

Cambourne Village College
INFORMATION SHARING POLICY

Reviewed:	July 2021
Date of next review:	July 2023
Responsible Officer:	Principal

At Cambourne Village College we aim to develop the full positive potential of every individual pupil in our care. Working to ensure the health, safety and well-being of our pupils is essential in achieving this aim. The appropriate sharing of information between school staff, and between school staff and outside agencies, including other schools and colleges, forms a vital part of this work. At the same time, we strive to create an ethos where trust is established to enable pupils, staff and parents/carers to seek help and support within the school. To this end, members of staff are expected to observe absolute confidentiality in all matters relating to personal and sensitive information about pupils, their families, and colleagues which might be learnt through being employed at the College, and to ensure that any essential communication regarding such information is only made on a 'need-to-know' basis, and in a private place or in a protected format – e.g. within the MyConcern system.

Information sharing is essential for effective safeguarding and promoting the welfare of children and young people. It is a key factor identified in many Serious Case Reviews (SCRs), where poor information sharing has resulted in missed opportunities to take action that keeps children and young people safe.

This policy has been written to ensure that our practice is in accordance with the following national and local guidelines:

HM Government-Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (July 2018)

Working Together to Safeguard Children (2018)

Keeping Children Safe in Education (2018)

What to do if you're worried a child is being abused (2015)

The Cam Academy Trust Data Protection Policy (2018)

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1) What is confidentiality?

Confidential information is personal, sensitive, and not already in the public domain and is shared in confidence.

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.

There are very few circumstances where absolute confidentiality is offered in our school. We strive 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, and ensuring that when it is essential to share personal information and/or child protection issues, good practice is followed.

This means that, in most cases, what is offered is limited confidentiality.

Our 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 pupils can share any concerns and ask for help when they need it. Where a pupil does discuss a difficult personal issue, they will be encouraged also to discuss the matter with their parents or carers and may be supported to do so where it is appropriate. We believe that it is good practice that parents are involved in the consent decisions of their competent children unless the young person specifically objects, or there are special reasons against it.

We recognise that a young person who has the capacity to understand and make their own decisions, may give (or refuse) consent to sharing. We will always explore the reasons a young person may have for not sharing information with parents/carers, and will revisit such a decision with a young person on several occasions. We recognise that such cases will be exceptional.

If we believe that sharing information with an outside agency is in the best interest of that young person's health, safety and well-being, and the young person is assessed as not competent to consent, we will seek consent from the person with parental responsibility.

In every situation, we shall record:

- When consent has been given, and by whom;
- If and when it is withdrawn;
- Evidence which led practitioner to assess young person's ability to give or refuse consent.

If we decide to share confidential information without consent, we will explain to the young person that we intend to share the information and to explain why, unless in doing so we would:

- Place a young person at increased risk of significant harm; or
- Place an adult at risk of serious harm; or
- Prejudice the prevention or detection of a serious crime; or
- Lead to unjustified delay in making enquiries about allegations of significant harm.

2) The seven golden rules to sharing information

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

3) GDPR

The General Data Protection Regulation (GDPR) and the Data Protection Act 2018 introduce new elements to the data protection regime, superseding the Data Protection Act 1998. Practitioners must have due regard to the relevant data protection principles which allow them to share personal information,

The GDPR and Data Protection Act 2018 place greater significance on organisations being transparent and accountable in relation to their use of data. All organisations handling personal data need to have comprehensive and proportionate arrangements for collecting, storing, and sharing information.

The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe.

To effectively share information:

- all practitioners should be confident of the processing conditions, which allow them to store, and share, the information that they need to carry out their safeguarding role. Information which is relevant to safeguarding will often be data which is considered 'special category personal data' meaning it is sensitive and personal
- where practitioners need to share special category personal data, they should be aware that the Data Protection Act 2018 includes 'safeguarding of children and individuals at risk' as a condition that allows practitioners to share information **without consent**
- information **can be shared legally without consent**, if a practitioner is unable to, cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child at risk.
- relevant personal information can be shared lawfully if it is to keep a child or individual at risk safe from neglect or physical, emotional or mental harm, or if it is protecting their physical, mental, or emotional well-being.

Requests for personal Information

Where parents request information from the College under a Subject Access Request, this should be done within the parameters of the Cam Academy Trust Data Protection Policy. It should be noted that data held by the College on pupils over the age of 13 may be shared with parents only with the express permission of the young person, provided the young person is considered to be competent under the Fraser guidelines and the Gillick principle. The Data Protection Policy should be followed in all such cases.

