Royal College of Paediatrics and Child Health
Leading the way in Children's Health

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Statutory guidance for information sharing duty (Department for Education)

RCPCH Response

Royal College of Paediatrics and Child Health (RCPCH) welcomes the opportunity to respond to the Department for Education consultation on 'Statutory guidance for information sharing duty'.

Please note that this letter is our response to the consultation in totality. We have focused on our expert member knowledge on child health, safeguarding vulnerable children and the rights of the child to address our chief concerns in this consultation response.

RCPCH is a registered charity in England & Wales and in Scotland and has a broad programme of work encompassing both paediatrics **and** child health. As the professional membership body for paediatricians, RCPCH works to advance the knowledge, skills, and professional development of paediatricians and child health professionals in the UK and internationally. We deliver a comprehensive training curriculum, oversee postgraduate education, and offer a wide range of continuing professional development opportunities that help members stay current with clinical practice and research.

Drawing on our expertise in child health, safeguarding and the rights of the child, this response focuses on the need for clear, consistent and practical information sharing guidance that supports professionals to share information confidently and appropriately where this is necessary to safeguard and promote children's welfare. In particular, it highlights the importance of alignment across guidance, effective local implementation and specific consideration of adopted children and young people where changes to identifiers or record management processes may affect continuity of care and safeguarding information.

RCPCH recommends that the final guidance should

- Ensure full alignment between all statutory and non-statutory information sharing guidance across government, health, safeguarding, education, policing and regulatory frameworks (e.g. NHS England, DHSC, DfE and Information Commissioner), so that practitioners receive clear, consistent and identical instructions regardless of their professional background.
- Recognise the risks created by silos between services and sectors and provide more practical guidance on how local partnerships should overcome these barriers to effective multi-agency information sharing.
- Ensure the guidance and Data Sharing Agreement template explicitly address the needs of adopted children and young people, including where a child's NHS number changes following an adoption order. Local data sharing arrangements should be required to maintain continuity of health and safeguarding records, communicate identifier changes across relevant providers, protecting sensitive safeguarding and third-party information while ensuring it remains accessible to appropriate professionals.

Alignment across information sharing guidance

One of the most important issues for the final guidance is the need for alignment across all sources of information sharing guidance. Confusion in the system and therefore risk to children's safeguarding, can arise where there are multiple subtly different versions of information sharing guidance in circulation across agencies and professional sectors.

Practitioners may currently refer to guidance from a range of organisations, including the Department for Education, NHS England, the Department of Health and Social Care, the Information Commissioner's Office, professional regulators, safeguarding partnerships and local employers.

Where the guidance differs, even slightly, this can create uncertainty about whether information can or should be shared. In safeguarding practice, uncertainty can delay information sharing, reduce practitioner confidence, and place children at risk.

It should be ensured that this guidance is the single authoritative source on information sharing duties, replacing other guidance and that implementation activity clearly directs other organisations to refer and link to it consistently when producing or signposting related guidance. If this is not possible in the short term, a timescale should be set out for when this will be achieved. In the interim, we recommend that the final guidance should explicitly state how it aligns with all other relevant statutory and non-statutory information sharing guidance.

This should include guidance issued by government departments, health bodies, regulators, professional bodies and inspectorates. A practitioner, regardless of whether they work in health, education, children's social care, policing, youth justice or another relevant sector, should be able to look at any authoritative information sharing guidance and read consistent instructions.

This alignment and single source of information is essential to achieving the intended outcome of this guidance. Without clear alignment, there is a risk that practitioners will continue to feel uncertain or will default to organisational caution, particularly where information is sensitive, confidential, or relates to safeguarding concerns. They may incorrectly interpret the Children's Wellbeing and Schools Act as meaning that, because there is no statutory threshold to be met before information can be shared, there is also no statutory requirement to share information.

Adopted children and young people: Management of children's medical records post adoption

RCPCH recommends the use of the NHS number as a single unique identifier, you can read more about this in our full position statement. It is important that adopted children are not disadvantaged because their NHSN changes following an adoption order. This could undermine continuity of information sharing across agencies unless there are robust processes to ensure relevant health and safeguarding records remain linked and accessible to appropriate professionals. We therefore recommend that the guidance and Data Sharing Agreement template explicitly consider the needs of adopted children and young people.

NHS England » Key principles for ensuring continuous health records of adopted children emphasises that adopted children's clinical records should remain continuous post-adoption, with appropriate information governance safeguards to protect sensitive third-party information. However, implementation remains challenging locally, particularly because not all providers are automatically notified when a child's NHSN changes. It is currently only the GP who is informed of the change of NHSN so there needs to be local processes in place to communicate the change of NHSN out to all Providers.

The guidance should therefore make clear that local data sharing arrangements must include processes for maintaining continuity of records, communicating changes in identifiers (e.g. NHS number) across relevant providers, protecting sensitive safeguarding information, and avoiding accidental disclosure. Given the circumstances that may lead to adoption, a child's record may contain significant safeguarding information, including sensitive third-party information about birth family members. This information may be essential to understanding the child's needs, but must be clearly identified and appropriately marked so that all record users understand its sensitive nature and handle it accordingly.

This issue should be explicitly addressed within the statutory guidance on the information sharing duty to ensure that adopted children are not disadvantaged and that changes to identifiers or record management processes do not create additional barriers to effective information sharing for this group.

Kind regards,

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References

1. NHS England (2025): Key Principles for ensuring continuous health records of adopted children
2. NHS number as a single unique identifier for children – position statement | RCPCH