

# Hurworth School Confidentiality Policy

**Accepted by:** Board of Directors June 2022

**Leadership Team Lead Reviewer:** Assistant Head Teacher (Designated Lead Officer for Safeguarding)

**Review Cycle:** 3 Years

**Last reviewed:** June 2022

**Date for next review:** June 2025

This document is underpinned by the Safeguarding and Child Protection Procedures outlined in our

- Safeguarding Policy
- Safeguarding Strategy

[www.hurworthschool.org.uk/policies](http://www.hurworthschool.org.uk/policies)

**It is advisable to familiarise yourself with the Safeguarding documentation before reading this policy.**

The school follows the latest DfE guidelines and legislation on Child Protection and Safeguarding.

This policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004 and related guidance. This includes the DfE guidance *Keeping Children Safe in Education (2021)*, *What to do if you are worried a child is being abused* (non-statutory) (2015) and *Working Together to Safeguard Children* (2018). The school will also refer to local procedures and practices outlined at

<http://www.darlington.gov.uk/education-and-learning/local-safeguarding-children-board/>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1021914/KCSIE\\_2021\\_September\\_guidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1021914/KCSIE_2021_September_guidance.pdf)

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419604/What to do if you re worried a child is being abused.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf)

This confidentiality policy supports the Sex and Relationships Policy and will be discussed and reviewed with pupils, parents, teachers and governors along with the SRE policy and programme of study.

The school adheres to the principles of responsible information sharing between agencies to support the best interests of children parents and carers. .

There is no legislation relating specifically to confidentiality in schools. There is government guidance on confidentiality - *Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (2018)* which can be accessed from the following link

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/)

Additionally, we adhere to this useful non-statutory guidance *Understanding and dealing with issues relating to parental responsibility* (September 2018) which can be accessed via this link:

<https://www.gov.uk/government/publications/dealing-with-issues-relating-to-parental-responsibility/understanding-and-dealing-with-issues-relating-to-parental-responsibility>

## Aims

The aims of this confidentiality policy are

- To complement the SRE policy and make teachers aware that effective SRE education brings an understanding of what is and is not acceptable, this can sometimes lead to disclosure of a child protection issue
- To provide guidance for all teachers, parents and governors when disclosures are made – reference should be made to the Child Protection Policy
- To provide procedures that all teachers should follow in the event of a disclosure - reference should be made to the Child Protection Policy
- To protect pupils' welfare and interests
- To protect teachers' welfare

## Fraser Guidance

The school follows 'Fraser' guidance on confidentiality (See appendix 1)

## Sources of support for pupils

Effective SRE should enable and encourage young people to talk to a trusted adult if they are having sexual intercourse or contemplating doing so. It is desirable, although not always possible, that person should be their Parent or Carer. The law allows health professionals to see and in some circumstances to treat young people confidentially, and part of this process includes counselling and discussion about talking to parents. In order to be able to take responsibility for their actions, young people need to be more generally aware of the law in relation to sexual activity and local confidential services.

Pupils should be made aware of these services through PSHCE/SMSC lessons and morning/afternoon tutor time/activities. **Teachers should note that when discussing sexual issues through the PSHCE/SMSC curriculum, they should *negotiate and establish ground rules to prevent inappropriate disclosures*.** These services are also made available through:

- The school nurse - who are available on the phone or can have bookable appointments made
- The numerous counselling services school offers, available on Monday – Friday depending on the service. Appointments are made on a weekly basis – this is available for pupils to self-refer
- A notice board containing telephone numbers of a range of services
- Notice boards on back of pupil toilet doors containing telephone numbers of a range of services
- PSHCE/ SMSC work booklets that also contain contact names and numbers for support
- Annual Personal Safety and Diversity Week
- Key events in our 'morning/afternoon registration' PHSCE/SMSC work
- Being Me
- Go Girls

- LGBT awareness work in association with Stonewall

Nonetheless, there may be cases where a teacher learns from an under 16 year old that they are having or contemplating having, sexual intercourse. In these circumstances teachers should practice the following procedure:

### **Procedure in the event of a pupil disclosure – Please refer in detail to the Safeguarding Policy**

When a pupil divulges information of a sensitive nature, the teacher must ensure that the pupil is aware that they *cannot offer unconditional confidentiality*. However, they should reassure pupils that, *if confidentiality has to be broken, they will inform them first*. The teacher should reassure the pupil that their best interests will be maintained and **they should encourage the pupil to talk to their Parents or Carers**.

