

Confidentiality and Information Sharing

GUIDANCE
FOR
SCHOOLS



Foreword

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We live in an increasingly complex world where we have many daily judgements to make about information we receive, hold or share. The growth of internet and social networking sites have demonstrated both the value of speedy access to information and communication that technology can bring, but also the malicious, dangerous and high risk that knowing and sharing too much information can bring. Within this context we need to give children and young people all the help and support that we can. This needs to be within the safe and reasonable guidelines that put the needs of children and young people first but balances this against the responsibilities of parents and the paramount importance of us keeping them safe.

I hope that you will find this guidance helpful in supporting you to take a straightforward and commonsense approach to Confidentiality and Information Sharing.

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National Policy Landscape

There is a raft of policy guidance for schools and other organisations working with children and young people relying on integrated working practice. This requires appropriate information sharing and has implications around confidentiality for children and young people in the school setting.

Some of the documents have been produced by the Department for Children, Schools and Families (DCSF), some by the Department of Health (DH) and others by both. All of the documents highlighted below have relevance for schools. They all dovetail with each other in relation to how practitioners in schools and those responsible for the commissioning and provision of services for children and young people should be working together.

Information sharing between professionals and the consideration of confidentiality in relation to children, young people and their families is crucial to the delivery of the 21st century school system.



The Children's Plan
Building brighter futures



Healthy lives, brighter futures
The strategy for children and young people's health



Your child, your schools, our future:
building a 21st century school system



2020 Children and Young People's Workforce Strategy



You're Welcome quality criteria
Making health services young people friendly



Healthy Child Programme
From 5-19 years old (also guidance for 0-5 years old)



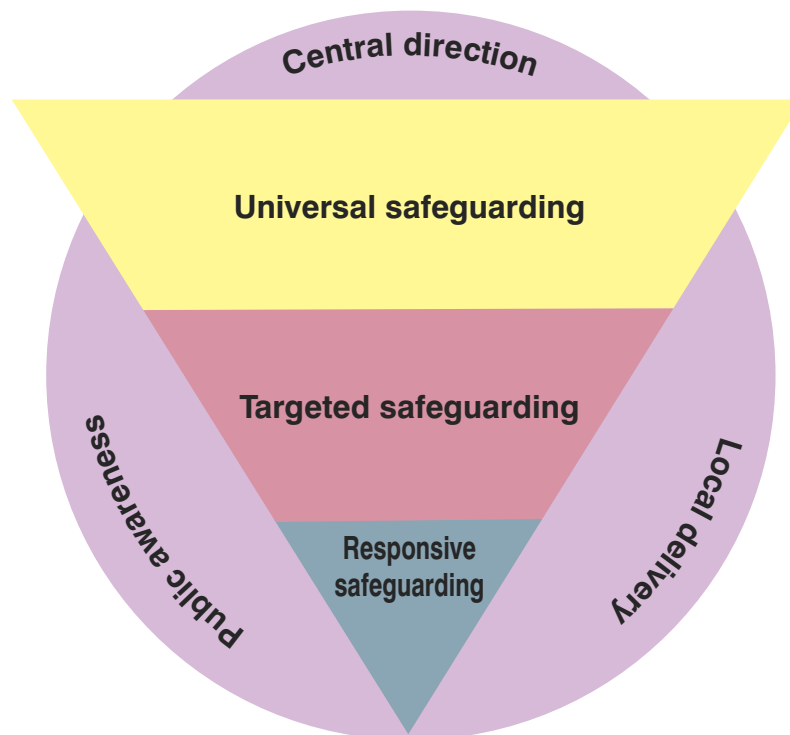
Information Sharing:
Guidance for practitioners and managers



Staying Safe: Action Plan

Introduction

The **DCSF Staying Safe Action Plan 2008** (DCSF ref number: 00151-2008DOM-EN ISBN: 978-1-84775-106-5) set out three levels of safeguarding:



Universal safeguarding - Working to keep all children and young people safe and create safe environments for all children

Targeted safeguarding - Some groups of children are more at risk than others, and it is important to target policies and services to these groups, to help keep them safe from harm

Responsive safeguarding - Unfortunately, no matter what we do, there will always be some children and young people who suffer harm. We need to respond quickly and appropriately when this happens - supporting children and dealing with those who harm them'

It also states that:

'Everyone working with children and young people, whether in paid employment or as volunteers, should promote children's resilience to harm, be alert to risks and indicators of harm, know how to find out who else is working with the child, and know when and with whom to share information'

This guidance around confidentiality policies aims to support schools to address issues around targeted safeguarding for children and young people. In cases of responsive safeguarding the school will follow the local child protection procedures as described in the Lancashire Safeguarding Children Procedures.

As a matter of general principle, any personal information acquired in the course of working with children and families should be regarded as confidential. The safety, well-being and protection of pupils are the paramount considerations in all decisions that staff will make regarding the issue of confidentiality. The appropriate sharing of information within school and, at times, with others is an essential element in ensuring the safety and well-being of pupils.

The Law

Common Law Duty of Confidence

This duty essentially arises when a person shares information with another in circumstances where it is reasonable to expect that the information will be kept confidential. A duty of confidence will arise where there is a 'special relationship' between the parties, such as between a pupil and a teacher.

