



Warning Flags Policy

1.0 Policy Statement

Gloucestershire County Council (the council) acknowledges that there are occasions when it is necessary to apply a 'warning' to the record of an individual known to the council, record a perceived threat, allegation or professional opinion or restrict customer access. This may be for the increased safety of that individual, other people they are associated with, or staff who are working with them.

A 'warning' will be applied to an individual's electronic record when, in the professional opinion of the member of staff, and following discussion with their line manager, it is deemed appropriate to do so. Restriction of a customer's access should only be implemented in line with the corporate [Unacceptable Customer Behaviour policy](#), when a senior manager feels it is no longer appropriate or safe for that individual to have contact with staff in general across the council. In all instances, providing it is safe to do so, the individual concerned will be informed of the addition to their record and/or restriction to their access.

The council has implemented a robust process to support the application of warnings and the restriction of customer access where appropriate and will take the necessary action to protect staff from behaviour which is abusive, offensive or threatening.

2.0 Purpose

To provide an overarching local authority policy from which individual directorates can develop and implement their own service-specific procedures.

Please note: It is not intended to replace existing specialist flag/alert processes in areas such as Safeguarding Children or Adults.

To protect both individuals and staff as appropriate, by making the council's position clear, and offering procedural advice to ensure staff are working in a safe and supportive manner.

To ensure a robust overarching process is in place for the application, monitoring, review and removal of warnings and access restrictions.

3.0 Scope

This policy applies to all employees, elected members, partners, contractors, agents, representatives and temporary staff working for or on behalf of the council.

This policy applies to all contact mediums and recording mechanisms associated with an individual's records.

Please note: This policy does not apply to those flags assigned to individuals who have been convicted of offences against children.

4.0 Definitions

- **Restriction of customer access:** the agreed procedure/process by which an individual can make contact with the council when it is deemed inappropriate or unsafe for them to have contact with staff in general.
- **Warning:** (also known as a flag or hazard) an indicator on an individual's record/file relating to a specific incident or identifiable concern.

5.0 Legal and regulatory requirements

[Health and Safety at Work Act 1974](#) An Act to make further provision for securing the health, safety and welfare of persons at work, for protecting others against risks to health or safety in connection with the activities of persons at work.

The [Children Act 1989](#) imposes a duty on local authorities to identify children in need and to safeguard and promote their welfare.

[NHS and Community Care Act 1990](#) aims to help people live safely in the community. It requires councils with social care responsibilities to carry out formal assessments and arrange for the provision of social care services to meet the assessed needs of individuals.

[Crime and Disorder Act 1998](#) In order to cope with exchanges of information which might otherwise have infringed the Data Protection legislation, Section 115 of the Crime and Disorder Act, 1998 provides an explicit power, where none previously existed, for people to disclose information to a number of agencies if the disclosure is necessary or expedient for any of the purposes of the Act.

[Human Rights Act 1998](#) sets out the fundamental rights and freedoms that individuals in the UK have access to.

[Care Standards Act 2000](#) The Care Standards Act 2000 created a new regulatory framework for all currently regulated social care and independent health care services.

The [Children Act 2004](#) identifies and places a responsibility on child practitioners to work together to help a child meet five priority outcomes: be healthy; stay safe; enjoy and achieve; make a positive contribution; and achieve economic wellbeing.

[The Local Authority Social Services Complaints \(England\) Regulations 2006](#) These regulations align adult social care and health complaints processes into a single set of arrangements.

[The Civil Enforcement of Parking Contraventions \(England\) Representations and Appeals Regulations 2007](#) sets out the policy framework for Civil Parking Enforcement (CPE). It explains how to approach, carry out and review parking enforcement.

The [Tribunals, Courts and Enforcement Act 2007](#) creates a new, simplified statutory framework for tribunals, bringing existing tribunal jurisdictions together and providing a structure for new jurisdictions and new appeal rights.

