

## RIBBLESDALE HIGH SCHOOL: CONFIDENTIALITY POLICY

**SLT Lead: I Hemingway**

### **Aim:**

To protect children and young people at all times and to give the school workforce clear, unambiguous guidance as to their legal and professional roles in relation to sharing information and confidentiality.

### **Rationale:**

- \* The policy seeks to safeguard pupils and respect their privacy whilst addressing issues related to sharing information appropriately.
- \* The school is committed to developing creative and positive ways for the child's voice to be heard whilst recognising the responsibility to use, hold and safeguard information received. Sharing information unnecessarily is an erosion of trust.
- \* The UN Convention on the Rights of the Child supports the view that children and young people should be entitled to confidential support alongside safeguarding them from harm.
- \* Ribblesdale High School recognises the importance of children and young people having access to confidential services, including health services to support their physical and emotional needs.
- \* The school is mindful that it is placed in a position of trust by all stakeholders and there is a general expectation that a professional approach will be used in all matters of information sharing and confidentiality.
- \* Families, children, young people and other adults should all expect that information they identify as confidential will not be shared with any other party unless it is a child protection issue, in which case one of the school's Designated Safeguarding Lead or Deputy DSL will be consulted urgently.
- \* This policy should be read in conjunction with other relevant policies with particular reference to Ribblesdale's Child Protection Policy.

### **Objectives:**

- \* To foster an ethos of trust within the school and reassure children and young people that their best interests will be maintained.
- \* To provide consistent messages in school about handling and sharing information about children and young people once it has been received.
- \* To ensure that the school workforce, families, children and young people are aware of the school's confidentiality policy and information sharing procedures and that families, children and young people know that adults cannot offer unconditional confidentiality.

- \* The school workforce will encourage children and young people to talk to their parents and carers.

### **Definition and Limits of confidentiality:**

When speaking confidentially to someone the confider has the belief that the confidant will not discuss the content of the conversation with another. The confider is asking for the content of the conversation to be kept secret. Anyone offering absolute confidentiality to someone else would be offering to keep the content of his or her conversation completely secret and discuss it with no one. In practice there are few situations where absolute confidentiality is offered at Ribblesdale High School. Our goal is to strike a balance between ensuring the safety, well-being and protection of our pupils, whilst engendering an ethos where they are confident in accessing help and information when required. Personal disclosures will however, be treated with due sensitivity and privacy. This means that in most cases what is on offer is limited confidentiality.

The general rule is that staff should make it clear that there are no limits to confidentiality, at the beginning of the conversation. These limits relate to ensuring children's safety and wellbeing.

Staff could use the following or a similar quote at the start of their conversation:

'I cannot promise complete confidentiality.....because if you are at risk, I may need to share what you tell me with others in order to protect you.....'

### **Policy Statements:**

- \* Parents / carers / and pupils should be aware that the school cannot guarantee confidentiality with regard to child protection issues.
- \* All information about an individual pupil is private and should only be shared with those staff that need to know that information in order to safeguard / help them.
- \* Following a disclosure the member of staff should consider whether there is a child protection issue (is the pupil suffering or likely to suffer significant harm?). If there is a child protection issue the school's child protection procedures (see separate policy) should be followed.
- \* If the member of staff requires further advice from the school's DSL or other colleagues they should try to get consent to share the information from the young person. Where consent is not forthcoming they can still hold discussions with relevant colleagues taking care not to disclose the identity of the pupil concerned.
- \* The staff of Ribblesdale High School will always encourage young people to talk to their parents about issues causing concern. However, where pupils refuse to disclose to parents the school will follow the general principle that the child's confidentiality must be respected in line with legal guidelines.
- \* Pupils at the school who are deemed to be Gillick competent and aged 13 or over will be able to access confidential services, and consent to treatment offered by partner agencies without family involvement. Refer to Appendix A for guidelines on assessing

Gillick competency in line with Fraser Guidelines. Note: In the case of pupils with special educational needs these should be carefully considered as part of the overall assessment. For pupils aged 12 or younger parents should be informed of issues and disclosures as a matter of policy unless informing parents would place the pupils at significant risk of harm in which case child protection procedures take precedence.

