

DUMFRIES & GALLOWAY
PUBLIC PROTECTION COMMITTEE



Multi Agency Guidance: Single Agency and Integrated Chronologies

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1. Purpose and best practice standards

1.1 The following guidance provides organisations and practitioners with information to support the effective initiation, maintenance and application of single agency and integrated chronologies, to promote the safety and wellbeing of people who may be at risk of harm.

1.2 The Public Protection Committee (PPC) wishes to emphasise its collective commitment to this following the best practice standards highlighted throughout the document:

- i. A single agency chronology should be initiated or updated and analysed whenever there is a significant event in someone's life which raises concern for their safety or wellbeing.*
- ii. Chronologies will always be analysed when there is a significant event or there are cumulative concerns about a person's safety, to consider their implications in that context and inform any actions to be taken.*
- iii. Any agency referring Child Protection or Adult Support and Protection concerns to the Multi Agency Safeguarding Hub (MASH) should, at that point, provide all relevant chronological information to support the concerns raised and inform further inquiry and investigation*
- iv. Health and Social Work single agency chronologies will be initiated or updated and analysed at the Multi Agency Safeguarding Hub (MASH) on each occasion that a referral progresses to Child Protection or Adult Support and Protection, either through Duty to Inquire(DTI) or Interagency Referral Discussion (IRD).*
- v. An integrated chronology will be developed and maintained by the lead professional for each person for whom a Child Protection or Adult Support and Protection plan is put in place.*
- vi. The integrated chronology will be regularly reviewed and updated as part of formal interagency processes.*

2. Introduction and definition

2.1 Integrated chronologies are an essential tool in multi-agency work to protect people who are or may be at risk of harm. They support timely and appropriate decision making about actions required to address concerns.

2.2 Up to date single agency chronologies are vital to the creation of integrated chronologies.

2.3 All partner agencies should maintain and review chronologies for people whom they work with, who are or may be at risk of harm or pose a risk to others.

2.4 Practitioners should create clear, concise single agency chronologies and apply them to identify, analyse, review and address concerns for children and adults.

These are the foundations of the integrated chronologies required to support regular analysis and review of the circumstances of people for whom there are welfare concerns or who are the subject of Public Protection processes.

2.5 Individual agencies should establish processes to ensure that this information is accessible and presented coherently for anyone reviewing the person's record.

2.6 Definition

Chronologies provide a key link in the chain of understanding needs/risks, including the need for protection from harm.

Setting out key events in sequential date order, they give a summary timeline of child and family circumstances [or those of an individual using adult services], patterns of behaviour and trends in lifestyle that may greatly assist any assessment and analysis.

They are a logical, methodical, and systematic means of organising, merging, and helping make sense of information. They also help to highlight gaps and omitted details that require further exploration, investigation, and assessment.

[Care Inspectorate Practice Guide to Chronologies 2017](#)

For some people a chronology may be the only organised record of their significant life events.

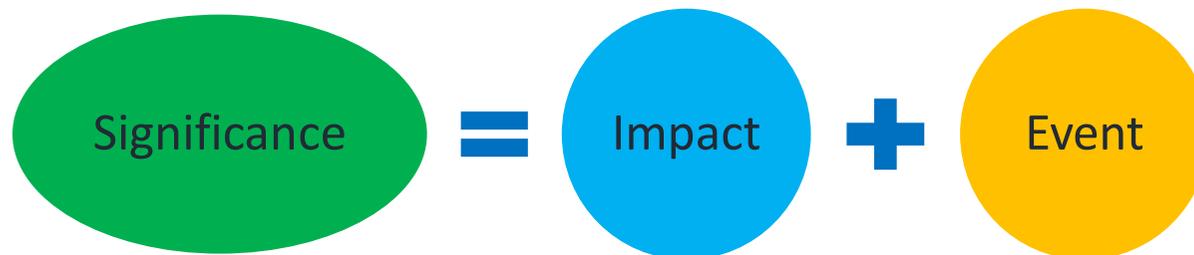
3. Who is this Guidance for?

3.1 This guidance is for organisations, managers and practitioners in Dumfries and Galloway working directly with or caring for children and adults who may be at risk of harm or pose a risk to others.

4. What is a chronology?

4.1 A chronology is a summary list of known significant events in someone's life, set out sequentially, which identifies the impact and the outcome for the person.

