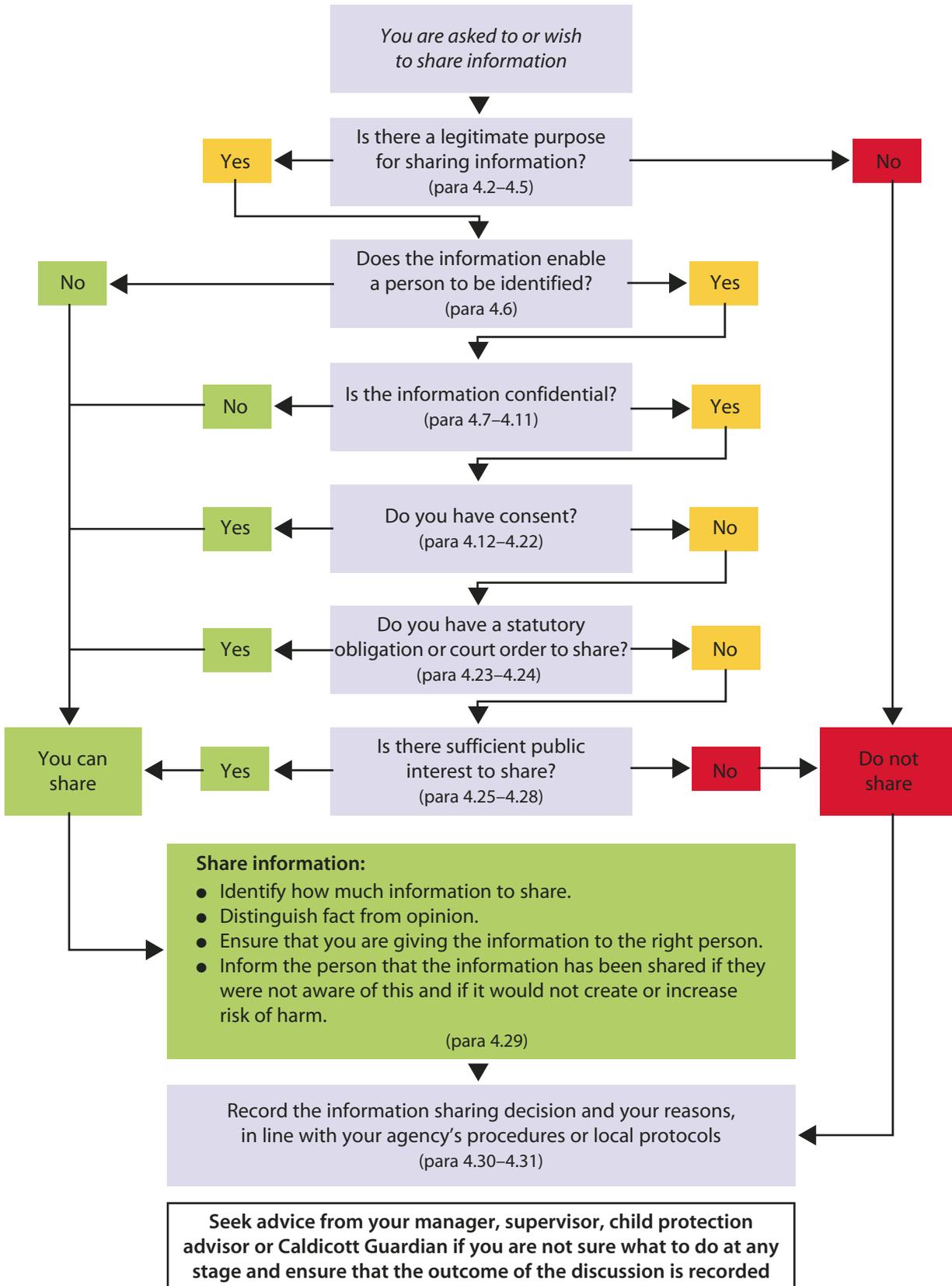
**4.30** You should record your decision and the reasons for it whether or not you decide to share information. If the decision is to share, you should record what information was shared and with whom.

**4.31** You should work within your agency's arrangements for recording information and within any local information sharing protocols in place. These arrangements and protocols must be in accordance with the Data Protection Act 1998 – the key provisions of which are summarised in ***Information Sharing: Further Guidance on Legal Issues***.

**GO TO** [www.ecm.gov.uk/informationsharing](http://www.ecm.gov.uk/informationsharing)

**4.32** Key sources of additional guidance on information sharing are listed at **Annex A**. A glossary is included at **Annex B**.

## Flowchart of key principles for information sharing



# Annex A:

## Key sources of further guidance



Further information and guidance can be found from the following sources:

### **Department for Education and Skills**

Case examples, training materials and further information about powers/legislation, available at [www.ecm.gov.uk/informationsharing](http://www.ecm.gov.uk/informationsharing)

*Working Together to Safeguard Children* (DfES, 2006)

Document available at [www.everychildmatters.gov.uk/safeguarding/](http://www.everychildmatters.gov.uk/safeguarding/)

Children Act 2004 guidance: available at [www.ecm.gov.uk/strategy/guidance](http://www.ecm.gov.uk/strategy/guidance)

Adoption and Children Act Regulations 2003

Information available at [www.dfes.gov.uk/adoption/lawandguidance](http://www.dfes.gov.uk/adoption/lawandguidance)