If disclosure occurs at an inappropriate time or place, the teacher should talk to the pupil again before the end of the school day.

The issue must be then be passed on to the Designated Lead Officer for Safeguarding or in his absence the Deputy Lead Officer for Safeguarding. The Lead officer will assess the situation and make the decision whether or not to inform parents or pass the matter on as a child protection issue.

In the event of the information **not** being a child protection issue, the teacher with whom the pupil first made contact may continue support the child – assuming the teacher is completely comfortable doing so. *However, this must be done with the full knowledge and cooperation of the Lead Officer for Safeguarding*. This is Kelly Davidson.

Key Contact Personnel in School

**Lead Officer for Safeguarding** – Kelly Davidson

**Deputy Lead Officer for Safeguarding** – Lind Reed

**Head Teacher** – Rachel Somerville

**Deputy Officers** – Beth Wright and Maria Hall

**Deputy Officer (Alternative Provision)** – Linda Reed

**Named Safeguarding Director** – Trish Heron

In the event of this disclosure being from a child under 16 who is having or contemplating sexual intercourse, a teacher should sign post areas where support and advice can be gained. This should be primarily the school nurse or their own doctor. The teacher should also inform a member of the Safeguarding Team.

### **Child Protection (see Safeguarding Policy and Safeguarding Strategy)**

If a member of the school staff suspects that a child is a victim of abuse or they have reason to believe that he/she is at risk of abuse, they should inform the Lead Officer for Safeguarding as soon as possible. Or, if the child in question is under the age of 13. The school regularly updates staff on Child Protection Procedures and all staff have had the opportunity to complete level one training in this area. This training is monitored and updated on an annual basis. Kelly Davidson keeps an up to date record of all Safeguarding training registers and materials.

### **Further information on Child Sexual Exploitation (CSE) and Female Genital Mutilation (FGM)**

Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Female Genital Mutilation (FGM): professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

Hurworth School also recognises the importance of multi-agency working to reduce and ideally eliminate the dangers of Child Sexual Exploitation and Female Genital Mutilation. Should there be reason to believe that these are an issue the school would look to work in partnership with *Erase Exploitation* the Durham Police organisation whom are working in this field. We would share this information with CIAT (Children Initial Advice Team) but also with the dedicated service on (01325) 346867.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/591903/CSE\\_Guidance\\_Core\\_Document\\_13.02.2017.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE_Guidance_Core_Document_13.02.2017.pdf)

<http://www.eraseabuse.org/Pages/Home.aspx>

<https://durham-scp.org.uk/professionals/missing-and-exploited-children/child-sexual-exploitation/>

We would also use the referral system for a request for checks on:

For Darlington contact: Darlington Multi Agency Safeguarding Hub on 01325 742 020

Concerned about a location, a website, a vehicle or a possible offender? You can share the information easily and in confidence with the Police by emailing: [requestforchecks@durham.pnn.police.uk](mailto:requestforchecks@durham.pnn.police.uk)

We also recognise the need to work with partner organisations to combat CSE – as outlined by Darlington LSCB.

The vulnerability of the young person and grooming process employed by perpetrators renders them powerless to recognise the exploitative nature of relationships and unable to give informed

consent.

Barnardos with agreement and support of Darlington Borough Council have created a sexual exploitation project specifically for the Darlington area. The project is called the Barnardos CATE Project (children affected through exploitation).

You can find your local project by visiting the <https://www.barnardos.org.uk/what-we-do/services/secos-cate>

The CATE project is there to provide casework, therapeutic and preventative services for children and young people abused or at risk of sexual exploitation. To provide an opportunity for young people to exit, recover and stay safe.

To access the CATE project for young people, referrals must be made to the Child Care Duty Team, Darlington Children Services and referrals can come from any agency that works with a young person at risk. Self-referrals can also be made however social services will be informed of any young person who accesses the project who is being sexually exploited through prostitution or where there is a perceived risk that they are being sexually exploited. This information will be passed on with the young person's knowledge and consent where possible.

