



**PROSTATE  
CANCER UK**

# Safeguarding Policy and procedures

**For any urgent safeguarding queries, please speak to our  
safeguarding lead, Laura James (Head of Clinical Services)**

Version	3/Final	November 2019		Review date:	April 2020
Policy Owner:	Associate Director of People & Facilities/Head of Clinical Services		Applicable to: all staff, agency workers and volunteers		

## Purpose

Safeguarding vulnerable adults and children is a key priority for Prostate Cancer UK. Everyone has the right to be safe, no matter who they are or what their circumstances are, and the public expect charities to be safe and trusted organisations. We acknowledge that it is our duty to safeguard and promote the welfare of children and young people and protect vulnerable adults from abuse. We are committed to ensuring that our safeguarding practice reflects statutory responsibilities, government guidance and is in line with best practice. This includes the sharing of information with relevant agencies and organisations if required for the protection of children, young people and vulnerable adults and reporting concerns to the designated safeguarding officer

Whilst the main focus of this policy relates to adults, we will also apply these principles to any children we come into contact with as part of our service provision and fundraising activities.

## Scope

This policy provides a framework and guidance in respect of Prostate Cancer UK's duty of care to protect adults at risk across all four nations of the United Kingdom. The policy will be widely promoted to all our staff and volunteers. Failure to comply with the policy may result in disciplinary action being taken in line with our [Disciplinary and Poor Performance Policy](#).

All Prostate Cancer UK staff and Trustees, and those working voluntarily or under contract to work on our behalf must be aware of, and are required to comply with, this Safeguarding policy and following procedures.

This policy applies in particular to (but is not limited to):

- All staff, health professionals and others working on our behalf, and volunteers that work directly (either in person, via social media or email or via our helpline) with men with prostate cancer and their families
- All staff and volunteers who organise or participate in events, whether organised internally or externally
- All staff or volunteers who work directly with donors and supporters, either via phone, email, social media or in person

Any third party service providers who work on behalf of Prostate Cancer UK will be required to have adequate safeguarding procedures in place as part of the contractual arrangements.

Prostate Cancer UK recognise the importance of safeguarding its entire staff and volunteers from harm when at work or in providing a service. The safeguarding

policy and procedures takes due diligence of this factor in conjunction with the [Health and Safety Policy](#).

## Statement

Prostate Cancer UK acknowledges that as part of our safeguarding policy, we will comply with the safeguarding principles and ensure that we:

- Provide a safe and trusted environment which safeguards anyone who comes into contact with the us including service users, donors, event participants, staff, contractors, researchers and volunteers
- Promote a culture that prioritises safeguarding, so that it is safe for those affected to come forward and report incidents and concerns with the assurance they will be handled quickly, sensitively and thoroughly
- Have adequate policies, procedures and measures in place to protect those who come into contact with us
- Provide clarity as to how to report incidents and allegations, and how these will be handled
- Promote and prioritise the safety and wellbeing of all users of the services we provide
- Ensure everyone understands their role and responsibility in respect of safeguarding and is provided with appropriate learning opportunities to recognise, identify and respond to signs of abuse, neglect and other safeguarding concerns
- Ensure that confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored by our safeguarding designated officer
- Prevent the employment or deployment of unsuitable individuals by ensuring our recruitment processes are robust and all relevant checks are carried out
- Ensure robust safeguarding arrangements and procedures are in operation
- Promote zero-tolerance of harm to all adults from abuse, exploitation or neglect
- Embed a culture which recognises every person's right to respect and dignity, honesty, humanity and compassion
- Recognise the role and responsibilities of the statutory agencies in safeguarding individuals and, where required, comply with the procedures of Local Health and Social Care services.

## Application

This policy comes into immediate effect.

This policy and procedure covers all four nations of the United Kingdom.

## Legislative framework

The practices and procedures within this policy are based on the principles contained within UK legislation and Government Guidance.

All these documents are underpinned by Human Rights Act 1998 and UN Convention on the rights of the child, 1992.

## **Monitoring**

This policy and accompanying procedures will be reviewed six months after publication, then every two years or in the following circumstances:

- Changes in legislation and/or government guidance
- As a result of any other significant change or event

## **Safeguarding principles**

This policy is based on the following safeguarding principles, as set out in the relevant Care Act for each UK nation:

### **Empowerment**

People are supported and encouraged to make their own decisions and informed consent.

