# **Confidentiality Policy**



# <u> Aim</u>

To protect the child at all times and to give all staff involved clear, unambiguous guidance as to their legal and professional roles and to ensure good practice throughout the school which is understood by pupils, parents/carers and staff.

## <u>Rationale</u>

Cherry Lane Primary School seeks to put the child at the heart of the learning process and to provide a safe and secure learning environment. We seek to implement the underlying principles of the Every Child Matters Agenda and to address the issues, which may arise about confidentiality. We are 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 and there is an expectation that a professional approach will be used in all matters of confidentiality, relating to the work of the school, including all matters relating to individual children or groups of children. This policy should be read in conjunction with our data protection policy.

## **Objectives**

1. To provide consistent messages in school about handling information about children once it has been received.

- 2. To foster an ethos of trust within the school.
- 3. To ensure that staff, parents and pupils are aware of the school's confidentiality, policy and procedures.
- 4. To reassure pupils that their best interests will be maintained.
- 5. To encourage children to talk to their parents/carers.
- 6. To ensure that pupils and parents/carers know that school staff cannot offer unconditional confidentiality.
- 7. To ensure that there is equality of provision and access for all including rigorous monitoring of cultural, gender and special educational needs.
- 8. To ensure that if there are safeguarding issues then the correct procedure is followed.
- 9. To ensure that confidentiality is a whole school issue and that in lessons ground rules are set for the protection of all.
- 10. To understand that health professionals and social workers are bound by different codes of conduct.
- 11. 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.

## <u>Guidelines</u>

1. All information about individual children is private and should only be shared with members of staff who have a need to know.

2. All social services, medical and personal information about a child should be held in a safe and secure place, which cannot be accessed by individuals other than designated staff.

3. The school continues to actively promote a positive ethos and respect for the individual:

a) The school has a Designated Safeguarding Lead and three Deputies for safeguarding who all receive regular training. Two other members of staff are also trained as they lead small teams- Nursery and the Special Resource Provision.
b) There is clear guidance for the handling of safeguarding incidents. All

Staff has regular training on child protection issues.

c) There is clear guidance for procedures if a member of staff is accused of abuse. Whistleblowing training is regularly delivered.

d) Staff are aware that effective PHSE & SRE can teach an understanding of what is and is not acceptable in a relationship which may lead to a disclosure of a safeguarding issue.

e) Staff are aware of the need to handle all issues about different types of families in a sensitive manner.

f) Any intolerance about gender, faith, race, culture or sexuality is not acceptable and should follow the school's discipline policy.

4. Parents/carers and children need to be aware that the school cannot guarantee total confidentiality and the school has a duty to report safeguarding issues.

5. The school prides itself on good communication with parents/carers. The staff are available to talk to both children and parents/carers about any issues that are causing concern. The school encourages children to talk to parents/carers about issues causing them concern and may in some cases support the children to talk to their parents/carers. The school, in some cases, would share with parents/carers any safeguarding disclosure before going on to inform the correct authorities.

6. All children have a right to the same level of confidentiality irrespective of gender, race, religion, medical concerns and special educational needs. A lot of data is generated in schools by these categories but individual children should not be able to be identified.

7. Confidentiality is a whole school issue. Clear ground rules must be set for any classroom work such as circle time and other PSHE session dealing with sensitive issues such as sex and relationship and drugs. Strategies are in place and all children are aware of them for dealing with sensitive information that may fall outside the boundaries of safeguarding procedures. School needs to be proactive so children feel supported but information is not unnecessarily revealed in a public arena. Even when sensitive information appears to be widely known it should not be assumed by those immediately involved that it is appropriate to discuss or share this information further.

8. Health professionals have their own code of practice dealing with confidentiality. Staff should be aware of children with medical needs and this information should be accessible to staff who need that information but not on general view to other parents/carers or children.

9. Photographs of children should not be used without parents'/carers' permission especially in the press and Internet. The school allows parents/carers to use cameras and videos during public school events for their own family use.

10. Information about children will be shared with parents/carers but only about their child. Parents/carers should be aware that information about their child would be shared with the receiving school/class when they change school.

11. All personal information about children including social services records are regarded as confidential. It should be clearly understood by those who have access to it, and whether those concerned have access to all, or only some of the information.

13. Information regarding health reports such as speech therapy, medical reports, SEND reports, SEND minutes of meetings and social services minutes of meetings and reports will be circulated and once read should be returned for secure filing.

14. Logs of administration of medication to children should be kept secure. In all other notes, briefing sheets etc a child should not be able to be identified. Addresses and telephone numbers of parents and children will not be passed on except in exceptional circumstances or to a receiving school.

15. Governors need to be mindful that from time to time issues are discussed or brought to their attention about staff and children. All such papers should be marked as confidential and should not be discussed outside the governors' meeting. These confidential papers should be destroyed afterwards. Governors must observe complete confidentiality when asked to do so by the governing body, especially in relation to matters concerning individual staff, pupils or parents. Although decisions reached at governors' meetings are normally made public through the minutes or otherwise, the discussions on which decisions are based should be regarded as confidential. Governors should exercise the highest degree of prudence when discussion of potentially contentious issues arises outside the governing body.

16. Staff need to be mindful that from time to time issues concerning parents/carers and children are brought to their attention and should not be discussed outside a professional parameter.

#### Monitoring and Evaluation

The policy will be reviewed as part of the schools monitoring cycle and will be reviewed every two years.

#### **Conclusion**

Cherry Lane Primary School has a duty of care and responsibility towards pupils, parents/carers and staff. It also needs to work with a range of outside agencies and share information on a professional basis. The care and safety of the individual is the key issue behind this document.