



The Children's Hospital School

Confidentiality Policy

Date of Approval: 06/11/2025

Approved by: Head Teacher

Date of next review: 05/11/2027

Signed: *Stephen Readman*

Rationale and statement on the importance of confidentiality

At The Children's Hospital School we believe that:

- The safety, well-being and protection of our pupils are the paramount consideration in all decisions staff at this school make about confidentiality. The appropriate sharing of information between school staff is an essential element in ensuring our pupils well-being and safety.
- It is an essential part of the ethos of our school that trust is established to enable pupils, staff, and parents/carers to seek help both within and outside the school and minimise the number of situations when personal information is shared to ensure pupils and staff are supported and safe
- Pupils, parents/carers and staff need to know the boundaries of confidentiality in order to feel safe and comfortable in discussing personal issues and concerns.
- The school's attitude to confidentiality is open and easily understood and everyone should be able to trust the boundaries of confidentiality operating within the school.
- Issues concerning personal information and other personal matters can arise at any time.
- Everyone in the school community needs to know that no one can offer absolute confidentiality if a child is at risk.
- Everyone in the school community needs to know the limits of confidentiality that can be offered by individuals within the school community so they can make informed decisions about the most appropriate person to talk to about any health, sex and relationship or other personal issue they want to discuss.

Definition of Confidentiality

The dictionary definition of confidential is "something which is spoken or given in confidence; private, entrusted with another's secret affairs"

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 in The Children's Hospital School. We have tried to strike a balance between ensuring the safety, well-being and protection of our pupils and staff, ensuring there is an ethos of trust where pupils and staff can ask for help when they need it. This ensures that when it is essential to share personal information, child protection issues and good practice is followed.

This means that in most cases what is on offer is limited confidentiality. Disclosure of the content of a conversation could be discussed with professional colleagues on a need to know basis but the confider would not be identified except in certain circumstances.

The general rule is that staff should make clear that there are limits to confidentiality, at the beginning of the conversation. These limits relate to ensuring children's safety and well-being. The pupil will be informed when a confidence has to be broken for this reason and will be encouraged to do this for themselves whenever this is possible.

Different levels of confidentiality are appropriate for different circumstances.

1. In the classroom in the course of a lesson given by a member of teaching staff or an outside visitor, including health professionals.

Careful thought needs to be given to the content of the lesson, setting the climate and establishing ground rules to ensure confidential disclosures are not made. It should be made clear to pupils that this is not the time or place to disclose confidential, personal information.

When a health professional is contributing to a school health education programme in a classroom setting, s/he is working with the same boundaries of confidentiality as a teacher.

We adopt ground rules to ensure a safe environment for teaching, in particular in PSHE. This reduces anxiety to pupils and staff and minimises unconsidered, unintended personal disclosures.

At the beginning of each PSHE lesson, pupils should be reminded of these ground rules by the teacher or outside visitor. However, if students do disclose information then relevant safeguarding procedures should be followed.

2. One to one disclosures to members of school staff (including voluntary staff).

It is essential all members of staff know the limits of the confidentiality they can offer to both pupils and parents/carers (see note below) and any required actions and sources of further support or help available both for the pupil or parent/carer and for the staff member within the school and from other agencies, where appropriate.

All staff at this school encourage pupils to discuss difficult issues with their parents or carers, and vice versa. However, the needs of the pupil are paramount and school staff will not automatically share information about the pupil with his/her parents/carers unless it is considered to be in the child's best interests.

(Note: That is, that when concerns for a child or young person come to the attention of staff, for example through observation of behaviour or injuries or disclosure, however insignificant this might appear to be, the member of staff should discuss this with the Designated Safeguarding Lead as soon as is practically possible. More serious concerns must be reported immediately to ensure that any intervention necessary to protect the child is accessed as early as possible. If there are child protection issues, these will be referred to the Social Care Response and Referral Team or to the police. Please see the school's Safeguarding Policy.)