### **Prevention**

It is better to take action before harm occurs.

### **Proportionality**

The least intrusive response appropriate to the risk presented.

### **Protection**

Support and representation for those in greatest need.

### **Partnership**

Services offer local solutions through working closely with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

### **Accountability**

Ensuring accountability and transparency in delivering safeguarding.

## **Definitions**

### **Safeguarding Lead:**

Someone appointed that others can report to or contact for advice. At Prostate Cancer UK the overall lead role is filled by the **Head of Clinical Services** or, in the absence of that person, the Deputy Director of Support and Influencing and Associate Director of People & Facilities. However, each external event will have a designated

Safeguarding Lead and the name of the relevant lead will be communicated as part of the preparation for each event.

**Adult at risk of harm:**

is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

a) Personal characteristics which may include, but are not limited to, age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain.

AND/OR

b) Life circumstances, which may include, but are not limited to, isolation, socio-economic factors and environmental living conditions.

**Adult in need of protection:**

is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

a) Personal characteristics **AND/OR**

b) Life circumstances **AND**

c) Who is unable to protect their own well-being, property, assets, rights or other interests; **AND**

d) Where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed

**Abuse** is a violation of an individual's human and civil rights by another person or persons.

**Adult Safeguarding** is protecting a person's right to live in safety, free from abuse and neglect.

**Capacity:**

refers to the ability to make a decision at a particular time, for example when under considerable stress. The starting assumption must always be that a person has the capacity to make a decision unless it can be established that they lack capacity as set out in the [Mental Capacity Act](#).

**Examples of people who may lack capacity include those with:**

- Dementia
- A learning disability
- A brain injury
- A mental health condition
- A stroke
- Substance or alcohol misuse

- Confusion, drowsiness or unconsciousness because of an illness or the treatment for it.

However, just because a person has one of these conditions does not necessarily mean they lack the capacity to make a specific decision and in case of any doubt, advice should be sought from the Safeguarding Lead.

**Consent:**

is a clear indication of a willingness to participate in an activity or to accept a service. An adult at risk may signal consent verbally, by gesture, by willing participation or in writing. Decisions with more serious consequences will require more formal consideration of consent and appropriate steps should be taken to ensure consent is valid. No one can give, or withhold, consent on behalf of another adult unless special provision for particular purposes has been made for this, usually in law.

**Local Safeguarding Adults Boards:** must lead adult safeguarding arrangements across its locality and oversee and coordinate the effectiveness of the safeguarding work of its members and partner agencies. All referrals or notices of concerns will go direct through to the local authority safeguarding adult's board.

**Safeguarding is personal:**

It is important that adults at risk are involved as soon as possible in a safeguarding process. With some exceptions, safeguarding enquiries should usually only take place with the consent of the person concerned.

The extent of an enquiry, where suspicions of abuse or neglect arise, depends on the circumstances of the individual case and the views of the person at the heart of it.

It is the wellbeing of the person throughout the safeguarding process, which is of central importance. This includes control over their day-to-day life and recognising that they are best placed to understand their own wellbeing requirements.

## Types of Abuse and Neglect

**Physical abuse:**

Physical abuse is the use of physical force or mistreatment of one person by another, which may or may not result in actual physical injury. This may include hitting, pushing, rough handling, exposure to heat or cold, force feeding, improper administration of medication, denial of treatment, misuse or illegal use of restraint and deprivation of liberty.

**Sexual violence and abuse:**

Sexual abuse is any behaviour perceived to be of a sexual nature, which is unwanted or takes place without consent or understanding. Sexual violence and abuse can take many forms and may include non-contact sexual activities, such as indecent

exposure, stalking, grooming, being made to look at or be involved in the production of sexually abusive material, or being made to watch sexual activities. It may involve physical contact, including but not limited to non-consensual penetrative sexual activities or non-penetrative sexual activities, such as intentional touching (known as groping). Sexual violence can be found across all sections of society, irrelevant of gender, age, ability, religion, race, ethnicity, personal circumstances, socio-economic status or sexual orientation.