The European Convention on Human Rights

(essentially 'adopted' into UK law by the Human Rights Act 1998)

Article 8 provides that everyone has the right to respect for their private and family life. This, however, is a 'qualified' right and it is subject to the proviso that it may be interfered with for the protection of health and morals, or for the protection of the rights and freedom of others.

Data Protection Act 1998

This Act regulates and controls the obtaining, retention, use and disclosure of personal information relating to individuals.

Receiving confidential information

It must be clearly understood that absolute confidentiality can never be promised to a child when a disclosure is made. It may be necessary to disclose certain confidential information in a number of differing circumstances, and this should be made clear to the child. However, that would only be done if it was considered to be in the best interests of the child or of others, or if disclosure was insisted upon (e.g. under the terms of a Court Order).

Disclosing confidential information

There will be no breach of confidence if the child consents to the disclosure. This consent can either be express, or it may be inferred from the circumstances in which the information was given. As a general principle, consent should be sought before disclosing any information.

Children under 16 are generally considered in law to be incapable of giving consent themselves. However many children under that age may be regarded as 'Gillick competent' and, as such, be able to give consent. In very simple terms, the test is whether the child's level of understanding is such that they adequately appreciate the possible consequences of their actions. As a rule of thumb, it is considered highly unlikely that many children under 13 would be considered as 'Gillick competent'.

If the child is not regarded as 'Gillick competent' then consent for disclosure should be sought from a person with parental responsibility for the child.

However, there may be circumstances where it may not be in the best interests of the child to seek consent (e.g. if disclosure is needed urgently and delay may be potentially damaging, or if seeking consent might increase the risk of harm to the child). Likewise there may be circumstances where it would not be appropriate to seek consent (e.g. if doing so would prejudice a criminal investigation, or if disclosure was required by a Court Order).

Disclosure where consent is refused

If consent for disclosure is not forthcoming, then ***the general principle is that the child's confidentiality must be respected.***

There will, however, be situations where it is appropriate to disclose confidential information without any consent being given for that disclosure. Where consent cannot be obtained, the law does not prevent disclosure where the safeguarding of the child's welfare overrides the need to keep the information confidential.

Examples of situations in which disclosure might be made, without consent:

- Where it is believed that a child is suffering, or is likely to suffer, significant harm. Consideration will have to be given as to whether disclosure will be in the child's best interests, or whether the act of disclosure itself might increase the risk of harm.
- Where there is an overriding public interest that disclosure should be made.
- Where Police or other official agencies ask for disclosure. In such cases, it is recommended that legal advice be taken as to whether the disclosure should properly be made.
- Where parents ask for disclosure (assuming the child is not 'Gillick competent'). Once again consideration must be given as to whether the disclosure might cause harm to the child, to a parent, or to any other person.
- Where there is a Court Order or other legal process which requires the disclosure to be made.

In deciding whether or not to make a disclosure without consent a significant consideration must be the issue of 'proportionality' - whether the proposed disclosure is a proportionate response to the need to protect the welfare of the child or another. The amount of information disclosed, and the number of people or agencies to whom it is disclosed, should be no more than is necessary to protect the wellbeing of the child or another. In general terms, the more sensitive the information is, the more compelling the need must be to justify its disclosure.

Confidentiality Policies for Schools

DfES Sex and Relationship Education Guidance (July 2000) states 'Schools should have a clear and explicit confidentiality policy which is advertised to pupils, staff, parents and visitors'.

As part of the Annual Review Tool to demonstrate the maintenance of the foundation of National Healthy Schools Status schools are asked to provide information in relation to the following questions:

- When in the last three years was the Confidentiality Policy reviewed?
- What arrangements are in place to refer children and young people to specialist services who can give professional advice on matters such as contraception, sexual health, loss and bereavement, mental health and drugs?
- What mechanisms are in place for children and young people, parents/carers and staff to access advice confidentially?

The Data Protection, Freedom of Information and Human Rights Acts all need to be taken into consideration (see below). Document A10(ii) from the Lancashire Child Protection Information Pack (2004) is also relevant.

It is important schools have an established procedure for dealing with confidentiality, which is understood by children and young people, the school workforce, families and visitors rather than develop ad hoc arrangements in response to a crisis. The procedures need to be consistent and protect the interests of both children and young people and the school workforce. Having a policy will help to ensure there is a shared understanding of how confidentiality operates in your school community. A consistent, shared ethos and practice will help children and young people, the school workforce and visitors deal with and know where they stand with confidential issues and will help schools to deal with disclosure of information and establish ways of working (for example in PSHE) which respect privacy and avoid unnecessary personal disclosure (with particular reference to giving support and advice to children and young people on issues relating to sex and relationships).

This does not suggest that all members of the school community should offer the same levels of confidentiality. Steps need to be taken to ensure that confidential disclosures are made to the appropriate person at the appropriate time. In order to ensure this, all members of the school community need to be aware of the limits of confidentiality available in different circumstances and from different individuals.