4.2 A **significant event** is defined not by the nature of the event but the impact that it has for the individual. What might be significant for one person is not necessarily so for others.



5. What is the purpose of a chronology?

5.1 A chronology gives a quick overall picture of someone's history.

5.2 It supports analysis of current circumstances by providing a picture of historical events which may inform when risk/harm and their consequences can be predicted, what actions or interventions have worked well to keep the person and others safe in the past, and what has not.

5.3 It can also identify patterns of events or behaviours which inform investigation about possible sources of risk or harm.

5.4 For review purposes a multi-agency chronology can illustrate how agencies have worked together to support and protect people and their networks. This in turn allows us to identify strengths and areas for improvement in multi-agency working.

5.5 As a therapeutic tool, a chronology can support someone by building up a picture of their life events and experiences, to help to make sense of how these have influenced their current circumstances or behaviours.

6. Identifying significant events

6.1 The significance of an event can be positive, negative or neither, in terms of their impact on the child or adult. While in Public Protection work, we often deal with trauma and crisis; positive events, achievements and developments are also relevant in evidencing how progress has been made, needs are being met, or protective steps are taken by the person themselves, parents, carers, or wider networks. This information is an essential foundation when plans are being formed based on strengths evidenced over time.

6.2 As a chronology is a dynamic process, the degree of significance may be unknown at the time but become more apparent later. Staff should discuss the event with the child or adult to get their view of the event and discuss what impact this has/will have on their life.

What may be a significant event for one person may not be for another and this should be considered when adding to any chronology. What determines a significant event will always require professional judgment.

7. What should a chronology look like?

There will be variation across agencies in how chronological events are recorded but all should include the following as a minimum:

Content:

7.1 The date of the event:

This is the date of the actual event which is significant for the individual.

i.e., If a report is received (e.g., from the police), it is not the date of the report or the date the report was received which is the significant event.

7.2 The original source of the information:

This is the source closest to the event. Information may come from the person themselves, members of the public, or family members, as well as agencies and their records.

Where it is being received from a third party you can record it as “*as reported to....by.....*”

7.3 The details of the event:

The chronology is a reduced and edited list. Case records remain the point of reference for more detailed information. There can be no fixed or exhaustive list of what constitutes a significant event although some agencies will want to highlight certain types of events more specific to their involvement.

7.4 The impact on the person:

Significant events will not be the same for everyone – even within the same family. *What happened to the person?* Rather than just an agency response.

- How does the event affect the person?
- How do they feel about this event? For example, do they feel safe, in control...?

- Has a similar event happened in the past and is there a pattern or cumulative impact?
- *Has this event increased or reduced the risk/harm to the person or others?*

7.5 Outcome:

What happened because of the event?

The outcome provides evidence of the connection made between an event or series of events and the consequences. This could include actions taken by the person, their family, or friends, or by agencies. However, this should not be a long list of step-by step agency actions. For example, after an incident of abuse, the outcome might be that the person remained at home or left or was removed or the alleged perpetrator was asked to leave.

The outcome may contain the mechanism for this (e.g., criminal proceedings, referral to the Scottish Reporters Administration (SCRA), a Protection Order was obtained and/or they were placed away from home) but not every meeting, discussion, hearing etc. Where immediate protective actions are not considered necessary, an outcome might be a referral for additional assessment or support. The outcome may include a diagnosis and provision of specialist services for example.

Format

7.6 Multi-agency chronologies

The template for entries to a multi-agency chronology is provided at **Appendix 1**. This is the required format on the Social Work Services Mosaic record and in the NHS Clinical Portal.

7.7 Single Agency Chronologies

It is acknowledged that some partner organisations will not have the capacity or systems to support the multi-agency format described above. Where this is the case, an abridged version is attached at **Appendix 2** for single agency use and to support contributions to multi-agency chronologies.

8. When should I start or update a chronology?

8.1 Where there is no existing chronology, the development of a historical chronology from existing records and /or discussion with the person can be a powerful tool to get to know them and their history

8.2 Single agency's will define their own requirements. However, the following standards apply to all:

8.2.1 A single agency chronology should be initiated or updated and analysed whenever there is a significant event in someone's life which raises concern for their safety or wellbeing.