### **Psychological / emotional abuse:**

Psychological or emotional abuse is behaviour that is psychologically harmful or inflicts mental distress by threat, humiliation or other verbal/non-verbal conduct. This may include: -

- Harassment,
- Bullying
- Threats,
- Humiliation or ridicule,
- Showing fear of violence,
- Shouting, yelling and swearing,
- Controlling,
- Intimidation,
- Coercion
- Verbal abuse
- Cyber bullying
- Isolation
- Unreasonable and unjustified withdrawal of services or supportive networks

**Financial abuse:** Financial or material abuse is actual or attempted theft, fraud or burglary. It is the misappropriation or misuse of money, property, benefits, material goods or other asset transactions which the person did not, or could not, consent to or which were invalidated by intimidation, coercion or deception. This may include:

- Exploitation,
- Embezzlement,
- Withholding pension or benefits
- Pressure exerted around wills,
- Property or inheritance.
- Theft
- Fraud
- The misuse or misappropriation of property, possessions or benefits

**Institutional abuse:** Institutional abuse is the mistreatment or neglect of an adult by a regime or individuals in settings in which adults who may be at risk, reside in or use. This can occur in any organisation. Institutional abuse may occur when the routines, systems and regimes result in poor standards of care, poor practice and behaviours, inflexible regimes and rigid routines which violate the dignity and human rights of the adults and place them at risk of harm. Institutional abuse may occur within a culture that denies, restricts or curtails privacy, dignity, choice and

independence. It involves the collective failure of a service provider or an organisation to provide safe and appropriate services, and includes a failure to ensure that the necessary preventative and/or protective measures are in place.

**Neglect** occurs when a person deliberately withholds, or fails to provide, appropriate and adequate care and support, which is required by another adult or carer. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time.

It may include:

- physical neglect to the extent that health or well-being is impaired,
- administering too much or too little medication,
- failure to provide access to appropriate health or social care,
- withholding the necessities of life, such as adequate nutrition, heating or clothing,
- or failure to intervene in situations that are dangerous to the person concerned or to others particularly when the person lacks the capacity to assess risk.

### **Self-Neglect**

Is when a person seriously neglects his/her own care and welfare and putting him/herself and/or others at serious risk. The seriousness of this issue lies in the recognition that self-neglect in vulnerable persons is often not just a personal preference or a behavioural idiosyncrasy but a spectrum of behaviours associated with increased morbidity, mortality and impairments in activities of daily living. Therefore, self-neglect referrals should be viewed as alerts to potentially serious underlying problems requiring evaluation and treatment (Naik et al, 2007).

People wish to respect autonomy and may not wish to be intrusive but any concerns must be alerted to the Safeguarding Lead to handle as appropriate and comply with Prostate Cancer UK's policies and procedures which refer to the handling and storing of information.

**Exploitation** is the deliberate maltreatment, manipulation or abuse of power and control over another person. It may manifest itself in many forms including slavery, servitude, forced or compulsory labour, domestic violence and abuse, sexual violence and abuse, or human trafficking.

**Discriminatory abuse** includes harassment, slurs or similar treatment because of:

- Race
- Gender
- Gender identity
- Pregnancy and maternity
- Marriage and Civil Partnership
- Gender reassignment
- Age
- Disability
- Sexual orientation
- Religion.

These are 'protected characteristics' under the Equality Act 2010.



**Domestic violence and abuse:**

Domestic violence and abuse is threatening behaviour, violence or abuse (psychological, physical, verbal, sexual, financial or emotional) inflicted on one person by another where they are or have been intimate partners or family members, irrespective of gender or sexual orientation. Domestic violence and abuse is essentially a pattern of behaviour, which is characterised by the exercise of control and the misuse of power by one person over another. It is usually frequent and persistent. It can include violence by a son or daughter, (over 16 years of age), mother, father, husband, wife, life partner or any other person who has a close relationship with the victim. It occurs right across society, regardless of age, gender, race, ethnic or religious group, sexual orientation, wealth, disability or geography.

**Human trafficking:** Human trafficking involves the acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting. Victims of human trafficking can come from all walks of life; they can be male or female, children or adults, and they may come from migrant or indigenous communities.