As part of a whole school policy on confidentiality schools should consider other aspects of school life where confidentiality may be pertinent, such as handling pupil data.

Schools should also consider the professional support and supervision that the school workforce including volunteers, such as mentors; need to ensure the protection, health, safety and well being of both the children and young people and the school workforce; alongside practical considerations which require the sharing of information in the best interests of children and young people as individuals collectively.

Human Rights Act 1998: Gives everyone the right to “respect for his private and family life, his home and his correspondence”, unless this is overridden by the ‘public interest’, e.g. for reasons of Child Protection, for the protection of public safety, public order, health or morals or for the rights and freedoms of others.

Data Protection Act 1998: Applies to personal data of living, identifiable individuals, not anonymised data; manual and electronic records. Schools need to be clear, when collecting personal data, what purposes it will be used for and schools should have policies to clarify this to staff, pupils and parents. A school may withhold information it has if it is considered the information may damage the recipient, if disclosed. Schools data or record keeping policy should also cover the requirements of this Act.

Freedom of Information Act 2000: Amends the Data Protection Act and gives everyone the right to request any records a public body, including schools holds.

Each school is considered to be an independent public authority for the purposes of the Data Protection Act and the Freedom of Information Act. As such they are their own data controller. They should be registered with the Information Commissioner and should have a clear system for dealing with requests under both acts. The ICO website has lots of useful guidance on this matter.

Competent to Consent?

For high schools an important consideration is the ability of individual children and young people to access confidential services, and consent to treatment, offered by partner agencies without family involvement.

Extract from the Lancashire County Council ‘Guidance on Dealing with Issues around Sexually Active Under 18s’

‘Legal Parameters

In the House of Lords in 1985, in the case of *Victoria Gillick v West Norfolk and Wisbech Health Authority and Department of Health and Social Security*, Lord Fraser ruled that a doctor can give contraceptive advice or treatment to a person under 16 without parental consent, providing the doctor is satisfied that:-

- The young person will understand advice.
- The young person cannot be persuaded to tell his or her parents or to allow the doctor to tell them they are seeking contraceptive advice.
- The young person is likely to begin or continue having unprotected sex with or without contraceptive treatment.
- The young person’s physical or mental health are likely to suffer unless he or she received contraceptive advice or treatment.
- It is in the young person’s best interests to give contraceptive advice or treatment.

These are the Fraser Guidelines and while the ruling pertained to ‘doctors’ it is widely accepted and strongly advised that these apply to all professionals working with children and young people. Briefly, the primary duty insofar as confidentiality is concerned is to the competent young person, NOT their parents. In other words, ***if a young person is ‘competent’ you cannot inform their parents against their wishes.***

Young people accessing health information, advice and services in the school setting

The following checklists provide some guidance for the school workforce when they are required to make a decision about disclosures from young people taking part in activities involving risk likely to affect their health and well being. They are meant to act as prompts for discussion with the young person rather than as a list to be worked through. It is to support the school workforce in facilitating young people’s ability to access services through the school setting.

With regard to sexual health issues, under the Sexual Offences Act 2003 young people, including those under 13, have the right to confidential advice on contraception, condoms, pregnancy and abortion. However, under 13’s cannot consent to any sexual act and therefore any disclosure relating to sexual activity from children and young people aged 12 years or below should be referred to the designated Child Protection Officer for the school, current safeguarding/child protection procedures should always be followed where there is cause for concern.

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

- Are they listening to me and are they talking to me?
- How much do I already know about this young person?
- Have they had any advice/information or services from elsewhere, how long ago, what have they remembered about that?
- Have I explained clearly about the options to attend health/support services?
- Have I given them all the information and advice that I think is relevant and necessary to the situation they have presented to me?
- Can they apply the information/advice to their own personal circumstances?
- Have I explored with the young person whether someone could accompany them to a health/support service?
- Can they repeat back to me the main points of what I have said to them?

2. The young person cannot be persuaded to tell his or her parents or to allow the Worker or anyone else to tell them they are seeking health advice, information or service.

- What is the family situation of the young person, who is their carer(s), how do they describe their relationship 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 parent/carers might react to this situation.
- Consider whether the young person might face prejudice, discrimination or oppression from their parents/carers if they discussed the issue/situation with them.
- Explore whether they need/want help to talk to their parents and who might be able to help them.
- What does the young person want?

3. The young person is likely to begin or continue risks likely to affect their health with or without the provision of information, advice or access services:

- Has the young person told you or implied to you that they are taking risks likely to affect their health and will continue to do so?
- What reason have they given to you for not attending health/support services?

4. The young person's physical or mental health is likely to suffer unless he or she receives information, advice, or access to health/support services.

5. Is it in the young person's best interests to give information or advice or assistance to access health/support services?

- If you are clear that a young person is going to or will continue to take risks likely to cause them harm, they are not accessing and will not access other services, then it is a reasonable judgement that their physical health and/or mental health may suffer as a result. In supplying information, advice and/or access to services through the school setting you are acting to protect their safety and promoting their emotional wellbeing. The young person has a right to receive information and the best health care.
- In the situation where the decision relates to assistance to access services through school it is a reasonable judgment that in assisting them you are acting in their best interests, that you are promoting emotional well being enabling them to receive treatment at the earliest possible stage.

