



Code of Practice: Information Sharing, Confidentiality and Consent



**Getting it Right
in Perth and Kinross**
Helping children be the best they can be

Refreshed: 17 January 2019

1. Purpose and Background

- 1.1 This Code of Practice has been refreshed at the request of the [Perth and Kinross Children, Young People and Families Partnership \(the Partnership\)](#) by the [Perth & Kinross Child Protection Committee \(CPC\)](#).
- 1.2 Through the Partnership, [Elected Members and Chief Officers](#) of the public, private and third sectors in Perth and Kinross discharge their individual and collective responsibility for services for children, young people and families including child protection. The Partnership provides leadership, direction, support, challenge and scrutiny of these services.
- 1.3 The Partnership recognises that the appropriate processing of information (data), which includes sharing information, is vital in order to **safeguard, support** and **promote** the *welfare* of children and young people.
- 1.4 The Partnership recognises the extent to which communication and effective sharing of relevant information has been a key feature in many Significant Case Reviews (SCRs). It is therefore of the utmost importance that all managers and practitioners understand their respective duties; the legislative, policy and practice parameters relating to information sharing and the constraints of confidentiality and consent.
- 1.5 The Partnership recognises that procedures and guidance cannot *in themselves* protect children and young people from harm, abuse and exploitation; but a **competent, confident** and **skilful** workforce, working together with a vigilant public can.
- 1.6 This Code of Practice has been refreshed for all staff and volunteers working across the public, private and third sectors in Perth and Kinross. It is aimed at all people working in the frontline with children, young people and families who have to make decisions about sharing **personal data (information)** or **special category data (information)** on a case-by-case basis. **It applies equally to those who work in children's services and adult services; in particular to all staff working with children and their families.**
- 1.7 This Code of Practice is advisory and does not attempt to replicate, or explain the extensive legislative and policy framework; but affirms and continues to support the [Perth and Kinross Practitioner's Guide and Toolkit: Information Sharing, Confidentiality and Consent](#).
- 1.8 This Code of Practice aims to complement that approach and to support managers and practitioners in their decisions when considering whether they need to share information and what steps they need to take to ensure that they are doing so *lawfully, fairly and in a transparent manner*. It supports the application of sound *professional judgment* and *empowers safe practice* to **safeguard, support** and **promote** the *welfare* of children and young and *protect* them from *harm, abuse and exploitation*.
- 1.9 The Partnership recommends that all managers and practitioners should download and save this Refreshed Code of Practice as a useful electronic resource and reference.

2. Information Sharing

2.1 *Why is information sharing important?*

2.2 Early and effective intervention relies on good practice in the timely and appropriate sharing of information. Practitioners must understand **when** to share information; **what** information to share; **how much** information to share; **who** to share the information with and **the way in which** the information should be shared. Practitioners must also understand the possible adverse consequences **of not** sharing information.

2.3 *Proportionate* information sharing can assist with the successful implementation of [Getting it Right](#) in Perth and Kinross, by ensuring that [children and young people](#) get the right help; at the right time; from the right people; when they need it and for as long as they need it. The *welfare* of all children and young people is paramount.

2.4 All practitioners must be alert to the signs of [abuse and neglect](#). Abuse and neglect are forms of child maltreatment and can present in many ways; some may be obvious and others difficult to spot. Abuse or neglect need not have taken place *before* practitioners initiate an appropriate response – it is sufficient to have identified a *likelihood* or *probability* of risk. Understanding the [concept and nature of risk](#) is important for all managers and practitioners.

2.5 Any practitioner who, in their *professional judgment*, is worried or concerned about the *welfare* of, or *risks* to a child or young person **must** take action:

- **doing nothing is not an option**
- *do not assume someone else will do something*
- *do not delay unnecessarily – act quickly*
- *keep focused on the child or young person*
- *adopt a common sense approach*
- *if in any doubt, speak to a colleague, line manager or supervisor.*

2.6 Please see further guidance contained within the [Perth and Kinross Child Protection Information and Advice Card](#).