8.2.2 Health and Social Work single agency chronologies will be initiated or updated and analysed at the Multi Agency Safeguarding Hub (MASH) whenever a referral progresses to Child Protection or Adult Support and Protection, either through a Duty to Inquire(DTI) or Interagency Referral Discussion (IRD).

8.2.3 Any agency referring Child Protection or Adult Support and Protection to the Multi Agency Safeguarding Hub (MASH) should, at that point provide, all relevant chronological information to support the concerns raised and inform further inquiry and investigation

8.2.4 An integrated chronology will be developed and maintained by the lead professional for each person for whom a Child Protection or Adult Support and Protection plan is put in place.

9. Analysis and review

9.1 Chronologies should be periodically analysed and reviewed. This should be done with the person where appropriate, in professional supervision or as part of multi-agency discussion and should be referenced in the chronology identifying the location of the detail.

9.2 Chronologies will always be analysed when there is a significant event or there are cumulative concerns about a person's safety, to consider their implications in that context and inform any actions to be taken.

10. Sharing of Chronologies

10.1 Any agency with concerns for the safety of an unborn child, child or adult should raise these concerns through the Multi-Agency Safeguarding Hub (MASH).

10.2 Any agency referring Child Protection or Adult Support and Protection to the MASH should provide relevant chronological information to support the concerns raised and to support inquiry and investigation.

This standard is supported by the advice and guidance provided by the Dumfries and Galloway Chief Officers Group (**Appendix 6**) which emphasises the importance of sharing and exchanging information to promote the protection of people who may be at risk of harm or pose a risk to others.

10.3 Information shared should be relevant and proportionate, and practitioners should seek guidance from managers on any protected status that applies.

11. Multi agency/ Integrated Chronologies

11.1 Multi-Agency Chronologies are the mechanism by which partner agencies involved in a child, young person's or adult's life develop a shared picture of significant events to help inform multi agency assessment and planning. Chronologies should be maintained on a single-agency basis and then integrated into multi agency chronology by the lead professional as required.

11.2 Every agency has a responsibility to keep their chronology up to date and review it before sharing.

11.3 In advance of key meetings (e.g., Child Protection Core groups, planning meetings, Adult Protection conferences), the lead professional should request single agency chronologies from all key partners, and ensure that the information is integrated into the multi-agency chronology. This will include summarising and editing information where appropriate, such as where there are duplicate entries or a large amount of historical information. The chronology is then used to support analysis at the meeting and as needed in future.

12. Where can I learn more?

An introduction to chronologies is provided as eLearning to Dumfries and Galloway Council staff at <http://flo.dg.dgcouncil.net/chronologies%20single%20agency/#/>
Health staff can also access this on <https://nhs.learnprouk.com>

Appendix 1:

Multi Agency Chronology of Significant Events

Name:

DOB:

Agency References

Date & Time Age of the Person	Source	Name & Role of Practitioner Recording Significant Event	Significant Event	Event Details	Impact	Outcome/Actions Taken
	<i>e.g. the person, their family Police, Social Work, school, NHS...</i>	<i>Name & Role of who is updating the chronology</i>	<i>Title e.g. Birth of child, Domestic abuse; Child's name placed on Child Protection Register Marriage; separation detention; Achievements</i>	<i>Summary of key points of the event – clearly referencing any key documents of further information which may be in the person's file.</i>	<i>How does the person feel about this event? For example, do they feel safe? Has a similar event happened in the past and is there a pattern? Has this event increased or reduced the risk to the person?</i>	<i>What happened because of the event? Who was spoken to? What action was taken? Please reference key documents as appropriate It is acceptable to put no action was necessary or n/a in this box if there was no follow-on action.</i>

Appendix 2:

Single Agency Chronology of Significant Events

Name:

DOB:

Agency: e.g. name of Care Home or service

Date(s)	Source: name (and agency role or relationship)	Description of the event	The impact on the person	Outcome
<i>When the event which is significant took place.</i>	<i>The original source of the information.</i>	<i>Summary of key points of the event.</i>	<i>How does the event affect the person? How do they feel about this event?</i>	<i>What happened because of the event?</i>

Appendix 3

General guidance on initiating and maintaining chronologies in different services

Any Health Professional, working with a child or adult, who is seen as at risk of harm, should commence and maintain a Single Agency Chronology which can be shared with others in that Agency for ongoing input, maintenance, review and actioning

In **Maternity Services**, a Chronology will be created within the mother's record where there is a concern that is having or may have a significant impact on the new-born child. If there were any significant events during or immediately after the pregnancy, this information will be recorded in the mother's medical maternity record held on Badger.net.