**Hate crime:** Hate crime is any incident which constitutes a criminal offence perceived by the victim or any other person as being motivated by prejudice, discrimination or hate towards a person's actual or perceived race, religious belief, sexual orientation, disability, political opinion or gender identity.

**Cyber Bullying:** Cyberbullying occurs when someone repeatedly makes fun of another person online or repeatedly picks on another person through emails or text messages, or uses online forums with the intention of harming, damaging, humiliating or isolating another person.

Victims of domestic violence and abuse, sexual violence and abuse, human trafficking and hate crime are regarded as adults in need of protection. There are specific strategies and mechanisms in place designed to meet the particular care and protection needs of these adults and to promote access to justice through the criminal justice system.

## Barriers to reporting abuse

There can be many barriers that prevent a person from reporting abuse including:

- Simply not accepting that abuse could be occurring
- Isolation and having fewer contacts to disclose to
- A dependency on others for practical assistance in daily living, including intimate care
- An impaired capacity to resist, avoid or understand abuse
- Speech and language communication needs may make it difficult to tell others what is happening
- Many adults at risk have learnt to be compliant
- Others may be reluctant to challenge those who may be viewed as valiantly coping with the burden of caring for an adult at risk and therefore refuse to consider their behaviour as abusive.

## What to do if you have a concern about an adult

Any safeguarding concern should be, where possible, discussed in the first instance with the adult concerned and their consent gained to share the information with our Safeguarding Lead. Be mindful of the need to be confidential at all times; this information must only be shared with your Safeguarding Lead in the first instance. The Safeguarding Lead will then decide who else needs to be told.

If possible, it is always best to discuss any concerns you have with the adult concerned if safe to do so and obtain their consent to share the information with the appropriate safeguarding lead or local authority.

If the adult refuses but has the mental capacity to consent, then some consideration must be given to the possibility that refusal is due to the adult concerned being coerced by the abuser or subject to undue influences or duress e.g. in a domestic abuse situation. Sometimes adults will not want the concern reported because they are afraid it will damage an important relationship or put them at further risk of harm. Therefore, a decision must be made about the adults 'best interest' and advice must be sought from our Safeguarding Lead OR if the safeguarding lead is unavailable contact the local authority for advice.

### **Where there is a risk to the person or others**

Sometimes it may be necessary to override the person's wishes if they are still at risk or the abuser may be putting other members of the public or their family or children at risk. Again, you should seek advice from our Safeguarding Lead.

## What to do if concerned about a child or young person

Prostate Cancer UK do not provide services that involve direct contact or involvement with children or young people, however through the services provided concerns may indirectly come to light either through contacts with the Specialist Nurse service, or through fundraising events. Please see the [safeguarding children statement](#).

Often it is the smallest piece of information that builds the bigger picture for statutory agencies, therefore regardless of your role at Prostate Cancer UK, you have a duty to pass on concerns about a child to the safeguarding lead or seek advice in terms of next steps.

Examples of safeguarding concerns coming to light may include: -

- Child/young carer contact the Specialist Nurse service and the conversation raises concerns about the child or young person's welfare. They may tell of abuse they are experiencing either by the adult they are caring for or by someone else.
- At a fundraising event, a child may choose a volunteer to tell them of concerns they experience at home.

- Child may use the Specialist Nurse live chat forum as a way of seeking help with their situation or just voice their experiences that raises a safeguarding concern.

If any such concern occurs then advice from the Safeguarding Lead is vital, if the child's life is at immediate risk then emergency service may need to be called if location of the child is known. Consent is not required from the child or from the child's parent to share the information if it is a safeguarding concern, but they should be informed that the information will be shared and with whom, (please [see appendix D](#) for 7 golden rules for information sharing)

**If the matter is urgent and relates to the immediate safety of an adult or child at risk then contact the police immediately.**

A written record must be made as outlined in the next paragraph.

## How to Record the information / Concern

Make a written record, of what the person has said using his or her own words as soon as practicable, include date and time. [Complete an Incident Form](#) and submit it to the Safeguarding Lead as soon as possible. If urgent contact the Safeguarding Lead by phone first and then follows it up with the written record.

Describe the circumstances in which the concern came about. Take care to distinguish between fact, observation, allegation and opinion. It is important that the information you have is accurate.