If any member of the public is concerned that a young person is being sexually exploited in this manner they can either call their local Police station, Children Services or call us at the CATE Project.

Barnardos CATE Project Pease House 12A Horsemarket Darlington DL1 5PW

Telephone: 01325 406024

Hurworth School actively discourages any form of stereotyping and discrimination and this includes any with specific regard to CSE.

### **Further information on Preventing Radicalisation**

The latest Home Office guidance on this issue can be downloaded here:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/439598/prevent-duty-departmental-advice-v6.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/439598/prevent-duty-departmental-advice-v6.pdf)

*The Prevent Duty Guidance for England and Wales – Departmental advice for schools and childcare providers June 2015*

The Counter-Terrorism and Security Act, which received Royal Assent on 12 February 2015, places a duty on specified authorities, including local authorities and childcare, education and other children's services providers, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism ("the Prevent duty"). This guidance will be updated further to reflect the implications of the Prevent duty, which is expected to come into force later in 2015.

The Counter-Terrorism and Security Act 2015 will also place a duty on local authorities to ensure Channel panels are in place. The panel must include the local authority and chief officer of the local police. Panels will assess the extent to which identified individuals are vulnerable to being

drawn into terrorism, following a referral from the police and where considered appropriate and necessary consent is obtained, arrange for support to be provided to those individuals. The Act will require partners of Channel panels to co-operate with the panel in the carrying out of its functions and with the police in undertaking the initial assessment as to whether a referral is appropriate. Schools and colleges which are required to have regard to *Keeping Children Safe in Education* are listed in the Act as partners of the panel.

If a member of staff has any reason to believe that CSE, FGM or Radicalisation is likely they will seek support from the Safeguarding team without delay.

## **Informing Parents**

It is only in *exceptional circumstances* that a teacher should be in a position of having to handle information without parental knowledge. The decision to inform parents is the responsibility of the Lead Officer for Safeguarding – who must be informed of *any* disclosure. Where young pupils are concerned (11–13 years old) this will be grounds for serious concern and child protection issues will be addressed. If Kelly Davidson is unsure about whether to contact parents he will take advice from the CIAT (01325) 406222 or Police Safeguarding on (01235) 742027

## **Health professionals**

Health professionals are bound by their professional codes of conduct to maintain confidentiality. In school, they will be bound by our SRE, Confidentiality and Safeguarding policies and will be issued with copies of both.

## **Data Protection**

Please see our GDR and Data Protection Policy on the swift site:

<https://swiftacademies.org.uk/policies/>

## **School Policies on Related Safeguarding Issues**

(To be read and followed alongside this document)

- Physical Intervention policy
- Discipline policy
- Anti-bullying policy
- Assessment Recording and Recording Policy
- Confidentiality Policy
- Drugs education and incident management policy
- Single Equality Scheme (and policies)
- Health and Safety policy
- Medication in school policy
- Off Site visits policy
- Physical activity policy
- Physical Intervention Policy
- Safety in the sun policy
- Sex and relationships policy
- Transport policy
- Acceptable User Policy and E Safety policy
- Self Injury and Related Issues policy
- Bereavement Policy
- Young Carers Policy

- Looked After Children Policy

## Appendix 1 Fraser Guidance - a summary

### The Law, Fraser Guidelines and Confidentiality

#### The Law (Sexual Offences Act 2003)

- The age of consent is 16 for everyone!
- The same laws apply to heterosexual & homosexual activity
- Offences can be committed by anyone over the age of 10
- Sexual activity with a child under 13 carries the highest penalties

#### Under 13s

- Young people under the age of 13 cannot legally give their consent so sexual activity with a child under 13 is never acceptable.
- When young people under the age of 13 are identified as being **sexual active** child protection procedures must be followed.
- Young people should not be discouraged from attending services for fear of breaches of confidentiality/ referrals to Social Services.
- 1 or 2 condoms can be given for educational purposes if young person not sexually active
- A referral must be made if young person is sexually active. Non-referral is not an option. Confidentiality cannot be maintained.