2.7 **Practitioners, who are worried or concerned about the care or protection of a child or young person, must in the first instance, follow the procedures in their own service / agency. They must share and discuss that worry or concern with their immediate Line Manager, Supervisor or Designated Child Protection Officer.**

2.8 In their absence, practitioners should discuss their worries or concern with an alternative Manager. Additional advice can be obtained by contacting the [Perth and Kinross Child Protection and Duty Team](#) on Tel: 01738 476768 (24/7) or by E-Mail at childprotection@pkc.gov.uk. Advice can also be sought from individual service / agency Legal Services Departments.

- 2.9 Legislation underpinning information sharing includes the [General Data Protection Regulation \(GDPR\)](#); [The Data Protection Act 2018](#); [The Human Rights Act 1998](#) and the [European Convention on Human Rights \(ECHR\)](#). ***This legislation supports lawful information processing, which includes information sharing and should not be seen as a barrier.***
- 2.10 [GDPR](#) describes the *six data protection principles* which must underpin day-to-day practice. There is a further overarching principle of *demonstrable compliance*, which similarly must be adhered to. Practitioners must understand these *principles*. If in doubt, practitioners must consult with their Line Managers.
- 2.11 ***What are the six data protection principles?***
- 2.12 Practitioners must ensure information is:
- *processed lawfully, fairly and in a transparent manner* (processing includes *gathering; recording; sharing; holding; changing; deleting; using; filing and destroying*)
 - collected for *specified, explicit and legitimate* purposes and not further processed in a manner incompatible with those purposes
 - *adequate, relevant and limited* to what is *necessary* in relation to the purposes for which they are processed
 - *accurate* and where necessary, *kept up to date*
 - *kept in a form which permits identification of data subjects for no longer than is necessary* for the purposes for which the personal data are processed
 - processed in a manner that ensures *appropriate security* of personal data.
- 2.13 *Please remember, the overarching principle that the Data Controller shall be responsible for demonstrating compliance with these six data protection principles.*
- 2.14 The key principle to consider when sharing information for the purposes of ***safeguarding, supporting*** and ***promoting*** the *welfare* of children is the first principle: that is that information must be *processed lawfully, fairly and in a transparent manner*.
- 2.15 Information will be considered to have been processed in accordance with this principle when:
- in relation to ***personal data***, at least one of the legal bases in [Article 6](#) of the [GDPR](#) has been met; and
 - in respect of ***special category data***, at least one of the legal bases in [Article 6](#) has been met, **plus** at least one of the legal bases is [Article 9](#) of the [GDPR](#) is met.

2.16 Practitioners therefore need to understand what the lawful bases in each of the Articles are and how they can be applied to each particular situation.

2.17 **What do we mean by personal data and special category data?**

Personal Data¹ means any information whatsoever which can directly or indirectly, identify a living person.

Special Category Data² means any personal data revealing the racial or ethnic origin of a person; their political opinions; their religious or philosophical beliefs; their trade union membership or affiliation; their genetic or biometric data; their physical or mental health; their sexual persuasion or sex life.

2.18 **What are the lawful data processing bases and how do they work?**

2.19 GDPR describes (in full) the lawful bases (Article 6 and Article 9) for processing **personal data** and **special category data**. The first basis, in both Articles, is that the individual gives consent to their information being processed.

2.20 Whilst this is the first basis, it is unlikely that consent will ever be used in the context of child protection and welfare investigations, where the seeking of consent could undermine the process and consequently one of the other lawful bases should be considered. The other bases all require that the processing is *necessary* for a specific purpose (this is known as the "necessity test").