6. Is there a CAF (Common Assessment Framework) open on this young person?

Case Study 1

Young People and Access to Sexual Health Services

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

- Are they listening to me and are they talking to me?
- How much do I already know about this young person?
- Have they had any advice/information or services from elsewhere, how long ago, what have they remembered about that?
- Have I explained clearly about the options to attend sexual health services?
- Have I given them all the information and advice that I think is relevant and necessary to the situation they have presented to me?
- Can they apply the information/advice to their own personal circumstances?
- Have I explored with the young person whether someone could accompany them to a sexual health service?
- Can they repeat back to me the main points of what I have said to them?

2. The young person cannot be persuaded to tell his or her parents or to allow the Worker or anyone else to tell them they are seeking contraceptive and sexual health advice, information or a pregnancy test.

- What is the family situation of the young person, who is their carer(s), how do they describe their relationship 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 parent/carers might react to this situation.
- Consider whether the young person might face prejudice, discrimination or oppression from their parents/carers if they discussed the issue/situation with them.
- Explore whether they need/want help to talk to their parents and who might be able to help them.
- What does the young person want?

3. The young person is likely to begin or continue having unprotected sex with or without the provision of information, advice or access to a sexual health professional:

- Has the young person told you or implied to you that they are having/have had unprotected sex and will continue to do so?
- What reason have they given to you for not attending sexual health services?

4. The young person's physical or mental health is likely to suffer unless he or she receives information, advice, or access to a sexual health professional.

5. Is it in the young person's best interests to give information or advice, or to assist access to a sexual health professional?

- If you are clear that a young person is going to or will continue to have unprotected sex, they are not accessing and will not access other sexual health services, then it is a reasonable judgement that their physical health and/or mental health may suffer as a result. In supplying information, advice and/or access to a sexual health professional you are acting to protect their safety and protect them from sexually transmitted infections, possibly preventing a young

person from becoming pregnant and promoting their emotional wellbeing. The young person has a right to receive information and the best health care.

- In the situation where the decision relates to assistance with the administration of a pregnancy test by a sexual health professional through school, research has shown that pregnant teenagers attend sexual health services later than older women. If a young woman trusts you enough to address this situation at an early stage when she will clearly not go to any other sexual health service for the test, it is a reasonable judgment that in assisting her you are acting in her best interests, that you are promoting emotional well being by helping her to face the situation and deal with it at a point which gives her the most options and enables her to receive treatment at the earliest possible stage.

Case Study 2

Young People and Access to Substance Misuse Services

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

- Are they listening to me and are they talking to me?
- How much do I already know about this young person?
- Have they had any advice/information or services from elsewhere, how long ago, what have they remembered about that?
- Have I explained clearly about the options to attend substance misuse services?
- Have I given them all the information and advice that I think is relevant and necessary to the situation they have presented to me?
- Can they apply the information/advice to their own personal circumstances?
- Have I explored with the young person whether someone could accompany them to a substance misuse service?
- Can they repeat back to me the main points of what I have said to them?

2. The young person cannot be persuaded to tell his or her parents or to allow the Worker or anyone else to tell them they are seeking advice and information about substance use.

- What is the family situation of the young person, who is their carer(s), how do they describe their relationship 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 parent/carers might react to this situation.
- Consider whether the young person might face prejudice, discrimination or oppression from their parents/carers if they discussed the issue/situation with them.
- Explore whether they need/want help to talk to their parents and who might be able to help them.
- What does the young person want?

