

**1.** The [Care Act 2014 statutory guidance](#) states that early sharing of information is the key to providing an effective response where there are emerging concerns for an Adult at Risk. **Our first priority should always be to ensure the safety and well-being of the adult, and organisations need to share safeguarding information with the right people at the right time.** As part of this aim,

**7.** All Lambeth Safeguarding Adults Board members have agreed a [Data Sharing Agreement](#) which sets out clearly when information must be shared for the purposes of protecting an Adult at Risk. This agreement is London-wide.

Other key documents and legislation include the [Human Rights Act 2008](#), the [Data Protection Act 2018](#) (the UK's Implementation of the General Data Protection Regulation GDPR), and the [Caldicott Principles](#).

**For more information visit [www.LambethSAB.org.uk](http://www.LambethSAB.org.uk)**

**2.** As a matter of good practice, where possible, the Adult at Risk (and any third parties) should be invited to consent to the sharing of information about them, but informed that it may still be necessary to share information without consent where this is justified in the public interest or further to statutory obligations. Professionals should avoid giving absolute guarantees as to confidentiality. Whilst consent will provide a clear basis on which agencies can share personal data, this is not always achievable or desirable. For example, you should not ask for consent from the individual or their family in circumstances where you think this will be contrary to the Adult at Risk's welfare.

**3.** It is also likely that practitioners will come across adults at risk who will lack the mental capacity to make particular decisions about sharing information (or more generally). The [Mental Capacity Act 2005](#) provides a legal framework for acting and making decisions on behalf of individuals who lack capacity.

**6.** If information is disclosed without consent, it is essential that there is a clear record of the reasons and justification for disclosure so as to demonstrate that the decision is **reasonable, proportionate and justifiable.**

Likewise, if information is *not* disclosed following request from another agency, you must clearly record how this decision was reached.

**5.**

***Are the person's vital interests at risk if I do not share information?  
Would it be in the public interest for me to share this information?  
Is it in the person's best interests for me to share this information?***

If the answer is yes to any of the above, then we should share information.

***If you have any uncertainty about sharing information, or you feel another organisation is failing to provide information that would safeguard an adult at risk, you must use your organisation's escalation pathway.***

**4.** If consent to share information has not been given (and person has capacity), a professional must consider whether there is a pressing need to disclose the information. The rule of **proportionality** should be applied to ensure a fair balance is achieved between safeguarding the Adult at Risk, the provision of confidential services, and the private rights and interests of the individual affected.

Remember, Care Act statutory guidance states that *"No professional should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult"*