

Information Sharing Duty

RCGP Briefing for General Practice in England

September 2026

Which UK nation does this apply to?
England only
Which organisations/professionals does the duty apply to?
GPs, dentists, primary care providers, ICBs, NHS Trusts, childcare and education, local authorities, police, prison and probation services, youth justice and youth custody services.
The duty does not apply to private/independent GPs and healthcare organisations but the accompanying guidance to the duty should be seen as good practice and independent GPs and staff should continue to follow professional guidance on information sharing (as should all GPs): • GMC Professional standards and guidance for doctors, physician associates or anaesthesia associates - GMC • ICO A 10 step guide to sharing information to safeguard children ICO • RCGP Safeguarding toolkit: RCGP Safeguarding toolkit: Part 5: Information Sharing and multiagency working RCGP Safeguarding toolkit: Part 5: Information Sharing and multiagency working RCGP Learning
What is the information sharing duty?
It is a legal duty to share information about a child (anyone who has not yet reached their 18th birthday), or any other individual connected to a child, whether an adult or another child, where it is relevant to safeguarding and promoting the welfare of that child. Under the duty, information must be shared where it is relevant to safeguarding and promoting a child's welfare, including where concerns relate to early help, prevention and unmet need. The duty applies to information that is likely to help another relevant person (ie a professional to whom the duty also applies) assess risk, make a decision, provide support or take action to safeguard and promote the welfare of a child. This information may be about a child, or another named individual connected to a child. The duty to share information with another relevant person applies where an organisation and practitioner: • consider that they hold relevant information • or receive a request for relevant information from another organisation and practitioner The statutory guidance on the information sharing duty can be found here along with Multi-agency information sharing template data sharing agreements: Information sharing to safeguard children and young people - GOV.UK
When does the duty apply from?
30 th September 2026
Is this duty new and how is it different to previous laws and guidance on information sharing?
The duty is new but builds on existing laws to remove long-standing barriers to information sharing between professionals. The new legal duty gives confidence to professionals that they can

share information to safeguard and promote the welfare of children – even where concerns are emerging, or relate to prevention rather than harm.

Healthcare professionals should also continue to follow their professional guidance such as the GMC Professional Standards: <https://www.gmc-uk.org/professional-standards/the-professional-standards>

What about the common law duty of confidentiality?

The new legal duty means that the common law duty of confidentiality **does not apply** to information shared under the duty.

This means that consent (under data protection law or under the common law duty of confidentiality) is not needed and does not need to be sought to share information when the duty applies.

There is also no need to consider whether sharing is in the overriding public interest.

The law supports the sharing of information where the duty applies, and by doing so, practitioners are fulfilling their professional responsibilities.

What does this mean for general practice?

Under the duty, general practice can request relevant information from other organisations and professionals also under the duty, for the purposes of safeguarding and promoting the welfare of a child.

The other organisations and professionals under the duty, can equally request relevant information from general practice for the same purposes.

When to share information under the duty

There are three tests to apply:

- **Relevance:** Does all of the information considered for sharing have a bearing on safeguarding and promoting the child's welfare? If information has been requested, is there sufficient context to determine relevance?
- **May facilitate:** Is the recipient covered by the information sharing duty? Could sharing information reasonably help the recipient to safeguard or promote the welfare of the child, including when the child potentially poses a risk to others, through exercising their relevant functions including assess risk, make a decision, provide support or take action to safeguard and promote the welfare of a child?
- **Detriment:** Could sharing be of greater detriment to the child than not sharing? Are there any mitigating steps that can be taken to reduce risk?

How should information be requested?

Requests for information under the ISD should make clear:

- Who is requesting the information including their name, organisation, job role and contact details
- Whether the information request falls under the ISD
- Why they are requesting the information – necessary and proportionate contextual information must be included for the recipient to determine what should be shared, and why it may facilitate the requestor's relevant functions.

What information should be shared?

- Information about a child's physical, mental and developmental welfare
- Key insights into family circumstances that may indicate risk
- Contacts across primary care, urgent and emergency care, mental health, maternity and community services often reveal early signs of neglect, injury, parental vulnerability or other factors affecting a child's safety and welfare