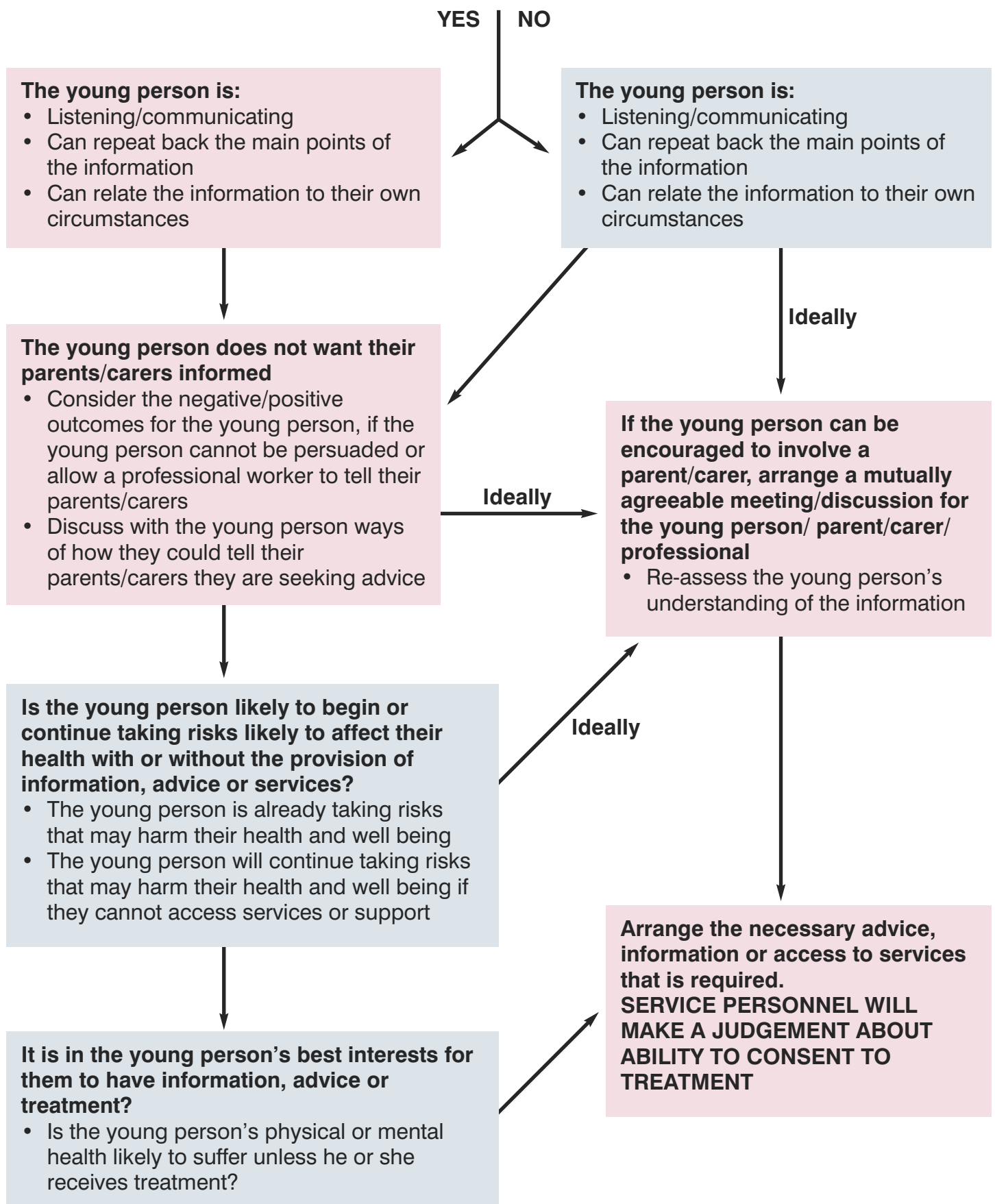
3. The young person is likely to begin or continue using substances with or without the provision of information, advice or access to a substance misuse professional:

- Has the young person told you or implied to you that they are using substances and will continue to do so?
- Does their substance use affect their ability to function in everyday situations?
- What reason have they given to you for not attending substance misuse services?

-
- 4. The young person's physical or mental health is likely to suffer unless he or she receives information, advice, or access to a substance misuse professional.**
- 5. Is it in the young person's best interests to give information or advice, or to assist access to a substance misuse professional?**
- If you are clear that a young person is going to or will continue to use substances, they are not accessing and will not access other substance misuse services, then it is a reasonable judgement that their physical health and/or mental health may suffer as a result. In supplying information, advice and/or access to a substance misuse professional you are acting to protect their safety and protect them from harm and promoting their emotional wellbeing. The young person has a right to receive information and the best health care.
 - In the situation it is a reasonable judgment that in supporting the young person you are acting in their best interests, that you are promoting emotional well being by helping them to face the situation and deal with it at a point which gives them the most options and enables them to receive treatment at the earliest possible stage.

Applying the 'competent to consent' access to services guidelines for young people

Does the young person understand the information and advice I am providing?



Aide Memoire

Having considered the legal framework and broad, underpinning principles around confidentiality, the aide memoire below will assist staff in making safer, consistent judgements around what can be complex and contentious scenarios.

Simplistically, the judgement that will need to be made centres around five key questions:

1. What is in this **child's or young person's best interests?**
2. **Who** needs to know?
3. **What/how** much do they need to know?
4. **Why** do they need to know?
5. **When** do they need to know?

Consent and Confidentiality Pitfalls and How to Avoid Them

No promises to keep 'Secrets'.

1. Clarify the Information

- What are the **facts** as you understand them? **Don't assume! Check!**
- Rumours, hearsay, gossip: weight? status? source?
- Who else may have relevant information; can/should you have access to this?
- Is there a CAF open?/ Is an early support plan needed?
- Who else has been told and what **exactly** have they been told?

2. Risk Assessment

- Does the information indicate that a child or young person is at risk?
- High, medium, low?
- Of what? (Child Protection Health etc?)
- Immediate? Medium/longer term?
- Alongside potential risks, what are the strengths and positives and how can these be used?
- Is there immediate action I need to take?
- Is there anyone in particular that I need to notify? (i.e. Designated Safeguarding Person, Police, Health)
- Is there a CAF open?/ Is an early support plan needed?
- Have I made use of the Lancashire Continuum of Need and the pre assessment check list?

3. Role and Responsibilities

- Have I adhered to other relevant policies and procedures i.e. Drugs, Sex and Relationship Education, Child Protection, Anti-bullying etc.
- Break it down! What exactly is **my** role here?
- What is the immediate, presenting problem/issue?
- Could there be additional unmet need?
- Differentiate between your professional role and judgement(s) and any personal/'moral' view you may have.