2.21 In terms of processing information to **safeguard, support** and **promote** the *welfare* of children and young people, the following bases are considered to be the most relevant for practice:

<u>Article 6 Bases (personal data)</u>	
Legal obligation	<p>The sharing or other processing of personal data is necessary to comply with any legal obligation (duty) which the practitioner / service / agency is subject to.</p> <p>These will be agency specific obligations / requirements which agencies can specify, but would include, for example, an obligation to provide information or a report to the Children's Reporter or Court; where a child is need of care and protection; or to give evidence in a court.</p>
Task carried out in the public interest or in exercise of official authority	<p>The sharing or other processing of personal data is necessary for a task carried out in the public interest or to carry out a function where there is a statutory power to do so.</p> <p>The first part would apply where a practitioner / service / agency is not bound by any specific duty or legal obligation, but has relevant information which would help another service / agency to fulfil its functions and it would be in the public interest to do so.</p> <p>For example, a voluntary organisation sharing personal information with the local authority to help them in a child</p>

¹ Personal data as defined in the General Data Protection Regulation [Article 4\(1\)](#)

² Special Category Data as defined in General Data Protection Regulation [Article 9](#)

	<p>protection investigation.</p> <p>The second part would apply where services / agencies have a statutory power to meet needs and to protect and promote the welfare of children and young people.</p>
Vital interests	<p>The sharing or other processing of personal data is <i>necessary</i> to protect the life and limb of the data subject or other person.</p> <p>If no other condition can be satisfied, this could be applied to cases where there is a real risk of significant harm to an individual.</p>
Consent	<p>When the individual has freely given, a specific, informed and unambiguous indication of their wishes by a statement or by a clear affirmative action which signifies agreement to the processing of their personal data.</p> <p>See Section 4 on Consent.</p>

<u>Article 9</u> Bases (special category data)	
Exercise of a statutory function	<p>The processing of special category data is <i>necessary</i> to carry out the obligations of social protection law.</p> <p>This would include statutory duties on services / agencies to assess and meet needs and to protect and promote the welfare of children and young people.</p>
Health and Social Care purposes	<p>The processing of special category data is undertaken by a health professional and is necessary for the provision of health purposes; including preventative medicine and medical diagnosis; or undertaken by a social work professional and is necessary for the provision of social care purposes or social protection.</p>
Vital interests	<p>The sharing of special category data is <i>necessary</i> to protect life and limb of the data subject or other person.</p> <p>If no other condition can be satisfied, this could be applied to cases where there is a real risk of significant harm to an individual and where consent <i>cannot</i> physically or legally be given.</p>
Explicit consent	<p>When the individual has given their explicit consent to the processing of their special category data for one or more <i>specified purposes</i>.</p> <p>See Section 4 on Consent.</p>

2.22 Practitioners must always exercise *professional judgement* and *common sense* when sharing information. They must understand what bases they are relying upon when sharing information and must only share the *necessary* information *proportionately*.

2.23 Practitioners must always have due regard to [Article 8 ECHR](#) (right to respect for private and family life) and this will ensure their practice is compliant with both the [GDPR](#) and [The Data Protection Act 2018](#).

2.24 [Article 8 ECHR](#) states that everyone has the right to respect for his private and family life, his home and his correspondence. However, this right is not absolute and the Convention permits interference if it is:

- lawful
- necessary and proportionate and
- for one or more of the following legitimate aims:
 - the interests of national security
 - the interests of public safety or the economic well-being of the country
 - the prevention of disorder or crime
 - the protection of health or morals or
 - the protection of the rights and freedoms of others.

2.25 For the purposes of **safeguarding, supporting** and **promoting** the *welfare* of children and young people, practitioners can therefore act to limit that [Article 8 ECHR](#) right on the basis of either protecting the health or morals of an individual or protecting the rights and freedoms of others. To test whether actions comply with the ECHR, practitioners should ask themselves the following questions:

- *Am I interfering with an Article 8 right?*
- *Is the action I propose to take lawful?*
- *Does the action pursue one of the legitimate aims?*
- *Is the action that I propose to take necessary to achieve that aim?*
- *Is the action proportionate? That is – am I doing only as much as I need to in order to achieve the aim?*

2.26 Practitioners may find the following helpful in explaining these requirements:

- [\(UK\) Information Commissioner's Office \(ICO\) Letter of Advice 2013 – Information Sharing](#) and
- [\(UK\) Information Commissioner's Office \(ICO\) Letter of Advice 2016 - Information Sharing](#).