- \* Confidentiality is a whole school issue which relates to all staff and pupils including voluntary staff who must be fully aware of the requirements of the policy. Where a decision has been made to disclose information related to a pupil this discussion must be conducted privately and not in a public area of school where sensitive information can be overheard by others.
- \* All personal and medical information about a child should be held in a safe and secure place which cannot be accessed by individuals other than school staff.
- \* Information related to Childrens' Social Care involvement should only be available to the schools DSLs / Headteacher and are located in the deputy DSL's office in a locked filing cabinet and are strictly confidential. A note may be made on the main school file or on the intranet vulnerable list signposting school staff to the DSL for further information. The vulnerable list should be viewed discretely and never printed.
- \* Photographs of children should not be used without parents' / carers' permission especially in the press or on the school's website and should be kept securely on the media (M) drive only.
- \* Information about pupils will not be shared with anyone except those who have been designated as having parental responsibility.

### **Confidentiality in the classroom:**

Confidentiality must be discussed in PSHE lessons and in any learning context where pupils are asked to disclose sensitive personal information. At the start of the academic year / new topic or key lesson, as appropriate, ground rules relating to confidentiality must be highlighted and agreed. For example:

- \* We won't ask each other any personal questions.
- \* We will respect each other and not laugh or try to hurt someone's feelings.
- \* Challenge the statement but not the person.
- \* Listen carefully to the ideas of others.
- \* We won't say anything which we want to keep confidential (keep stories anonymous or discuss scenarios).
- \* We can opt out if we feel uncomfortable.
- \* We won't talk about other peoples' comments outside of the lesson.
- \* If we are worried about someone else's safety we will tell the teacher.

### **Sexual Health:**

Issues related to sexual health require special attention. School staff may discuss general issues related to contraception and sexual health. They should not give individual advice with regard to contraception or treatment but instead should signpost the pupil to the relevant health clinic. School staff should not accompany pupils to sexual health consultations. Teachers are not legally obliged to inform anyone if they learn or suspect

sexual activity in pupils under the age of 16 if there is no evidence of abuse or exploitation. Teachers should, however, encourage pupils to talk with a parent or carer and signpost them to sexual health advice and treatment services. If a pupil under the age of 13 is believed to be sexually active this should be reported the school's DSL.

**Dissemination / Review of the policy:**

The policy will be shared with staff and students to raise awareness as part of safeguarding training. Policy to be reviewed regularly or as a result of legal developments or changes in government guidance.

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The following checklist provides some guidance for staff when they are required to make a decision about any of the above. They are meant to act as prompts for discussion rather than a list to be worked through.

**1. Does the young person understand the information and advice I am providing:**

- Are they listening to me are they talking to me?
- Have I explained clearly about the options to access services?
- Have I explored with the young person whether someone could accompany them to access services
- Have I given them all the information and advice I think is relevant and necessary to the situation they have presented me?
- Can they repeat back to me what I have said?
- Have they had any advice/information or services from elsewhere, how long ago and what have they remembered?
- Can they apply that information to the circumstances now?

**2. The young person cannot be persuaded to tell his parents, or to allow school staff to tell them, but they are seeking appropriate advice to address the issues disclosed:**

- What is the family situation of the young person, how do they describe their relationship with them?
- Consider whether the young person might face prejudice, discrimination or oppression from their parents/carers if they have discussed the issue with them
- Perhaps chat about other issues that have been difficult to discuss with parents/carers, explore what happened then.
- Ask how the young person thinks the parents/carer might react to the situation.
- Explore if they might want help to talk to their parents/carers and who might help them do this?
- What does the young person want?

**3. The young person is likely to begin or continue to have unprotected sex or misuse drugs with or without the provision of information and advice:**

- Has the young person told you or implied that they are having/have had unprotected sex/misused drugs and will continue to do so
  - What reason have they given not accessing services?
4. The young person's physical or mental health is likely to suffer unless he receives information/advice and it is in the young person's best interest to give information and advice:
- If you are clear that the young person is going to or will continue to have unprotected sex or misuse drugs, they are not accessing and will not access services then it is a reasonable judgement that their physical and/or mental health may suffer as a result. In supplying information, advice and support you are acting to protect their safety, possibly preventing a child from becoming pregnant and promoting their emotional wellbeing.