3. Disclosures to a counsellor, school nurse or health professional operating a confidential service in the school.

Health professionals such as school nurses can give confidential medical advice to pupils, provided they are competent to do so. They should follow the Fraser Guidelines regarding contraception (guidelines for doctors and other health professionals on giving medical advice to under 16s). School nurses are skilled in discussing issues and possible actions with young people and always have in mind the need to encourage pupils to discuss issues with

their parents or carers. However, the needs of the pupil are paramount and the school nurse will not insist that a pupil's parents or carers are informed about any advice or treatment they give.

4. Contraceptive advice and pregnancy:

The DoH has issued guidance (July 2004) which clarifies and confirms that health professionals owe young people under 16 the same duty of care and confidentiality as older patients. It sets out principles of good practice in providing contraception and sexual health advice to under-16s.

The duty of care and confidentiality applies to all under-16s. Whether a young person is competent to consent to treatment or is in serious danger is judged by the health professional on the circumstances of each individual case, not solely on the age of the patient. However, the younger the patient, the greater the concern that they may be being abused or exploited.

The Guidance makes it clear that health professionals must make time to explore whether there may be coercion or abuse. Cases of grave concern would be referred through child protection procedures.

The legal position for school staff:

All school staff (including voluntary staff) should not promise confidentiality. Pupils do not have the right to expect that incidents will not be reported to his/her parents/carers and may not, in the absence of an explicit promise, assume that information conveyed outside that context is private. No member of this school's staff can or should give such a promise.

The safety, well-being and protection of the child is the paramount consideration in all decisions staff at this school make about confidentiality.

School staff are NOT obliged to break confidentiality except where child protection is or may be an issue, however, at The Children's Hospital School we believe it is important staff are able to share their concerns about pupils with colleagues in a professional and supportive way, on a need to know basis, to ensure staff receive the guidance and support they need and the pupils' safety and well-being is maintained.

School staff should discuss such concerns with their line manager or the Designated Safeguarding Lead.

Teachers, counsellor and health professionals:

Professional judgement is required by a teacher, counsellor or health professional in considering whether he or she should indicate to a child that the child could make a disclosure in confidence and whether such a confidence could then be maintained having heard the information. In exercising their professional judgement the teacher, counsellor or health professional must consider the best interests of the child, including the need to both ensure trust to provide safeguards for our children and possible child protection issues.

All teachers at this school receive basic training in safeguarding as part of their induction to this school and are expected to follow the schools' safeguarding policy and procedures.

At The Children's Hospital School we offer pupils support through the community nursing team (School Nurse) and liaise directly with CAMHS and other health professionals where appropriate to provide support for pupils. The service with the School Nurse is confidential

between the health professional and the individual pupil. No information is shared with school staff except as defined in the school's safeguarding policy, this is essential to maintain the trust needed for these services to meet the needs of our pupils..

Visitors and non-teaching staff:

At The Children's Hospital School, we expect all non-teaching staff, including voluntary staff, except those identified in the paragraph above, to report any disclosures by pupils or parents/carers, of a concerning personal nature to the designated safeguarding officer as soon as possible after the disclosure and in an appropriate setting, so others cannot overhear. This is to ensure the safety, protection and well-being of all our pupils and staff.

The designated child protection officer will decide what, if any, further action needs to be taken, both to ensure the pupil gets the help and support they need and that the member of staff also gets the support and supervision they need.

Parents/carers:

The Children's Hospital School believes that it is essential to work in partnership with parents and carers and we endeavour to keep parents/carers abreast of their child's progress at school, including any concerns about their progress or behaviour. However, we also need to maintain a balance so that our pupils can share any concerns and ask for help when they need it.

Where a pupil does discuss a difficult personal matter with staff at The Children's Hospital School, they will be encouraged to also discuss the matter with their parent or carer themselves.

Complex cases:

Where there are areas of doubt about the sharing of information, The Children's Hospital School will consult with the local area Safeguarding Board.

Links to other school policies and procedures:

This policy is intended to be used in conjunction with the School's:

PSHE Policy
SRE Policy
Safeguarding and Child Protection Policy

Dissemination and implementation:

This policy has been distributed to all teaching and non-teaching staff, including volunteers. All staff received training on the content and practical applications of the policy and the issues have been discussed in safeguarding training.