### **Information Commissioner's Office**

The Data Protection Act 1998

Information available at [www.ico.gov.uk/eventual.aspx?id=34](http://www.ico.gov.uk/eventual.aspx?id=34)

### **Department for Constitutional Affairs**

Privacy and data-sharing: the way forward

Information available at [www.dca.gov.uk/foi/sharing/](http://www.dca.gov.uk/foi/sharing/)

### **Department of Health**

*Confidentiality: NHS Code of Practice* (DH, 2003)

Document available at [www.dh.gov.uk/assetRoot/04/06/92/54/04069254.pdf](http://www.dh.gov.uk/assetRoot/04/06/92/54/04069254.pdf)

### **General Medical Council**

Confidentiality: protecting and providing information

Information available at [www.gmc-uk.org/guidance/library/confidentiality.asp](http://www.gmc-uk.org/guidance/library/confidentiality.asp)

**Nursing and Midwifery Council**

*The NMC Code of Professional Conduct: Standards for Conduct, Performance and Ethics* (NMC, 2004)

Document available at [www.nmc-uk.org/aFramedisplay.aspx?documentID=201](http://www.nmc-uk.org/aFramedisplay.aspx?documentID=201)

**Youth Justice Board and the Association of Chief Police Officers**

*Sharing Personal and Sensitive Personal Information on Children and Young People at Risk of Offending: A Practical Guide* (Youth Justice Board, 2005)

Document available at [www.youth-justice-board.gov.uk/Publications/Scripts/prodView.asp?idproduct=211&eP=PP](http://www.youth-justice-board.gov.uk/Publications/Scripts/prodView.asp?idproduct=211&eP=PP)

**Multi Agency Public Protection Arrangements**

<http://www.probation.homeoffice.gov.uk/output/page30.asp>

# Annex B: Glossary



**Anonymised** information is information from which a person cannot be identified by the recipient.

**Confidential** information should not normally be in the public domain or readily available from another source, it should have a degree of sensitivity and value and be subject to a duty of confidence.

**Consent** is agreement freely given to an action based on knowledge and understanding of what is involved and its likely consequences. All consent must be informed. The person to whom the information relates should understand why particular information needs to be shared, who will use it and how, and what might happen as a result of sharing or not sharing the information.

**Explicit consent** is consent given orally or in writing

**Implied consent** is where the person has been informed about the information to be shared, the purpose for sharing and that they have the right to object and their agreement to sharing has been signalled by their behaviour rather than orally or in writing.

**Personal data** is information about any identified or identifiable living individual and includes their name, address and telephone number as well as any reports or records.

**Practitioner** is the generic term used in this guidance to cover everyone who works with children and young people.

**Proportionality:** The key factor in deciding whether or not to share confidential information without consent is **proportionality**: i.e. is the information you wish to, or are asked to share, a balanced response to the need to safeguard a child or another person, or to prevent or detect a serious crime?

**Public bodies** are any public service, for example a local authority, health services or schools.

**Public interest** is the interests of the community as a whole, or a group within the community or individuals.

**Public interest test** is the process a practitioner uses to decide whether to share confidential information without consent. It requires them to consider the competing public interests – for example, the public interest in protecting children, promoting their welfare or preventing crime and disorder and the public interest in maintaining public confidence in the confidentiality of public services, and to balance the risks of not sharing against the risk of sharing.

**Safeguarding and promoting welfare** is the process of protecting children from abuse or neglect, preventing impairment of their health and development and ensuring they are growing up in circumstances consistent with the provision of safe and effective care which is undertaken so as to enable children to have optimum life chances and enter adulthood successfully.

**Serious crime** for the purposes of this guidance means any crime which causes or is likely to cause significant harm to a child or young person or serious harm to an adult.

**Serious harm** for the purposes of this guidance can be either physical or mental trauma to an adult.

**Significant harm** – there are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism, and bizarre or unusual elements. Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment. Sometimes, a single traumatic event may constitute significant harm, for example a violent assault, suffocation or poisoning. More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any maltreatment alongside the family's strengths and supports. *Working Together to Safeguard Children has further information (for details see Annex A).*

**Well-being** has a legal definition based on the five *Every Child Matters* outcomes; the achievement of these outcomes is in part dependent upon the effective work to safeguard and promote the **welfare** of children.





### Other resources:

[www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk) Information and publications relating to all aspects of the *Every Child Matters: Change for Children* programme.

***Information Sharing: Further Guidance on Legal Issues***: Supports this guidance document by providing practitioners, managers and trainers with additional legal information.

***Common Assessment Framework practitioners' and managers' guides***: Guidance for those implementing and using CAF. Available online at [www.ecm.gov.uk/caf](http://www.ecm.gov.uk/caf)

***Lead professional practitioners' and managers' guides***: Guidance for those implementing and carrying out lead professional functions. Available online at [www.ecm.gov.uk/leadprofessional](http://www.ecm.gov.uk/leadprofessional)

***Training materials***: National core training materials, are available at [www.ecm.gov.uk/iwtraining](http://www.ecm.gov.uk/iwtraining)

You can download this publication online at [www.everychildmatters.gov.uk/informationsharing](http://www.everychildmatters.gov.uk/informationsharing) or search [www.teachernet.gov.uk](http://www.teachernet.gov.uk) using ref 0338-2006BKT-EN

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