3. Confidentiality

3.1 *How does confidentiality work?*

- 3.2 Practitioners must work within the limitations and constraints of confidentiality. Not all information is confidential. **Practitioners must never make that promise.**
- 3.3 Confidentiality **does not apply** where the matter is clearly one of protecting children and young people. The *welfare* of children and young people is paramount.
- 3.4 Practitioners have a **duty of care** and are subject to a [Common Law and Statutory Obligation of Confidence](#). Confidentiality is not an absolute right. It has long been established that *just cause, or excuse* and / or *acting in the public interest* are defences to any action for breach of confidence.
- 3.5 The [GDPR](#) and [The Data Protection Act 2018](#) **do not prevent the sharing of information**. On the contrary, *professional judgment, common sense* and an understanding of the [data protection principles](#) and the lawful bases in [Article 6](#) of the [GDPR](#) and [Article 9](#) of the [GDPR](#) can empower and support practice.
- 3.6 Over-riding the *Duty of Confidentiality* owed, sharing information should only occur where practitioners can justify doing so in terms of the [data protection principles](#) and where they can identify with a lawful basis specified in [Article 6](#) and / or [Article 9](#) of the [GDPR](#).

4. Consent

4.1 *How does consent work?*

- 4.2 **Practitioners must clearly understand the limitations and constraints of consent.**
- 4.3 Previously, practitioners worked on the understanding that to process an individual's personal data, they would ask service users for their consent. [GDPR](#) **has introduced a fundamental change to this approach.**
- 4.4 **Consent is now likely to be the last lawful basis considered when looking to share information and in almost all circumstances there will be another lawful basis for processing. The difference between giving consent to processing (sharing) information (data) and giving consent to the provision of a service (s) must also be understood.**
- 4.5 **Consent will never apply where the matter is clearly one of protecting children and young people. The *welfare* of children and young people is paramount. Seeking consent would not be appropriate as doing so may likely place a child or young person at further risk.**

- 4.6 **Consent is only applicable in circumstances where an individual has a real choice over the matter.** In other words, if you intend to carry out a process or action, regardless of whether consent is obtained, then consent should not be considered. There is no real choice for the data subject. An alternate lawful basis should be used.
- 4.7 It is recognised that developing and maintaining a good working relationship with children, young people and families is crucial in front-line work and this is greatly assisted by clear communication with them. It is therefore still good practice to inform them of what you are going to be doing and explain the reasons why. This would normally include advising them, where appropriate, of who you will be sharing data with (e.g. it may not be appropriate if advising them would result in further harm to a child or young person, or result in the loss of crucial evidence). This is not the same as seeking consent to share information, but simply being transparent in explaining what you are going to do. This may go some way in maintaining some form of working relationship between the practitioner and children, young people and families.
- 4.8 However, where no other lawful bases apply, consent should be sought. Seeking consent can be difficult and with it comes additional rights for the data subject (individual). Where consent is considered appropriate, practitioners must ensure the individual being asked to provide their consent fully understands that request and its extent.
- 4.9 **Consent must be considered on a case-by-case basis.** Consent, when sought, must be ***freely given, specific, informed*** and ***unambiguous***:
- *Freely given* – the individual (child or young person and their parents, carers or any other person with parental responsibilities) must have a real choice over the matter – if an action or process will be undertaken regardless of the individual’s consent, then it cannot be said to be freely given
 - *Specific* – it must relate to a particular action or purpose which is clearly distinguishable from other matters
 - *Informed* – the individual must understand what is being asked of them
 - *Unambiguous* – the individual must clearly indicate their wishes by which he or she, by a statement or by a clear affirmative action, signifies agreement to the processing of information relating to him or her.
- 4.10 Consent can take the form of a written statement, (including by electronic means) or an oral statement. However, consent in writing should be obtained wherever possible so that it can be easily evidenced if subsequently challenged or questioned.
- 4.11 Consent and discussions relating to consent must always be recorded in service / agency case file notes and / or on agency databases. There is no legal requirement for a specific Consent Form. There is no recognition of Implied Consent in the current data protection regime. All discussions about consent must also be recorded, whether granted or not.