4) The Principles

The principles sent out below are intended to help practitioners working with children, young people, parents and carers share information between organisations. Practitioners should use their judgement when making decisions about what information to share, and should follow organisation procedures or consult with their manager if in doubt.

The most important consideration is whether sharing information is likely to support the safeguarding and protection of a child.

Necessary and proportionate

When taking decisions about what information to share, you should consider how much information you need to release. Not sharing more data than is necessary to be of use is a key element of the GDPR and Data Protection Act 2018, and you should consider the impact of disclosing information on the information subject and any third parties. Information must be proportionate to the need and level of risk.

Relevant

Only information that is relevant to the purposes should be shared with those who need it. This allows others to do their job effectively and make informed decisions.

Adequate

Information should be adequate for its purpose. Information should be of the right quality to ensure that it can be understood and relied upon.

Accurate

Information should be accurate and up to date and should clearly distinguish between fact and opinion. If the information is historical then this should be explained.

Timely

Information should be shared in a timely fashion to reduce the risk of missed opportunities to offer support and protection to a child. Timeliness is key in emergency situations and it may not be appropriate to seek consent for information sharing if it could cause delays and therefore place a child or young person at increased risk of harm. Practitioners should ensure that sufficient information is shared, as well as consider the urgency with which to share it.

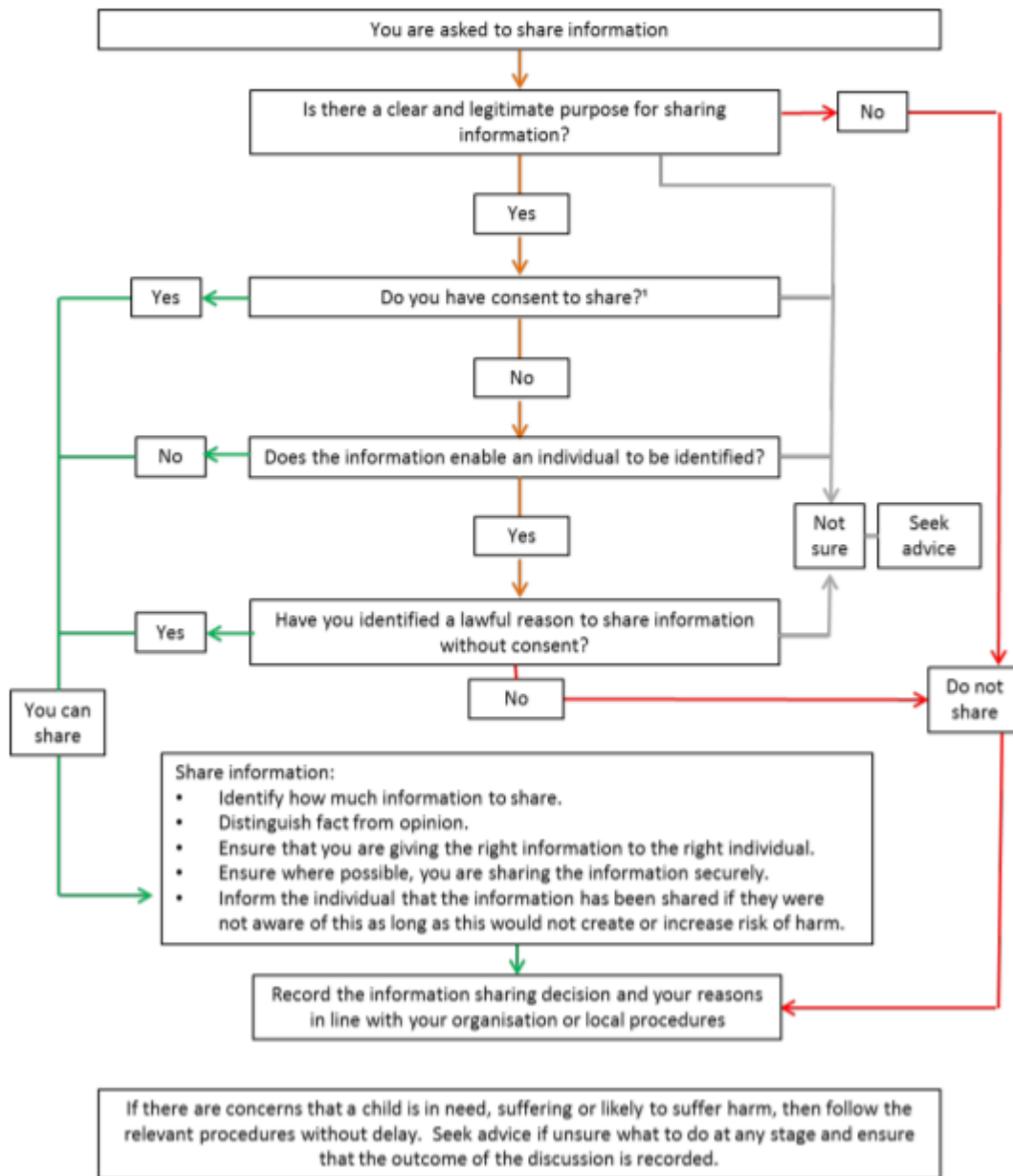
Secure

Wherever possible, information should be shared in an appropriate, secure way. Practitioners must always follow their organisation's policy on secure for handling personal information.