[Equality Act 2010](#) aims to protect disabled people and prevent disability discrimination. It provides legal rights for disabled people in the areas of employment, education, access to goods, services and facilities including larger private clubs and land based transport services, buying and renting land or property, functions of public bodies.

The Equality Act also provides rights for people not to be directly discriminated against or harassed because they have an association with a disabled person. This can apply to a carer or parent of a disabled person. In addition, people must not be directly discriminated against or harassed because they are wrongly perceived to be disabled.

The [Care Act 2014](#) reforms the law relating to care and support for adults and the law relating to support for carers. It also makes provision about safeguarding adults from abuse or neglect, care standards, and about integrating care and support with health services. This Act also establishes and makes provision about Health Education England and the Health Research Authority.

[Working Together to Safeguard Children 2018](#) This guidance sets out how organisations and individuals should work together to safeguard and promote the welfare of children and young people.

The [General Data Protection Regulation](#) (GDPR) 2018 lays down rules relating to the protection of natural persons with regards to the processing of personal data and rules relating to the free movement of personal data. It also protects the fundamental rights and freedoms of natural persons and in particular their right to the protection of personal data.

[Data Protection Act 2018](#) This Act makes provision for the regulation of the processing of information relating to individuals, including the obtaining, holding, use or disclosure of such information. This also includes exemptions from the GDPR for Health, Social Work, Education and Child Abuse data.

The [Health & Care Professions Council](#) (HCPC) is a regulator set up to protect the public. They keep a register of health and care professionals who meet their standards for training, professional skills, behaviour and health.

[Social Work England](#) is a specialist body that regulates social workers in England to ensure people receive the best possible support whenever they might need it.

This policy should also be read in conjunction with:

[Unacceptable Customer Behaviour Policy](#) This policy is designed to help staff deal fairly, honestly and appropriately with people who persistently use the social care complaints procedure, while ensuring that other service users, members of staff or the council as a whole do not suffer any detriment and that resources are used as effectively as possible.

[Freedom of Information Vexatious Requests Policy](#) The Information Commissioner has recognised that there may be a risk that some individuals and perhaps some organisations may seek to abuse the right of access with requests. Such cases may well arise in connection with a grievance or complaint which an individual is pursuing. In all cases that are considered possibly vexatious, repeated or manifestly unreasonable, the council will undertake an assessment to determine if it is acceptable to define the request under one of these headings.

The [Lone working and Personal Safety](#) guidance, provides information for staff to help them reduce the risks of violent or abusive incidents. It also outlines the responsibilities that staff have to safeguard themselves, colleagues, service users and other members of the public.

The [Library strategy and policies](#), specifically customer behaviour and the library bylaws.

6.0 Roles and responsibilities

Any decision to add a warning to an individual's record should be based on a specific incident, confirmed intelligence from a trusted source (e.g. the Police) or an expression of clearly identifiable concern by a professional; this could include a developing pattern of unacceptable, inappropriate or escalating behaviour as defined in the council's [Unacceptable Customer Behaviour Policy](#). The final decision should only be made following discussion between the member of staff and their line

manager; the final decision will be the responsibility of the appropriate team manager.

The decision to restrict customer access should be based on a culmination of issues/concerns that have resulted in the need to specify the route by which an individual should make contact with the council.

If it is anticipated that the impact of being informed of the warning may cause an individual to escalate their contact and/or involve outside agencies such as the media, the relevant manager must ensure that both the appropriate senior manager and the Head of Communications are suitably briefed.

7.0 Applying a warning

Once this decision has been reached, the appropriate manager **must** advise the individual in writing that a warning has been added to their record. This should include:

- The reason for the warning;
- Who this information will be shared with, including partner agencies, contracted providers etc.;
- When the warning will be reviewed;
- Details of the [council complaints procedure](#) if they wish to challenge the decision.

There may be situations where informing an individual of the decision to add a warning to their file may in itself create a potentially violent reaction or lead to risk of harm to another person. If this is the case, and it is deemed inappropriate to inform the individual, this should be recorded on their record, with a clear indication of how and why this decision was reached.