After the child is born a chronology will be commenced, parents will be asked for permission to add their information to the child's Chronology. At transition from midwife to public health nurse this information will be shared.

Health Visitors will create and maintain a Single Agency Chronology within every child health record which will build on the information gathered in maternity services until the child transfers into Primary One.

School Nurses will add any significant events they are made aware of onto the child's chronology.

In Education, electronic date ordered pastoral notes are recorded by staff that will commence when the child enters education. *A Single Agency Chronology will be created when there is a concern about a child or young person's wellbeing.*

Children and Families Social Work will initiate a chronology for every child or young person with whom they are working.

Adult Social Work will initiate a chronology for every adult whom they work with or for whom they receive a referral where there is a perceived concern

Scottish Fire and Rescue Service will initiate a single agency chronology for any address point where interaction with the occupier has occurred and/or where concerns have been identified to the health, safety and wellbeing of those within.

Police Scotland will initiate a single agency chronology for any person for whom they have a concern, whose environment may impact on their wellbeing or where the behaviour of others or their own behaviour may impact on their wellbeing.

The Third Sector and Independent Services will initiate a chronology for every person for whom they provide a service on behalf of a local Authority or Health Board, should a significant event in the person's life become apparent.

Appendix 4

Generally Significant Events for Adult Care

Practitioners from all agencies/backgrounds should include the following events as a matter of course when compiling a chronology, although this list is not exhaustive.

Life Events:

- Change of address
- Move to or from residential care
- Pregnancy
- Birth of a child
- Loss of child/pregnancy
- Bereavement
- Death of a pet
- End of a relationship
- Death

Change of circumstances

- Carer responsibilities
- End of carer responsibilities
- Enactment of POA or Guardianship

Diagnoses

- New diagnosis
- Change of diagnosis
- Need for surgical intervention identified
- Surgery performed
- Diagnosed as lacking capacity
- Ceiling of care/end of life care

Service originated events

- New referral (even on an existing case)
- Addition to a caseload
- Discharge from a caseload
- Change of Worker
- Self-Management and anticipatory care plan put in place
- DNCAPR put in place (including date agreed and date of review required)
- Capacity Assessment
- Any legal order including detentions
- Professional intervention
- Plan (treatment/care)
- Hospital admission
- Hospital discharge
- Out of hours contact/referral

Unexpected/Potentially traumatic events

Hospital admission
Traumatic incident (including rape, Road Traffic Collision, Domestic Abuse)
Arrest
Accident and Emergency/Emergency Department/Minor Injury Unit attendance
Fall

Adult initiated events

Attempted suicide
Self-harm
Substance misuse
Arrest
Court appearance
Imprisonment
Repeated missed appointment

Other identified risks

Weapons
Controlled drugs

Appendix 5

Generally Significant events for Children & Young People

The following areas have been identified by each of the agencies as worthy of recording but only where it is a relevant key event

REMEMBER – A chronology is not a record of an agency's involvement with a child, it is a record of significant events in that child's life, these lists are only for example:

Education

- Positive or negative changes in family care structure e.g., separation, divorce, bereavement, custodial sentence
- Positive or negative changes in family circumstances e.g., housing, birth of a sibling
- Physical and mental health and wellbeing of child, parents/carers
- Positive or negative changes in performance, attainment, or achievement
- Identification of Additional Support Needs within staged intervention process (including requests for support services involvement e.g., psychological service, intensive support team, care and learning)
- If the child has an Individual Education Plan or Co-ordinated Support Plan
- Positive or negative changes in attendance
- Positive or negative changes in parental presence, engagement, or support with child's learning
- Episodes of exclusion or re-integration
- Significant periods of absence e.g. illness, pregnancy, truancy
- Social inclusion within the school setting including evidence of bullying or positive support networks
- Decision to initiate an Integrated Assessment.
- Outcomes of internal assessment team or joint support meeting
- Change of teacher or other key member of staff from the child's school
- Change of school
- Any threats or actual incidents of violence to staff by parents or child
- Any other relevant concerns or positive improvements