- Information shared can include contextual, partial, historical and pattern-based information. - Further guidance on what information can be relevant to safeguarding and welfare of children can be found here: RCGP Safeguarding toolkit: Making a child safeguarding referral RCGP Learning
Sharing information about others connected to a child
Relevant information could include any factor that: - May inhibit a caregiver's ability to provide safe and effective care, such as substance misuse, involvement in a coercive or abusive relationship, imprisonment and poor health, mental or physical. Each case should be considered in the context of a range of other factors that may intersect to determine a caregiver's ability to take care of a child – practitioners should use professional judgement to determine whether this information is likely to be of relevance. - Indicates an individual may pose a risk to a child, such as a history of perpetrating (known or alleged) abuse or violence, substance misuse, involvement in organised crime, signs of radicalisation or being considered a risk to others on grounds of mental health concern. This refers not only to adults, but to other children also. - Services providing support to an adult must have processes in place to consider whether there are any children who may be impacted and in need of support. - It is important to note that the presence of an acute or chronic health condition should not be presumed to be indicative of an inability to give proper care. Equally, practitioners should take a particularly sensitive approach to situations in which a caregiver's inability to provide safe and effective care is not through deliberate choice, but factors outside of their control, such as disability or poor health.
How much information should be shared?
This will depend on the situation, the information received and the professional/organisation requesting the information. Information shared should be aligned to the Caldicott Principles – relevant and proportionate and must also comply with data protection principles. For example: - A request is received by a practice for completion of a report for a child protection conference – the Information Sharing Duty does not change the responsibility to complete this report and this should be completed by the practice in as much detail as possible about the child/children and parents/carers – more information can be found here: RCGP Safeguarding toolkit: Making a child safeguarding referral RCGP Learning - The headteacher of a local primary school makes a request from the GP practice, under the Information Sharing Duty about a child who is persistently absent from school for lots of different health reasons. The headteacher would like to know if the child has ongoing health conditions that they should be aware of and if there is anything from a health perspective they can do to support the welfare of the child. Under the duty, the GP practice can provide relevant health information about the child, such as coded diagnoses and any other information they feel is relevant, proportionate and necessary for the wellbeing of the child. Alternatively, this request from the school could flag that the child has no known health conditions and is not being brought regularly to see health professionals – this would raise concerns about why the child is being kept off school and issues such as neglect need to be considered, and is just as important to share with the school under the ISD.
Documenting information sharing

Individual practitioners and practices should ensure that they are aware of, and are following national guidance on documenting safeguarding concerns and information. RCGP Safeguarding toolkit: Part 4: Documenting safeguarding concerns and information RCGP Learning
Explaining information sharing to children and families
Where it is safe and appropriate, practitioners should be open and transparent about information sharing, helping children and parents/carers understand why information is shared and how it will be used. Explanations should be proportionate, accessible and tailored to the child's age, understanding and circumstances. Practitioners should: • Explain the purpose of sharing • Describe who information will be shared with • Be clear about limits to confidentiality • Avoid presenting sharing as optional when it is not • Acknowledge feelings and concerns
Does the duty replace existing local safeguarding procedures?
No. If you have safeguarding concerns about a child, you should continue to make a child safeguarding referral as per your local multi-agency safeguarding pathways. Equally, you should continue to make early help referrals when needed.
Does the duty replace existing local information sharing pathways, for example where information is already routinely shared between health professionals?
No. Established information sharing pathways and good practice should continue. The duty helps to strengthen these pathways, not replace them.
Does the duty only apply when there are safeguarding concerns i.e., when there are concerns that a child is being abused or neglected?
No. The duty applies whenever there are concerns about the welfare of a child, even if that does not include concerns about abuse or neglect. For example, when there are persistent concerns about a child's school attendance due to health issues – this is an example of where the Information Sharing Duty can support education and health working together for the best interests of the child.
What about Data Protection Law?
• Under data protection law practitioners do not need to obtain consent from children and families to share information relevant to safeguarding and promoting the welfare of a child as they should be operating under an alternative lawful basis, such as legal obligation or public task. • Data Protection Law provides a framework that enables the sharing of information in a fair, proportionate and lawful way. A 10 step guide to sharing information to safeguard children ICO
Are there any circumstances in which the duty does not apply?
Yes, but these are extremely limited and rare – where practitioners, acting on behalf of their organisation, determine through professional judgement that sharing information would be more detrimental to the child than not sharing. For example: • The child being placed at immediate risk of harm by the information shared, • Interfering with a police operation, such that the consequence is likely to be of greater detriment to a child; • Contravention of the Family Procedure Rules, or order of the Family Court or Family Division of the High Court

If faced with circumstances where a decision not to comply with the duty is being considered, any GP should read the guidance in full [[Information sharing to safeguard children and young people - GOV.UK](#)], ensure they are aware of their professional obligations as set out by the GMC [[Professional standards and guidance for doctors, physician associates or anaesthesia associates - GMC](#)] and seek advice promptly from their organisational safeguarding lead and/or Caldicott Guardian.

How does the duty support, and align with, the RCGP Safeguarding standards?

The RCGP Safeguarding Standards [RCGP safeguarding standards for general practice](#) clearly set out Knowledge and Capability requirements in Information Sharing and multiagency working, across Levels 1 – 3. The duty will support all staff in general practice in meeting these requirements.