Once the decision has been taken to add a warning to an individual's record, details of this must be added to the relevant electronic records system (e.g. LiquidLogic) within a maximum of 3 working days.

8.0 Restricting customer access

Managers who wish to restrict a customer's access to the council should do so in conjunction with the Corporate Complaints Team and following the associated Step by Step Guide within the [Unacceptable Customer Behaviour Policy](#).

9.0 Reviewing a warning or the restriction of access

Any warning or restriction of access should be reviewed at regular intervals/in line with the relevant service area's agreed procedures or the corporate [Unacceptable Customer Behaviour policy](#). However, any review period should not exceed 6 months.

Please note: If, following review, the decision is reached to change or remove a warning or restriction, both the individual and any partner organisations and/or contracted providers that had previously been given this information must again be informed. Therefore, clear up-to-date records must be kept of who the information has been shared with.

10.0 Recording of perceived threats, allegations and 'professional opinions'

If a decision is made to record a perceived threat or allegation, care must be taken to record that it is just perceived and give reasons for that perception; staff must not imply that it has been substantiated if it has not. Similarly, if it is felt appropriate to record information from a third party that is unsubstantiated, staff must not imply that it is factual.

All managers must also ensure that their staff are aware of how to record 'professional opinions' appropriately. The Information Commissioner's Office recommends the following:

In order to be accurate, your records must make it clear that you are recording an opinion, and, where appropriate, whose opinion it is. If it becomes clear that an opinion was based on inaccurate data, you should also record this fact in order to ensure your records are not misleading.

A record of an opinion is not necessarily inaccurate personal data just because an individual disagrees with it, or it is later proved to be wrong. Opinions are, by their very nature, subjective and not intended to record matters of fact.

If an individual challenges the accuracy of an opinion, it is good practice to add a note recording the challenge and the reasons behind it.

How much weight is actually placed on an opinion is likely to depend on the experience and reliability of the person whose opinion it is, and what they base their opinion on. For example, an opinion formed during a brief meeting will probably be given less weight than one derived from considerable dealings with the individual.

11.0 Information sharing with other agencies

If an individual is deemed to pose a risk to members of staff or any other person, this should be recorded. This information should also be shared with other agencies, organisations and contracted providers that may come into direct contact with that individual, to ensure they are also able to assess any potential risks associated with working with that person.

12.0 Complaints

Individuals who wish to appeal about any warning added to their record, or the restriction of their access to the council, should follow the relevant [council complaints procedure](#).

13.0 Policy Compliance

All users must comply with this policy. If you do not understand the implications of this policy or how it applies to you, you can seek advice from the Information Management Service on 01452 324000 or dpo@gloucestershire.gov.uk.

Breach of this policy may be dealt with under the [council's Disciplinary Procedure](#) and, in serious cases, may be treated as gross misconduct leading to summary dismissal.

14.0 Document Control

14.1 Document information

Owner:	Jenny Grodzicka, Head of Information Management Services (DPO)
Author:	Kirsty Benzie, Assistant Head of IMS
Reviewer:	Kirsty Benzie, Assistant Head of IMS
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14.2 Version History

Version	Version date	Summary of Changes
2-0	January 2020	Minor revisions to bring policy in line with the latest ICO guidance and to ensure consistency with other associated council policies
2.1	October 2022	Reviewed for website project, links updated
2.2	January 2023	Accessibility review and updates to formatting. Links updated.
3.0	January 2025	Minor grammatical revisions. Reviewed by Adult Social Care, Children's Social Care and Corporate Complaints; all confirmed still in line with Directorate specific policies and procedures.

14.3 Review

This policy will be reviewed as it is deemed appropriate, but no less frequently than every 3 years.

14.4 Contact Us

Post: The Information Management Service
Gloucestershire County Council
Shire Hall
Westgate Street
Gloucester
GL1 2TG

Email: dpo@gloucestershire.gov.uk

Phone: 01452 324000