4. Advise and Support (for staff)

- It's OK to feel anxious/unsure!!! Who should you seek advice from?
- internal sources
- external sources (who is best placed to seek this?).
- Be mindful of confidentiality issues when seeking advice i.e. do you need to name/identify the child or young person?

5. Records

- What **must** be recorded?
(If the child or young person or their parent/carer were reading what you are writing, what would they think?)
- Date(s) at every stage/event.
- Information received.
- Source(s) of information.
- Issues considered i.e. speaking to parents/carers, consent, competence.
- Procedures considered.
- Advice sought and offered - When? Who? What?
- Action taken.
- Any ongoing monitoring/support plan.
- Signed (Recorder, Senior Manager? Child or young person?) and dated.
- Who takes overall responsibility for these records?
- Where, how and by whom will they be stored?
- What advice will be sought, by and from whom, in the event of a Freedom of Information request?

Appendices

The following appendices are offered as a starting point for schools in developing their Confidentiality Policy and Procedures. They may be adapted by schools for their own use.

Appendix A	Confidentiality Policy Suggested Format
Appendix B	Confidentiality Competent to Consent Record
Appendix C	Early Support Plans
Appendix D	CAF Process Flow Chart
Appendix E	Confidentiality, Young People, Families and Schools - Information for Parents and Carers

Appendix A

CONFIDENTIALITY POLICY

Suggested format

School:

Persons responsible for implementation & review:

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, ensuring good practice throughout the school which is understood by the whole school community including families.

Rationale:

- The policy seeks to implement the underlying principles of the Every Child Matters Agenda and to address the issues which may arise about sharing information and confidentiality.
- 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.
- The Healthy Schools Programme 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 safeguarding issue in which case the appropriate member of the school workforce will be consulted or permission has been given as part of the CAF process.
- In practice there are few situations where absolute confidentiality can be offered in a school. The school aims to strike a balance between ensuring the safety, well being and protection of children, young people and the school workforce, ensuring there is an ethos of trust where any member of the school community can ask for help when they need it and ensuring that when it is essential to share personal information, good practice is followed and, when appropriate, safeguarding procedures.

Consider & refer to:

- Aims and Values of the school.
- Community Context
- Faith Context.
- Other relevant policies -safeguarding, CAF operational guidance, data protection, PSHEE, SRE, Drug Education (responding to incidents), anti-bullying etc.
- Importance of confidentiality for children & young people
- Importance of confidentiality for families, the school workforce and other adults

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.
- To ensure that parents have a right of access to any records the school may hold on their child but not to any other child that they do not have parental responsibility for.
- To ensure that confidentiality is a whole school issue and that in lessons group agreements/ground rules are set for the protection of all.
- To ensure that if there is a safeguarding issue then the correct procedure is followed.

Consider and refer to:

- sensitive issues (e.g. sexual health, substance use, family circumstances, criminal activity, bullying, sexual orientation etc)
- parents/carers
- the school workforce including supply teachers, trainee teachers, work experience students, parent helpers
- children & young people
- six strands of equality & diversity (disability, race, gender, age, faith and sexual orientation)
- avoiding accidental disclosure
- right to privacy
- use of other agencies/services
- links to safeguarding and the CAF process

Guidelines

Consider:

- Professional standards
- Boundaries of confidentiality for the school workforce
- Safeguarding procedures
- When and where conversations of a confidential nature should take place
- Roles and responsibilities of the school workforce, volunteers and visitors
- The school workforce (Teachers, learning mentors, SSA, TA, other adults) without training on issues relating to consent (Schools with secondary age young people)
- The school workforce (Teachers, learning mentors, SSA, TA, other adults) who are trained on issues relating to consent (Schools with secondary age young people)
- Links to other agencies/specialist services (e.g. School Nurses, Counselling services, Youth Support) and their boundaries of confidentiality
- Record keeping
- Clear information to families about information sharing and confidentiality within school setting
- Dealing with third party disclosures

Organisation

Consider:

- Protocols/Care pathways for children & young people
- Protocols/care pathways for the school workforce
- Training/support for the school workforce, induction of new members
- The school workforce supporting young people will need supervision meetings with appropriate member of SLT to monitor/support staff working with individuals
- record keeping/data protection
- Where is confidentiality taught in the curriculum?
- Identifying issues for children and young people to inform the curriculum e.g. reasons for attendance at drop-ins, issues brought to the school workforce by children and young people
- Use of visitors both within and outside the curriculum, links to visitor policy

Dissemination of the policy

Consider:

- How do the school ensure all children & young people know about the policy?
- How do the school ensure all the school workforce, families and governors know about the policy?
- How is the whole school community consulted on the policy?
- How are visitors and other adults informed about the policy

SEN Provision

Consider:

- How to ensure all children and young people understand what confidentiality means
- Vulnerability of some children & young people with special needs

Monitoring Confidentiality

Consider:

- views of children & young people
- views of the school workforce, agencies, other adults etc.

Complaints

- What procedures are already in place?