All records relating to safeguarding concerns will be kept securely and in compliance with Prostate Cancer UK Data Retention and Disposal policies.

## Responding to Non-Recent Allegations of Abuse

It is possible that non-recent allegations of abuse can be made a number of years after the actual incident. Reporting any non-recent allegations must follow the same process of reporting as set out above. The following points should also be considered;

- Clearly establish with the complainant if there may be any others currently at risk of harm from the person they are saying abused them
- Advise them to inform the Safeguarding Lead
- Make a clear written record of conversation and inform your Safeguarding Lead as others may be at risk.

## Role of the Safeguarding Lead

The Safeguarding Lead is the first point of contact for all staff and volunteers if they are concerned about an adult or child (this may also need to be out of hours so staff and volunteers should always know how to contact them. If the Safeguarding Lead is unavailable then the Deputy (Associate Director of People and Facilities) and/or

the Deputy Director of Support and Influencing should be contacted.

The Safeguarding Lead and their deputy:

- Have a higher level of safeguarding training and knowledge than the rest of the staff;
- Are responsible for ensuring our safeguarding policy is kept up to date
- Ensure we comply with relevant safe recruitment procedures for new staff members and their induction
- Support staff regarding concerns and support decision making about whether staff concerns are sufficient enough to notify Social Services or whether other courses of action are more appropriate.
- Are responsible for ensuring all decisions and rationales will be recorded and are defensible
- Make formal referrals to statutory agencies such as the local social care
- Ensure concerns are logged and stored securely
- Have joint responsibility with the Leadership Team or Board of Trustees to ensure that the organisation's safeguarding policy and related policies and procedures are followed and regularly updated;
- They know the contact details of relevant statutory agencies eg Social Services, Police, etc.

It is not the responsibility of the Safeguarding Lead to decide whether abuse has taken place; that is the responsibility of investigative statutory agencies. However, keeping people safe is everyone's business and all Prostate Cancer UK staff, contractors and volunteers should know who to go to and how to report any safeguarding concerns they may have about a child being harmed or an at risk of being harmed or about an adult at risk.

## Good practice, poor practice and abuse

It can be difficult to distinguish poor practice from abuse, whether intentional or accidental.

It is not the responsibility of any individual to make judgements regarding whether or not abuse is taking place, however, all our staff and volunteers have a responsibility to recognise and identify poor practice and potential abuse, and act on this if they have concerns.

### **GOOD PRACTICE**

#### **Everyone should:**

- Not tolerate the use of prohibited or illegal substances.
- Treat all adults equally and preserve their dignity

### **POOR PRACTICE**

The following is regarded as poor practice and should be avoided:

- Unnecessarily spending excessive amounts of time alone with an individual adult or child
- Allowing or engaging in inappropriate touching of any form.
- Using language that might be regarded as inappropriate and which may be hurtful or disrespectful.
- Making sexually suggestive comments, even in jest.
- Reducing an adult to tears as a form of control.
- Letting allegations made by an adult go un-investigated, unrecorded, or not acted upon

Local authorities across all four nations will have specific guidance and legislation that sets out their duties in terms of responding to concerns/referrals about adults at risk.

## Appendix I - Incident Report Form

<b>INCIDENT RECORD FORM: SAFEGUARDING</b>	
<b>Record completed by:</b>	
<b>Position:</b>	<b>Date:</b>
<b>Person at Risk's Name:</b>	
<b>Person at Risk's contact details if known:</b>	
<b>Person at Risk's Date of Birth:</b>	

<b>Date and time of any incident:</b>	<b>Date:</b>	<b>Time:</b>
<b>Your Observations:</b> <b>Detail <u>exactly</u> what the adult at risk said and what you said:</b> (Remember do not lead the person at risk – record actual details. Continue on a separate sheet if necessary)		
<b>Safeguarding Lead informed?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>Your Name:</b>		
<b>Your contact number:</b>		

Pass this form to the Safeguarding Lead.

