

SCC Safeguarding & Multi-agency information sharing procedure

Background

Whilst confidentiality is important within safeguarding processes, the NSPCC report “Multi-agency working and information sharing: learning from case reviews” (April 2024) states

This procedure is referred to in

- The SCC Safeguarding Children Policy _ Point 7
- The SCC Safeguarding Adults at Risk Policy _ Point 6

Purpose

This procedure outlines the ways in which SCC staff can securely share information with relevant agencies and ensure that SCC has a record of all information sharing undertaken.

This procedure ensures that SCC can evidence the direct action of staff to ensure the safeguarding of children and adults at risk through information sharing.

This procedure encourages confident use of information sharing by SCC staff in the context of learning from serious case reviews.

When is it relevant to use this procedure?

The multi-agency information sharing procedure should be used in two circumstances

If a safeguarding concern is raised within SCC and it is established by the DSL that all of the following applies

- a) The concern should be escalated beyond SCC
- b) That the concern does not represent immediate risk of harm to a child or adult at risk (where the Wiltshire Integrated Front Door, or Police should be immediately informed)
- c) That there is a known, statutory agency, who are already supporting the person concerned e.g. GP, Key worker, school with whom the information can be shared.

OR

- d) Where the person concerned (or their responsible parent or carer) consents to an SCC staff member taking a record of information on a concern to share with a named external support agency or organisation

Examples of use

Example 1:

A concern is raised regarding a child who is seen out of school and unattended during school time, we only know their first name having met them at a public event. But we know which school they attend.

Action – Information share with the school safeguarding lead

Example 2:

A regular attendee at a group is showing signs of depression and feels that they are not being listened to by their GP practice

Action – Information Share with GP practice

Considerations

Wiltshire Safeguarding Vulnerable People Partnership (SVPP) provides these 7 golden rules of information sharing, which your DSL will use in assessing the need for information sharing.

- i. Remember that the UK GDPR, Data Protection Act 2018 and Human Rights laws are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.
- ii. Be open and honest with the individual (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.
- iii. Seek advice from other practitioners or your information governance lead if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
- iv. Where possible share with consent and, where possible, respect the wishes of those who do not consent to having their information shared. Under the UK GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful reason to do so, such as where safety may be at risk. You will need to base your judgment on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
- v. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and wellbeing of the individual and others who may be affected by their actions.
- vi. Necessary, proportionate, relevant, 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 (Practitioners must always follow their organisation's policy on security for handling personal information);
- vii. 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.

<https://swcpp-wiltshire.trixonline.co.uk/chapter/information-sharing#the-seven-golden-rules-for-information-sharing>

Procedure

STEP 1 - Take a record of the concern on the form below filling in **Parts 1 & 2**

STEP 2 - SHARE THE FORM WITH YOUR DSL and complete **Parts 3 and 4** together

STEP 3 - Seek the consent of the person concerned or their responsible parent or carer for the information share, denoted by a signature on **Part 5** of the form

STEP 4 -

If consent is given

- a. Agreed actions are undertaken and are initialed and dated on the form when complete.
- b. Complete **Part 6**, identifying who the information was shared with and when

If consent is refused or cannot be obtained

- a. re-escalate to the DSL

References:

- 1) NSPCC report “Multi-agency working and information sharing: learning from case reviews” (April 2024) - <https://learning.nspcc.org.uk/media/gp0oqtpv/multi-agency-working-information-sharing-learning-from-case-reviews.pdf>



SCC Safeguarding Information Sharing Reporting Form

Part 1: DETAILS

OF PERSON SUBMITTING

| | |
|--|--|
| Name/DOB: | |
| Post/Job Title: | |
| Agency: | |
| Tel No. Work: | |
| Mobile No (if available): | |
| Email: | |
| Witnessed Incident/first hand information: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SOURCE DETAILS IF NOT REPORTING PERSON

These are details of the person who witnessed the incident or supplied the information on the concern.

| | |
|--|---|
| Name/DOB: | |
| Source Address | |
| Post/Job Title: | |
| Agency: | |
| Tel No. Work: | |
| Mobile No (if available): | |
| Email: | |
| Provenance (How does the source know of this information ? | |
| Is the source willing to engage with this information sharing process? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |



Part 2: CONCERN DETAIL

Please provide as much detail as possible about the information using the Aide Memoire below, including the circumstances of how this was received.

Part 3 : – BACKGROUND - To be completed with the SCC DSL or Deputy DSL

Has an anonymous consultation with the Wiltshire Integrated Front Door Taken Place

Yes No

If no, why not?

Has the concern been reported to police

Yes No

If no, why not?

Is there a known statutory agency/organisation already in support of the person named in this concern? Please include a named key worker or contact if possible

Yes No

Statutory Agency/Organisation :

Named key worker/contact:

Is there a suggested external support agency relevant to this situation/concern?

Suggested external support agency:

*****ALL QUESTIONS ARE MANDATORY. INCOMPLETE FORMS WILL BE RETURNED *****

Part 4: Action Plan

| Agreed actions | Agreed actor | Date action completed | Initial |
|--|---------------------|------------------------------|----------------|
| e.g. Share this form with Spurgeons home support worker team | e.g. Sarah Gregson | e.g. 01/01/2024 | e.g. SG |
| | | | |
| | | | |
| Signed: DSL | | Date: | |
| Signed: Person Submitting | | Date: | |

Part 5: Consent

I DECLARE THAT, AS THE PERSON NAMED IN THIS REPORT, I CONSENT TO THE ACTIONS OUTLINED ABOVE AND THE SHARING OF THIS INFORMATION WITH THE NAMED ORGANISATIONS IN THE ACTION PLAN.

NAME:

SIGNATURE:

DATE:

Part 6: Sharing information

This form was shared with

ORGANISATION:

NAMED CONTACT:

ROLE:

CONTACT NUMBER:

CONTACT EMAIL:

DATE:

AIDE MEMOIRE IN RELATION TO DETAILS REQUIRED FOR INFORMATION REPORT. THIS LIST IS NOT EXHAUSTIVE AND NOT ALL SECTIONS MAY BE APPLICABLE TO EACH INDIVIDUAL REPORT

- Dates/times of incident(s) the report makes reference to.
- Full details of the incident/information to which this submission relates to
- Full name, address and DOB of **all** persons involved (including nicknames).
- Addresses / locations and days / times of activity taking place.
- Details of vehicles used. (Make & Model, Colour, Vehicle registration number)
- Details of trading name/premises of interest (newsagents, take away, off licence etc.)

Think about VULNERABILITY INDICATORS and EXPLOITATION.

- How the relationship started/what is believed to be the nature of the relationship?
- Methods of communication/contact between the parties (including specific detail i.e. social network site account names and numbers, email addresses, telephone numbers)
- How the person is being exploited (include details of any incitement/reward or coercion)?
- Details of any payment or other transactions to or from a third party.