Health

- Positive or negative changes in health-related problems in relation to the child or their parents/carers, such as disability, substance related issues, mental health issues etc
- Changes in family care structure e.g. through separation, divorce, bereavement, custodial sentence
- Changes to care giver/parental responsibility
- Child protection, Child's Plan meetings or other meetings regarded as significant
- Changes to child's physical or emotional wellbeing
- Changes in family circumstances e.g. housing, birth of a sibling, emotional wellbeing
- Referrals to Paediatric Services, Therapy Services, Other Agencies
- Attendance at Accident and Emergency, Out of Hours and NHS24
- Incidences of hospital admissions
- Childhood illnesses
- Changes in disability
- Dates of immunisations and screening (these may or may not be of significance depending on the child's circumstances.)
- Kept or missed appointments for ante-natal, post-natal appointments, immunisations, child health surveillance, hospital appointments
- Formal health assessments e.g. developmental, LAC
- Change to the Health Visitor, School Nurse or other key staff member working with the family
- Missed appointments without acceptable reasons, including refusal of entry or variation to routine appointment schedule
- Threats or actual incidents of violence to staff
- Any other relevant concerns or positive improvements
- Significant home visits

Social Work Services

- All referrals to Social Work
- Information relating to health or parental lifestyles of parents/carers that significantly impact on the child
- Positive or negative changes in family care structure e.g. through separation, divorce, bereavement, custodial sentence
- Positive or negative changes in family circumstances e.g. homelessness, birth of a sibling
- Referrals to Family Support Services, Home Support, Childcare or other agencies
- Dates and details of Social Work Involvement e.g. start date, closure of case and reason
- Lack of engagement
- Child concern referrals
- Outcome of Child Protection referrals/enquiries/investigations
- Outcome of Child Protection related meetings e.g. case discussions, case conferences, core groups
- Dates and reason for child being looked after and accommodated
- Change of Social Worker or other key worker from the service
- Changes to legal status including primary and secondary statutes where applicable
- An established pattern of missed appointments without acceptable reasons, including refusal of entry
- Dates and conditions of contact/conditions of no contact
- Change of address including foster placement and temporary accommodation
- Referrals to the Children's Reporter and the grounds of referral
- Outcome of Children's Hearings
- Details of planning meeting and/or review dates including Looked After Children
- Any other relevant concerns or positive progress
- Any threats or actual incidents of violence to staff including verbal threats
- Date when summary statements, working agreements, risk assessments are completed
- Significant home visits

Police

- Any incident involving a child that would require notification to another agency about a child (could include child protection, bullying, SHANARRI concerns, missing persons, youth offending and ASB)
- Any incident involving an adult that would impact on the wellbeing of a child (could include parent's arrest/ drug or alcohol misuse, involvement in serious and organised crime groups, mental health issues)
- Any incident where the environment or circumstances would impact on the wellbeing of a child (could include neglect, poor living conditions, inappropriate risk taking, internet communications)
- Some convictions of an adult may impact on the wellbeing of a child or young person where they are part of or become part of a family (could include Registered Sex Offenders, Domestic Abusers, Schedule 1 offenders)
- Significant events where a child or young person is victim of or witness to a serious crime
- Where compulsory measures of supervision are likely to be required.
- Where an officer has repeated contact for minor behavioural issues in the family or community (could include children dealt with by campus officers)

Housing

- Positive or negative changes in family care structure e.g. separation, divorce, bereavement, custodial sentence
- Positive or negative changes in family and housing e.g. relocation, eviction, transfer to private tenancy
- Positive or negative changes in maintenance of tenancy agreements
- Positive or negative changes in neighbour relations or anti-social issues. Where this has led to further action being taken, for example ASBO, then this should be recorded
- Evidence of, or referrals for suspected drug dealing, drug taking or excessive alcohol use
- Reports of anti-social behaviour on the child or parents
- Reports from Elected Members, members of the public or Anti-Social Behaviour Staff regarding anti-social behaviour

- Any concerns about the safety or welfare of children or young people noted directly by housing staff or passed to them by others in the community e.g. children left unattended, poor standards of household cleanliness, children wandering the streets or being out in poor weather without adequate clothing
- Any threats or actual incidents of violence to staff
- Any other relevant concerns, positive events

Scottish Children's Reporters Administration

- Dates of referral
- S67 Grounds for referral
- Legal status and changes to legal status
- Dates of any Children's Hearings
- Any decisions made about the child i.e. hearings, voluntary measures, compulsory measures of care

Scottish Fire and Rescue Service

- Any incident involving a child who demonstrates an unsafe or concerning interest in fire or have been involved in fire related antisocial behaviour.
- Referrals made to other agencies by the Scottish Fire and Rescue Service with concerns to the health, safety or wellbeing of children and young people.