## Appendix A: Prostate Cancer UK policy documents

This policy should be read in conjunction with the following policies and procedures:

- [Recruitment and Selection](#)
- [Whistleblowing](#)
- [Disciplinary and Poor Performance](#)
- [Training and Development](#)
- [Equality and Diversity](#)
- [Anti-Bribery & Fraud policy](#)
- [Code of conduct](#)
- [Health and Safety policy](#)

## Appendix B Trustees: Safeguarding role and responsibilities

Trustees must take reasonable steps to protect those connected with Prostate Cancer UK from harm. This includes:

- people who benefit from Prostate Cancer UK work and services;
- staff;
- volunteers and;
- other people connected to Prostate Cancer UK activities.

Any failure by trustees to manage safeguarding risks adequately would be a serious regulatory concern to the Charity Commission who may consider misconduct and/or mismanagement in the administration of Prostate Cancer UK and maybe a breach of trustee duty<sup>1</sup>. If the trustees don't follow their duties, trustees are responsible for any consequences or loss that Prostate Cancer UK incurs.

**Prostate Cancer UK Trustees will ensure: -**

- there is a clear line of responsibility for safeguarding;
- safeguarding complies with statutory and national guidance, and local practice;
- the safeguarding policy and process guidance is accessible both internally and externally to Prostate Cancer UK;
- the reporting procedures to deal with safeguarding concerns and allegations are efficient and effective;
- clear roles and responsibilities exist for Prostate Cancer UK staff, volunteers, trustees, contractors and leaders;
- Any failures by any person connected with Prostate Cancer UK to follow the safeguarding policy and procedures will be dealt with as a serious matter;
- there is a culture of learning from past practice;
- there is a robust recruitment procedure in place which is linked to the wider safeguarding process;
- clear arrangements for support and/or supervision;

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<sup>1</sup> Strategy for dealing with safeguarding issues in charities, Charity Commission for England and Wales, 6<sup>th</sup> December 2017 <https://www.gov.uk/government/publications/strategy-for-dealing-with-safeguarding-issues-in-charities/strategy-for-dealing-with-safeguarding-issues-in-charities>



- appropriate safeguarding training for all Prostate cancer UK staff, volunteers, trustees, governors, contractors and leaders is provided;
- effective working with statutory and voluntary sector partners;
- complaints and whistleblowing procedures are well publicised;
- effective information sharing;
- good record keeping in accordance with GDPR 2018 and;
- serious incidents are reported to the Charity Commission.

## Appendix C: Safeguarding Children and Young People

The activities and services offered by the charity Prostate Cancer UK primarily involves contact with adults. The main service provided is one of support through the provision of a Specialist Nurse service consisting of a phone helpline, live chat on the internet and emails. There is no direct face-to-face contact or home visits.

Prostate Cancer UK do not provide a direct service for children or young people.

However, persons under 18 are likely to be involved in Prostate Cancer UK fundraising activities and may come to notice of concern indirectly. Therefore Prostate Cancer UK accepts their duty of care, to safeguarding and protect children and young people from harm and will report concerns according to their safeguarding policy.

Prostate Cancer UK is committed to ensuring that its safeguarding practices reflects statutory responsibilities, government guidance and complies with best practice as set out by the Charity Commission and Fundraising Regulatory Body.

All employees, trustees, contractors and volunteers have a duty to safeguarding children and adults and report any safeguarding concerns to the designated safeguarding officer for Prostate Cancer UK.

This statement of intent recognises that the welfare and interests of all children are paramount in all circumstances. It aims to ensure that regardless of age, gender, religion or beliefs, ethnicity, disability, sexual orientation or socio- economic background, all children are protected from harm.

### **As part of our safeguarding responsibility Prostate Cancer UK will**

- Promote and prioritise the safety and wellbeing of children and young people through their event planning process
- Ensure all volunteers, contractors, trustees and employed understand their role and responsibility in respect of safeguarding
- Prostate Cancer UK will provide individuals with appropriate learning opportunities relevant to their role to recognise, identify and respond to signs of harm
- Ensure appropriate action is taken in the event of safeguarding concerns and support all individual/s who raise the concern
- Ensure that confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored
- Prevent the employment/deployment of unsuitable individuals through a robust recruitment process

## Appendix D: Seven Golden Rules for Information Sharing

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. 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.
3. 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.
4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. 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 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.
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 individuals who need to have it, is accurate and up- to-date, is shared in a timely fashion, and is shared securely (see principles).
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.

HM Government - Information Sharing for **practitioners providing safeguarding services to children, young people, parents and carers.**