#### Fraser Guidelines

Practitioners using the Fraser guidelines should be satisfied of the following:

- the young person cannot be persuaded to inform their parents or carers that they are seeking this advice or treatment (or to allow the practitioner to inform their parents or carers).
- the young person understands the advice being given.
- the young person's physical or mental health or both are likely to suffer unless they receive the advice or treatment.
- it is in the young person's best interests to receive the advice, treatment or both without their parents' or carers' consent.
- the young person is very likely to continue having sex with or without contraceptive treatment.

When using Fraser guidelines for issues relating to sexual health, you should always consider any potential child protection concerns:



- Underage sexual activity is a possible indicator of child sexual exploitation and children who have been groomed may not realise they are being abused.
- Sexual activity with a child under 13 should always result in a child protection referral.
- If a young person presents repeatedly about sexually transmitted infections or the termination of pregnancy this may be an indicator of child sexual abuse or exploitation.

You should always consider any previous concerns that may have been raised about the young person and explore whether there are any factors that may present a risk to their safety and wellbeing.

You must always share child protection concerns with the relevant agencies, even if a child or young person asks you not to.

### **Gillick Competence**

Gillick competency applies mainly to medical advice but it is also used by practitioners in other settings. For example, if a child or young person:

- would like to have therapeutic support but doesn't want their parents or carers to know about it
- is seeking confidential support for substance misuse
- has strong wishes about their future living arrangements which may conflict with their parents' or carers' views.

Medical professionals need to consider Gillick competency if a young person under the age of 16 wishes to receive treatment without their parents' or carers' consent or, in some cases, knowledge.

If the young person has informed their parents of the treatment they wish to receive but their parents do not agree with their decision, treatment can still proceed if the child has been assessed as Gillick competent.

There is specific guidance for medical professionals on using Gillick competence - see case history and legislation.

There is no set of defined questions to assess Gillick competency. Professionals need to consider several things when assessing a child's capacity to consent, including:

- the child's age, maturity and mental capacity
- their understanding of the issue and what it involves - including advantages, disadvantages and potential long-term impact
- their understanding of the risks, implications and consequences that may arise from their decision

- how well they understand any advice or information they have been given
- their understanding of any alternative options, if available
- their ability to explain a rationale around their reasoning and decision making.

Remember that consent is not valid if a young person is being pressured or influenced by someone else.

Children's capacity to consent may be affected by different factors, for example stress, mental health conditions and the complexities of the decision they are making. The same child may be considered Gillick competent to make one decision but not competent to make a different decision.

If you don't think a child is Gillick competent or there are inconsistencies in their understanding, you should seek consent from their parents or carers before proceeding.

In complex medical cases, such as those involving disagreements about treatment, you may wish to seek the opinion of a colleague about a child's capacity to consent (Care Quality Commission, 2019).

Young people also have the right to seek a second opinion from another medical professional (General Medical Council, 2020).

The child's safety and wellbeing is paramount.

When you are assessing Gillick competency if you have any concerns about the safety of the young person you should check whether previous child protection concerns have been raised, and explore any factors that could put them at risk of abuse.

You must always share child protection concerns with the relevant agencies, even if this goes against a child's wishes.

## **Confidentiality**

“The duty of confidentiality owed to a young person is as great as that owed to any adult. Regardless of whether or not the requested treatment/information is given confidentiality should still be respected, **unless** there are convincing reasons to the contrary.”

Confidentiality should be discussed with young people **before** any consultation has begun. Workers working with partner agencies (e.g. schools) should make themselves aware of the confidentiality policy of that organisation

## When to breach confidentiality

- Any risk of harm to the young person
- Evidence of exploitation or abuse
- Unable to satisfy Fraser/Gillick competency
- Sexual activity under the age of 13

Confidentiality should only be breached in exceptional circumstances where the health, safety or welfare of the young person or others would otherwise be at grave risk. The decision whether to breach confidentiality depends on the degree of current or likely harm not solely on the age of the client. **Unless the client is under the age of 13.**

Breaching confidentiality does not automatically mean a child protection referral is being made (although it would if concerns involved current or potential harm, exploitation or abuse to the young person or anyone else). It may just mean a referral or involvement of another agency or professional (e.g. GP, sexual health outreach worker).