- 4.12 Remember, it has to be as easy to withdraw consent as it is to give consent. It also must be understood that information that was provided under consent has to be deleted when consent is withdrawn.
- 4.13 Consent to share [personal data](#) is a condition under [Article 6](#) of the [GDPR](#) and with regard to the sharing of [special category data](#) requires an additional basis under [Article 9](#) of the [GDPR](#). Consent under [Article 9](#) of the [GDPR](#) requires consent to be **explicit**. This means obtaining a written statement that clearly gives consent to particular processing for the specified purpose.
- 4.14 The [Perth and Kinross Practitioner's Guide and Toolkit: Information Sharing, Confidentiality and Consent](#) provides further information and advice on:
- *Who can give consent?*
 - *How to ask for, obtain and record consent?*
 - *What to do if consent is refused?*
 - *What if consent is withdrawn?*
 - *What if someone is unable to provide informed consent?*
- 4.15 Practitioners should consult their Line Manager, Supervisor or Designated Child Protection Officer if there are any issues or doubts whatsoever about Consent. In their absence, practitioners should contact the [Perth and Kinross Child Protection and Duty Team](#) on Tel: 01738 476768 (24/7) or by E-Mail at childprotection@pkc.gov.uk. Advice can also be sought from service / agency Legal Services Departments. NHS Tayside staff can also seek advice through NHS Tayside's Information Governance / Caldicott Guardian, or via NHS Tayside's Child Protection Advice Line (per NHS Tayside Staffnet).

5. ICO: Scotland - Key Messages

- 5.1 *"In many cases, a risk to wellbeing can be a strong indication that the child or young person could be at risk of harm if the immediate matter is not addressed". (ICO: Scotland 2013).*
- 5.2 *"Where a practitioner believes, in their professional opinion, that there is risk to a child or young person that may lead to harm, proportionate sharing of information is unlikely to constitute a breach of the Act in such circumstances". (ICO: Scotland 2013).*
- 5.3 *"It is very important that the practitioner uses all available information before they decide whether or not to share. Experience, professional instinct and other available information will all help with the decision making process as will anonymised discussions with colleagues about the case. If there is any doubt about the wellbeing of the child and the decision is to share, the Data Protection Act should not be viewed as a barrier to proportionate sharing". (ICO: Scotland 2013).*

5.4 *"The ICO's data sharing code recognises that obtaining consent for sharing information can be difficult. It should only be sought in circumstances where an individual has real choice over the matter, reflecting the need under Principle 1 of the DPA for processing to be fair to the individual concerned. For a professional to request consent from an individual whilst knowing that sharing will take place nonetheless, raises false expectations and endangers the client relationship". (ICO: Scotland 2016).*

6. Underpinning Principles

Across Perth and Kinross, **it's everyone's job and everyone's responsibility** to:

- *get it right for every child and young person*
- *enable and support all children and young people to be the best they can be*
- *improve the life chances of all children and young people*
- *reduce the health inequalities of all children and young people*
- *safeguard, support and promote the wellbeing of all children and young people*
- *keep all children and young people safe; healthy; achieving; nurtured; active; respected, responsible and included*
- *protect all children and young people from harm, abuse and exploitation*
- *ensure that all children and young people are cared for and grow and develop in a safe, protected and comfortable environment at home, on line, at school and in the community*
- *ensure the welfare of all children and young people remains paramount*
- *ensure all actions taken are child-centred and in the best interests of all children and young people*
- *ensure we are protecting the rights of, and meeting the needs of, all children and young people, taking cognisance of their age; gender; sexual orientation; language; culture; religion and / or any additional support needs*
- *ensure that all children and young people get the help they need; when they need it and for as long as they need it*
- *ensure that all children and young people get the right help; at the right time and from the right people*
- *ensure that all children and young people are listened to; understood and respected*
- *ensure that all children and young people are taken seriously and treated with dignity and respect*
- *ensure that all parents, carers or any other person with parental responsibilities are encouraged and supported to provide the appropriate emotional and physical care for their children, except in exceptional circumstances.*

7. Key Underpinning Legislation

[The Social Work \(Scotland\) Act 1968](#)

[The Age of Legal Capacity \(Scotland\) Act 1991](#)

[The Children \(Scotland\) Act 1995](#)

[The Human Rights Act 1998](#)

[The Freedom of Information \(Scotland\) Act 2002](#)

[The Children and Young People \(Scotland\) Act 2014](#)

[The Data Protection Act 2018](#)

[General Data Protection Regulation](#)

8. Key Underpinning Policy Developments

[United Nations Convention on the Rights of the Child \(UNCRC\)](#)

[European Convention on Human Rights \(ECHR\)](#)

[Common Law and Statutory Obligations of Confidence](#)

[Protecting Children and Young People: Children's Charter](#)

[Protecting Children and Young People: Framework for Standards](#)

[Information Commissioner's Office: Data Protection: Data Sharing Code of Practice](#)

[\(UK\) Information Commissioner's Office \(ICO\) Letter of Advice 2013 – Information Sharing](#)

[\(UK\) Information Commissioner's Office \(ICO\) Letter of Advice 2016 - Information Sharing](#)

[National Guidance for Child Protection in Scotland 2014](#)

9. Useful Electronic Links and Resources

[Perth and Kinross Child Protection Information and Advice Card](#)

[Perth and Kinross Practitioner's Guide and Toolkit: Information Sharing, Confidentiality and Consent](#)

[Perth and Kinross Child Protection and Duty Team](#)

[Scottish Government *Getting it Right for Every Child* Website](#)

[Scottish Government Information Sharing Webpages](#)

Practice Examples

Scenario 1:

A health visitor is concerned about a young mother who is expecting her second child. She currently has a two year old son. The health visitor suspects that the young mother is the victim of domestic abuse by her partner and that she has been taking illegal drugs; all of which could have a harmful effect on her, her two year old son and her unborn baby.

Action:

The health visitor has a professional duty of care to the mother, the two year old boy and the unborn baby; all of whom are vulnerable and at risk of significant harm and abuse. The health visitor should explain to the mother why she is concerned. The health visitor should advise the mother that these concerns are going to be shared with social work and the police and the reasons why they are going to be shared. The health visitor should make a record of that discussion and continue to support this family.

(Consent is not appropriate / does not apply. Practitioners should rely on Article 6 (c): necessary for the compliance with a legal obligation or Article 6 (e) necessary for the performance of a task carried out in the public interest or exercise of official authority AND Article 9 (2) (b): necessary for the purposes of carrying out obligations and exercising specific rights.....in social protection law or Article 9 (2) (h): necessary for the provision of health services by a health professional).

Scenario 2:

A health visitor working with a pre-school child, not yet in a nursery placement, has identified a developmental delay in terms of the child's speech and language. In the health visitor's professional judgement there is a need to refer that child to a speech and language therapist for further support and assessment.

Action:

The health visitor has a professional duty of care for this child and family. The health visitor should discuss the concern with the child's parents / carers. The health visitor should explain the benefits of such a referral to speech and language and equally the detriment of not doing so. The health visitor should advise the child's parents / carers that the child is going to be referred to a speech and language professional / service and the reasons why. The health visitor should make a record of that discussion and continue to support this family.