Consultation has taken place	The school workforce	The school workforce	Children & young people	Families
	date:	date:	date:	date:
Date formally approved by Governors:				
Date policy became effective		Review date:		
Person(s) responsible for implementation & monitoring				
links to other relevant policies	PSHEE	SRE	Safeguarding	Behaviour
	Drug Ed	Anti bullying	SEN inclusion	Race equality
	Visitor	etc.		

Appendix B

CONFIDENTIALITY COMPETENT TO CONSENT RECORD

Name:		Date:	
Does the young person understand the information and advice I am providing?		yes	no
comments:			
Can the young person be persuaded to tell his or her parents they are seeking health advice, information or services?		yes	no
comments:			
Will the young person allow the Worker or anyone else to tell parents/carers they are seeking health advice, information or services?		yes	no
comments:			
Is the young person is likely to take risks likely to affect their health with or without the provision of information, advice or access services?		yes	no
comments:			
Is the young person's physical or mental health is likely to suffer unless he or she receives information, advice, or access to health/support services?		yes	no
comments:			
Is it in the young person's best interests to give information or advice or assistance to access health/support services?		yes	no
comments:			
Any other relevant information?			
Needs met in house?			
Early Support Plan initiated?			
CAF initiated?			
professional sign:		young person sign:	

Appendix C

EARLY SUPPORT PLAN (ESP) (Prevention and Early Intervention)

Early Support Plans deliver people voice and participation and at the same time work to guide practitioner decision making. They have been planned in partnership with School Effectiveness, Healthy Schools, Educational Psychology, GRIP, Safeguarding and Young People. They build on people's strengths and focus on the role of the practitioner to plan interventions with people to reduce the potential for harm.

It is solution focused so that children, young people and families can participate in holistic and accurate identification of their own needs and can be active in planning interventions to meet their needs.

It delivers harm reduction interventions so that children, young people and/or families can be a part of setting realistic targets that can be set against individual risk, resilience and vulnerability to individual life settings.

It is a record for decisions taken and actions planned so that people feel safe and confident to disclose their needs and for practitioners to assess competency and to log the rationale behind responses negotiated with children, young people and/or families.

It is pre CAF to evidence preventative interventions from Universal Settings so that children, young people and families are given the time to put their own plans in place. While accepting this place in a process of responses ESP's are a way of working for people to be able to communicate need and are effective when used across all levels of the CAF.

It is used to deliver Team Around Professional (TAP) so that practitioners from universal settings can access specialist support to identify needs early and to give the skills and supervision to deliver effective interventions. TAP helps to set integrated working practice to deliver Team Around Child (TAC) and Team Around Family (TAF). This means mobilising existing resources to identify and meet need in a more preventative and coordinated way.

It is used to integrate the workforce and to evidence practitioner accountability

Practitioners work to sustain the best possible outcomes by exploring interventions that aim to meet the needs of children, young people, families and communities from a preventative stance and within a 'mainstream' structure by giving:

- A clear statement of why they are involved in the Early Support Plan
- Clear record of relevant young person/family strengths and resources
- Clarification of young person/family goals for change and ideas on how to achieve them
- Clarification of practitioner goals for change and how to achieve them
- A log of practitioner judgement, based on above information, record of the extent to which the young person can be expected to manage without extra services
- The child, young person and/or family feedback on how much sense this makes to them
- The child, young person and/or family feedback on the difference individual interventions have made to individual challenges (0-5 Scaling)

It is used to inform and deliver the CAF

Evidence of preventative plans act as a bridge between universal and targeted service delivery in line with the Continuum of Need. The Lancashire Continuum of Need is the model adopted to support the definition and identification of additional needs and support assessment and action to take.



EARLY SUPPORT PLAN (Prevention and Early Intervention)



