



PARK HOUSE SCHOOL & SPORTS COLLEGE

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CHANGE HISTORY

Version	Date	Description
Issue 1	June 2009	Original approved by full Governing Body
Issue 2	June 2014	Slight revisions made to reflect practice
Issue 3		

LINKED DOCUMENTS

[Child Protection and Safeguarding Procedures](#)
[Health and Safety](#)
[Curriculum](#)
[Anti-bullying](#)
[Drugs](#)

PARK HOUSE SCHOOL



Confidentiality Policy

RATIONALE

At Park House School and Sports College we wish to create an atmosphere where students feel able to speak to staff. In order to support staff, students, visitors and volunteers it is important to have a clear and explicit policy on confidentiality so that all parties involved are aware of the boundaries and legal frameworks to which they have to adhere. The school at all times puts the safety and welfare of the child first, in accordance to the Every Child Matters, and any issue will be referred to the schools' Designated Person for Child Protection (DSP) if necessary. This policy is in effect for all situations inside and outside of the classroom. It will underpin other school policies such as the SRE (Sex and Relationship) and Drug Education and Drug Related Incidents policies.

CONFIDENTIALITY AND STUDENTS

N.B. This applies to both teaching and non teaching members of staff, visiting staff and outside agencies.

- We recognise that there are occasions when students are worried about something and feel that they cannot talk about it to their parents/carers. This can result in enormous stress for the individual which impacts on their education and health. Some students may feel that they can turn to teachers and other staff members for support and we want to be as helpful as we can whilst recognising that there may be some potential difficulties in being supportive. You should adhere to the following policy:
- When talking to students, it is important for you to be aware of maintaining your professional boundaries. Whilst being supportive where you can, distancing techniques should be used when appropriate.
- You must be clear to students that you cannot offer unconditional confidentiality when a student first begins to talk about something where confidentiality may become an issue.
- Students should be warned that if there is a child protection/safeguarding issue where the student, or others, are likely to be at risk of significant harm, **you are under a duty of care to inform the school's Designated Person for Child Protection who may have to involve other agencies.** (Please refer to the school's child protection/safeguarding procedures for further advice on this aspect). It is important that each member of staff deals with this sensitively and explains to the student that they must inform the appropriate people who can help the child, but they will only tell those who need to know in order to be able to help.
- School staff can only offer confidentiality to students on issues that do not involve illegal activities, e.g., drug trafficking, arson etc, or if the child is at significant risk or harm. If the conversation begins to move to this kind of issue, the student must be warned that confidentiality cannot be guaranteed.
- In all cases where you feel that you have to break confidentiality with the student, you must inform the student (unless there is a good reason not to inform them, e.g., risk of harm) and reassure them that their best interests will be maintained.

- In talking to students, you need to encourage them to talk to their parents/carers about the issue that may be troubling them unless they are at risk of significant harm from the parents or carers. Support in doing this should be offered where appropriate.
- Students should be made aware, if appropriate, of the specialist confidential services that may be available. However, in one to one situations with individual students, health professionals are bound by their own professional Code of Conduct. Health professionals work within the Fraser guidelines (see Appendix I). If the school or Community Nurses feels that they have to break the confidence of an under sixteen year old, they will apply the Caldicott Principle (Appendix II)

CONFIDENTIALITY AND STAFF/GOVERNORS

- Relationships between and amongst staff and governors need to be based on openness and trust. We will work to foster this
- Any use of the Staff Disciplinary Policy or Competency Policy will be confidential to the parties involved.
- All staff can expect that their personal situations and health will remain confidential unless it impinges on their terms of contract or endangers students or other members of staff.
- If there is a legal obligation to disclose such information or if it is necessary for legal proceedings, or despite the duty of confidence, the staff members' interest or the wider public interest justifies disclosure.

PEER SUPPORT AND PEER MENTORING PROJECTS – CONFIDENTIALITY BETWEEN STUDENTS

All mentoring and support programmes will cover confidentiality issues in their training.

Students are not allowed to promise to keep secrets but all conversations between the mentor and the mentee will be kept confidential except in the following circumstances:

- Student mentors must tell the Mentoring Coordinator or a teacher if a student discloses any form of abuse or anything else that will make them worry about their safety.
- If the mentee is about to disclose this sort of information, the mentor must tell them that they will need to take them to a member of staff, possibly as an advocate to help them.
- If the mentor has a concern about the content of a mentoring meeting, they are encouraged to discuss it with the Mentoring Coordinator – it will not be further unless it is one of the above.

PARENTS AND FAMILIES: CONFIDENTIALITY AND INFORMATION ABOUT PARENTS/CARERS AND FAMILIES:

We recognise that sometimes there may be family issues which might affect a student and which the family will only disclose to us if they can be sure that the information will be treated confidentially. We will respect the wishes of the family and where it is felt necessary to share the information given to us, this will be discussed with the parents/carers first unless a student is considered to be at immediate risk and/or there is an overriding child protection/safeguarding concern.

LINKED POLICIES

The following policies are linked and supported by the Confidentiality Policy: Safeguarding, Health and Safety, PSHE, Anti Bullying, and the Management of Drugs Related Incidents.

This Policy to be reviewed in 2016.

Headteacher: _____

Date:

Chair of Governors _____

Date:

APPENDIX I

Fraser Guidelines

The case of *Gillick v West Norfolk and Speech Area Health Authority* in 1985 settled the legal position for those working with children aged under 16 years old. During the *Gillick* case, Lord Fraser stated that young people could receive advice or treatment without parental consent, but that key factors should be taken in to account when assessing the young person's maturity to give consent. These are now referred to as the Fraser Guidelines.

The Fraser Guidelines:

1. The young person understands the advice being given.
2. The young person cannot be convinced to involve parents/carers to allow the medical practitioner to do so on their behalf.
3. It is likely that the young person will begin or continue having intercourse with or without treatment/contraception.
4. Unless he or she receives treatment/contraception their physical or mental health (or both) is likely to suffer.
5. The young person's best interests require contraceptive advice, treatment or supplies to be given without parental consent.

The 1985 Fraser Guidelines identified doctors as key to this process, but it is now accepted practice that the guidelines extend to other health care professionals.

APPENDIX II

Caldicott Principles

The Caldicott Report was developed in 1977 and made recommendations relating to patient confidentiality. The Caldicott Report set out six key principles that health and social care organisations should use when reviewing its use of client information and the handling of client data.

Principle 1: Justify the purpose(s)

Every proposed use or transfer of personally identifiable information within or from an organisation should be clearly defined and scrutinised, with continuing uses regularly reviewed by the appropriate guardian.

Principle 2: Do not use personally identifiable information unless it is absolutely necessary.

Personally identifiable information items should not be used unless there is no alternative.

Principle 3: Use the minimum personally identifiable information.

Where the use of personally identifiable information is considered to be essential, each individual item of information should be justified with the aim of reducing the ability to identify a person.

Principle 4: Access to personally identifiable information should be on a strict need to know basis

Only those individuals who need access to personally identifiable information should have access to it.

Principle 5: Everyone should be aware of their responsibilities.

Action should be taken to ensure that those handling personally identifiable information are aware of their responsibilities and obligations to respect patient/client confidentiality.

Principle 6: Understand and comply with the law

Every use of personally identifiable information must be lawful. Someone in each organisation should be responsible for ensuring that the organisation complies with legal requirements.