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Appendix 6: Chief Officers Guidance on Information Sharing in respect of Children and Adults who may be at risk of harm (May 2021)



POLICE
SCOTLAND
Keeping people safe
POILEAS ALBA



21 May 2021

Dear Colleague INFORMATION SHARING

The protection of children, young people and adults at risk, remains **“everyone’s responsibility and everyone’s job.”** This continues to cut across all aspects of private life and professional business. We all continue to have a duty, individually and collectively, to protect vulnerable people in our communities.

On many occasions, this has and will require staff to seek and exchange personal information about individuals. We are however aware that questions of privacy and confidentiality can and sometimes do get in the way of ensuring the safety of children, young people and adults at risk. We wish to re-emphasise and continue to clarify the position and reinforce the importance of sharing and exchanging information where the protection of these client groups is concerned.

Children, young people and adults at risk always have a right to privacy and the utmost care should be taken when handling personal information. We continue to endorse the need for a sensitive and lawful approach when working in partnership with children, young people and adults at risk, together with their families and carers.

Where you have a concern about a child, young person or adult at risk of harm or you are made aware of such a concern you have a responsibility to decide whether to share and exchange relevant information with other professionals. You should do so without delay and with confidence, following your own agency/service procedures.

All staff should be aware that their own agency will support them if they have shared personal information in these circumstances using their professional judgement.

Reviews have highlighted misconceptions about information sharing. We remind you that existing legislation does not prevent you from sharing and/or exchanging relevant information where you believe there are concerns about the protection of children, young people and adults at risk. In addition, you are lawfully able to share confidential information where disclosure is necessary to protect the individual or another third

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party. This extends to all practitioners working with adults who may be self-harming or neglecting themselves.

We would wish to firstly highlight information from the Information Commissioner's office, that states:

"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"

"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."

Dr Ken Macdonald
Assistant Commissioner Scotland & Northern Ireland
Information Commissioner's office

Furthermore, we would again draw your attention to the Scottish Government's *Sharing Information About Children at Risk: A Guide to Good Practice (2003)* which states: -

"If there is reasonable concern that a child may be at risk of harm this will always override a professional or agency requirement to keep information confidential. All professionals and service providers have a responsibility to act to make sure that a child whose safety or welfare may be at risk is protected from harm".

And the National Guidance for Child Protection 2014 which states:

*"**Harm** means the ill treatment or the impairment of the health or development of the child, including, for example, impairment suffered as a result of seeing or hearing the ill treatment of another. In this context "development" can mean physical, intellectual, emotional, social or behavioural development and "health" can mean physical or mental health."*

The Adult Support and Protection (Scotland) Act 2007 places a duty on those agencies named in the Act to:

"Co-operate with the council making inquiries about adults thought to be at risk of harm and each other. This may include the examination of records."

Harm – Section 53 states harm includes all harmful conduct and includes:

- Conduct which causes physical harm;

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- Conduct which causes psychological harm (for example by causing fear, alarm or distress);
- Unlawful conduct which appropriates or adversely affects property, rights or interests (for example theft, fraud, embezzlement or extortion); or
- Conduct which causes self-harm.

Risk of harm – Section 3(2) makes clear that an adult is at risk of harm if:
 Another person's conduct is causing (or is likely to cause) the adult harm; or
 The adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm.

It is important that we continue to be open and transparent and make people aware that we will share information when we suspect there is a risk of harm. It is also important that you record any decision to share or not to share information and your reasons for doing so.

We hope this will confirm our ongoing support and provide confidence in decision making and sharing relevant information. In doing so, you will add to the protection of children, young people and adults at risk in Dumfries and Galloway and improve the quality of life for the most vulnerable in our community.

For further advice and guidance we would encourage you to speak directly with your supervisor / manager or your organisation's Data Protection expert as follows:

Dumfries and Galloway Council dataprotection@dumgal.gov.uk
 NHS Dumfries and Galloway Gillian.Jamieson2@nhs.scot
 Police Scotland: Information Assurance@scotland.pnn.police.uk



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