Log number: _____

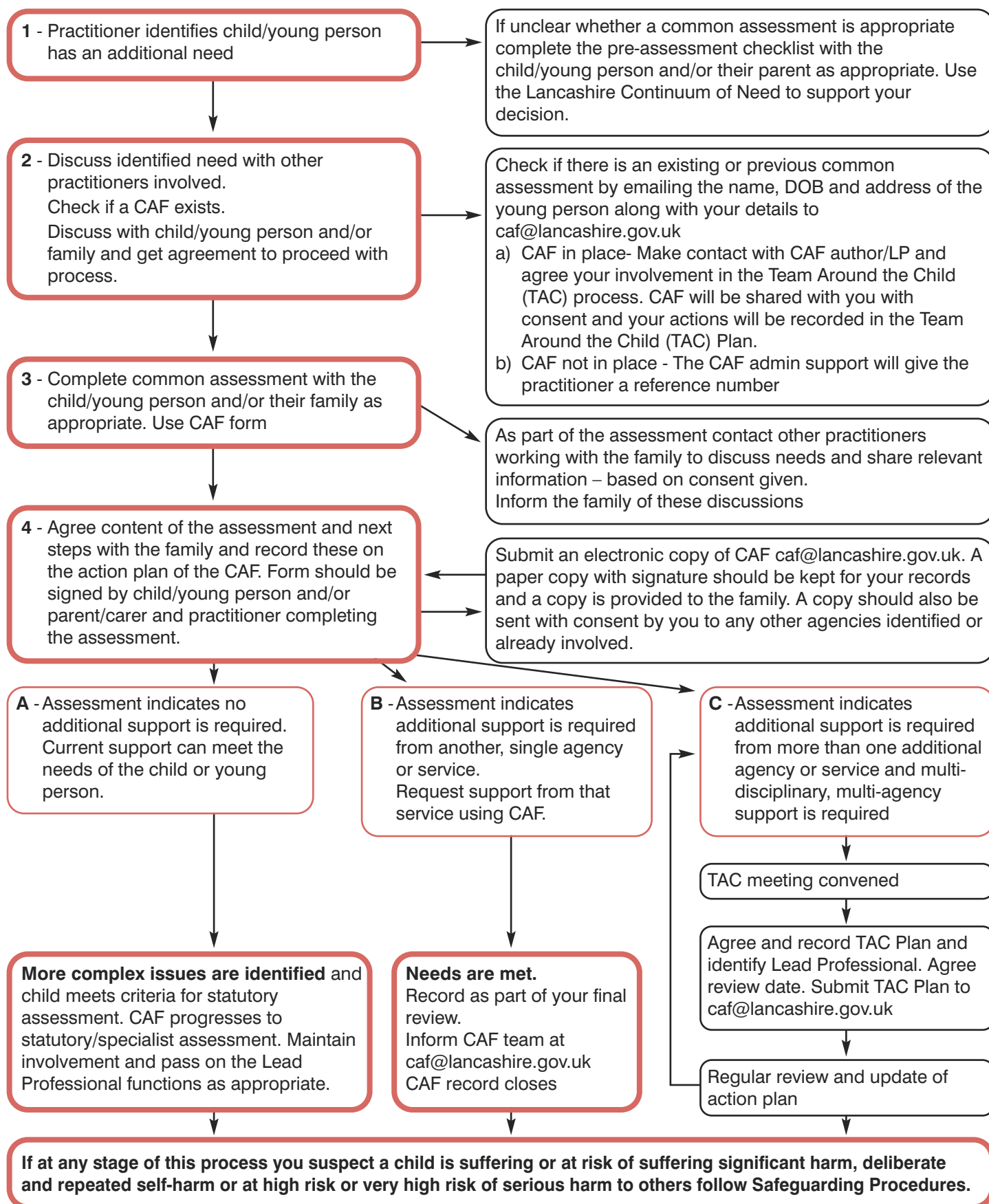
What is the Problem?	
How do we know?	
What have we tried to do before and what has worked?	
What can we do now and how will it make things better?	
Who will take responsibility for doing it?	
When will it start?	
How will we know when things start to get better?	
How will we know when we get there and that the plan can end?	

My Early Support Plan Score

<p>I know that everybody involved in my plan understands enough about me to see what is best for me.</p>					
<p>I know what people talked about because I was part of the plan.</p>					
<p>I know that I got the best help available to make my life better and solve my problem.</p>					
<p>I felt that the person who helped me with my plan listened and that together we decided who should be the best people to be a part of my plan.</p>					
<p>I am confident that the people I met had the right skills to help me solve my problems.</p>					
<p>I only had to tell my story once but could add to it whenever I wanted to.</p>					
<p>The same person was in charge of my plan every time and they had the time to listen to me.</p>					
<p>When new people came onto my plan they knew about me and knew what I was trying to sort out.</p>					
<p>It was up to me who I shared the information on my plan with.</p>					
<p>I understood the plan because I helped write it – it was my plan.</p>					

Appendix D

CAF PROCESS FLOWCHART



Appendix E

CONFIDENTIALITY, YOUNG PEOPLE, FAMILIES AND SCHOOLS - INFORMATION FOR FAMILIES

The Law!

The appropriate sharing of information within school and, at times, with others is an essential element in ensuring the safety and well-being of children and young people

As a matter of general principle, any personal information acquired in the course of working with children and families should be regarded as confidential

The safety, well-being and protection of children and young people are the paramount considerations in all decisions that the school workforce will make regarding the issue of confidentiality.

Will I be told everything that my child tells an adult in school?

The general principle is that the child's confidentiality must be respected. So if a child discloses something to an adult and asks them to keep it confidential, the adult will do so. Generally only if the young person is at significant risk e.g. the safeguarding of the child's welfare overrides the need to keep the information confidential will confidentiality be broken

Can my child consent to any sort of health treatment or access services without my knowledge?

People working with young people will assess if a young person is 'competent to consent'. If a young person is 'competent' the adult cannot inform their parents against their wishes.' All children and young people will be assessed on an individual basis; generally over 16's can consent.

United Nations Convention on the Rights of the Child (UNCRC) endorses the view that children and young people should be entitled to confidential support alongside safeguarding them from harm.

Be assured that at all times children and young people disclosing personal information to an adult will be encouraged to talk to their parent or carer. The adult in school will offer to help them to do this.

This document is available for download from the
Lancashire Healthy Schools Programme Website
www.lhsp.org.uk

Further copies of this document may be available from:

Education Health and Wellbeing Team

Tel:01772 531555