(Consent is not appropriate / does not apply. Practitioners should rely on Article 6 (c): necessary for the compliance with a legal obligation or Article 6 (e) necessary for the performance of a task carried out in the public interest or exercise of official authority AND Article 9 (2) (b): necessary for the purposes of carrying out obligations and exercising specific rights.....in social protection law or Article 9 (2) (h): necessary for the provision of health services by a health professional).

Scenario 3:

A teacher is aware that the mother of a 10 year old girl in her class died several months ago. The teacher notices that the girl is becoming withdrawn. On a regular basis the girl is emotionally distressed in the classroom and at times she talks about how much she misses her mum. The girl has no close female relative. The teacher has discussed this with other professional school staff, including the headteacher and they feel the girl would benefit from some external support and counselling.

Action:

The teacher and headteacher have a professional duty of care for this girl. The headteacher should discuss and explain the concern they have with the girl's father and advise him that in their professional opinion his daughter would benefit from some external support and counselling. They should also advise him that they will be referring her to the appropriate agency to obtain that help and support; however it is then up to him and his daughter whether they choose to accept that support. The teacher and headteacher should continue to support the child in the classroom and the wider environment of the school community.

(Consent is not appropriate / does not apply. Practitioners should rely on Article 6 (c): necessary for the compliance with a legal obligation or Article 6 (e) necessary for the performance of a task carried out in the public interest or exercise of official authority AND Article 9 (2) (b): necessary for the purposes of carrying out obligations and exercising specific rights.....in social protection law or Article 9 (2) (h): necessary for the provision of health services by a health professional).

Scenario 4:

A 15 year old girl tells her social worker she has entered into a sexual relationship with a 30 year old man who she describes as *her new boyfriend*. The social worker does not know the man and the girl refuses to identify him. She tells her social worker she has been staying out all night at parties; that her boyfriend says he loves her and is always buying her things. The girl tells the social worker they are not using contraception because they are always careful. The girl does not want her mum and dad to know. The social worker is concerned that the girl is being sexually abused and exploited.

Action:

The social worker has a professional duty of care for this girl. The social worker should discuss and explain the concerns they have with the girl. The social worker should explain to the girl that she could be the subject of abuse and sexual exploitation and her health could be endangered. The social worker should encourage and support the girl to seek medical advice and assistance. The social worker should advise the girl that there is a need to share this information with health and police. The social worker should make a record of that discussion and continue to support this girl.

(Consent is not appropriate / does not apply. Practitioners can rely on Article 6 (c): necessary for the compliance with a legal obligation or Article 6 (e) necessary for the performance of a task carried out in the public interest or exercise of official authority AND Article 9 (2) (b): necessary for the purposes of carrying out obligations and exercising specific rights.....in social protection law).

Scenario 5:

A 14 year boy tells his teacher he does not want to go home after school. He says his mother has a new male partner and she does not care about him anymore. He says that some nights he does not get anything to eat or any sleep and when his mum and her partner are always drinking they usually end up shouting and fighting with each other and throwing things about. He says he is scared that something bad is going to happen to him.

Action:

The teacher has a professional duty of care for this boy. The teacher should explore and discuss this further with the boy to clarify his exact concerns. The boy should be supported in the school that afternoon and in the interim the teacher should inform the headteacher. Where in their professional judgment they consider this to be a child protection concern they should tell the boy they must share this with police and social work and do so without delay. The headteacher should make a record of that discussion and continue to support this boy in school.

(Consent is not appropriate / does not apply. Practitioners can rely on Article 6 (c): necessary for the compliance with a legal obligation or Article 6 (e) necessary for the performance of a task carried out in the public interest or exercise of official authority AND Article 9 (2) (b): necessary for the purposes of carrying out obligations and exercising specific rights.....in social protection law).