Record

Information-sharing decisions should be recorded, whether or not the decision is taken to share. If the decision is to share, reasons should be cited including what information has been shared and with whom, in line with organisational procedures. If the decision is not to share, it is good practice to record the reasons for this decision and discuss them with the requester. In line with each organisation's own retention policy, the information should not be kept any longer than is necessary. In some rare circumstances, this may be indefinitely, but if this is the case, there should be a review process scheduled at regular intervals to ensure data is not retained where it is unnecessary to do so.

Flowchart of when and how to share information



5) How the policy will direct our practice

The disclosure of information by young people to a member of staff

All practitioners should be alert to the signs and triggers of child abuse and neglect. Abuse (emotional, physical and sexual) and neglect can present in many different forms. Indicators of abuse and neglect may be difficult to spot. Children may disclose abuse, in which case the decision to share information is clear, as actions must be taken to respond to the disclosure. In other cases, for example, neglect, the indicators may be more subtle and appear over time. In these cases, decisions about what information to share, and when, will be more difficult to judge. Everyone should be aware of the potential for children to be sexually exploited for money, power, or status, and individuals should adopt an open and inquiring mind to what could be underlying reasons for behaviour changes in children of all ages.

In the classroom in the course of a lesson

Lessons which cover subjects of a sensitive nature, including sessions and workshops led by outside agencies

When the subject of the lesson might touch on sensitive issues, careful thought will be given to the content of the lesson. Ground rules will be established to help to ensure that confidential information is not shared. Teachers will clearly state that the classroom is not the time or place to disclose confidential or personal information. When a health professional or member of an outside agency is contributing to a school's health education programme in a classroom setting, they are working within the same boundaries of confidentiality as a teacher.

One-to-one disclosures to members of school staff

We recognise that there are occasions when students will disclose confidential information to members of the teaching or support staff. In order to ensure the safety and well-being of both the student and the member of staff, the following procedure shall be followed:

- The member of staff will make it clear that they cannot offer absolute confidentiality;
- The member of staff will encourage the student to talk to their parents/carers;
- If this is a Child Protection issue, the normal procedure for such a disclosure shall be followed.

If it is not about a threat of abuse or neglect, but the member of staff feels that sharing this information with another member of staff, and/or the young person's parents/carers, is in the interests of the young person:

- The member of staff and the young person will discuss the importance of sharing this information;
- The member of staff will suggest staff and/or agencies from whom the student might be able to seek additional support;
- The member of staff will use their professional judgement to assess whether the young person is competent to consent to information about them being shared:
 - If they are competent, and consent, the member of staff will negotiate with the young person about how information will be shared;
 - If they are thought *not* to be competent, they will discuss with the young person that their concerns will lead them to share information, unless this will place the young person at risk, and will discuss how this will happen;
 - In the exceptional case where they are thought to be competent, but do not consent, this decision will be respected but will be revisited in later discussions.
- The member of staff will record any the decision to share or not to share information.

1:1 support offered by our school nurse, school counsellors, local agencies, or nurses from the school nursing team

In working to ensure the health and well-being of our young people, we invite local agencies and health professionals to offer drop-in services and/or offer more long-term support to young people. These services operate a confidential service, but follow principles of good practice which encourage professionals to share information with young people's permission. Where these professionals are concerned about the threat of abuse or neglect, they will follow the school's Child Protection Policy.

The school nurse will follow guidance set out by her professional body: The Nursing and Midwifery Council. Where there are concerns about child protection, the school's Child Protection Policy will be followed. It will sometimes be necessary to conduct a risk assessment. On these occasions, principles from the Fraser guidelines and the Gillick principle will be used. In following these, young people will always be encouraged to talk to their parents/carers and, where appropriate, encouraged to share information with other members of school staff who are in a position to help ensure their health and well-being.

Nurses from the school nursing team will follow the agreement made between the school and the local authority.

Sharing information about young people's health and well-being between staff

When sharing information, whether the young person has given, refused, or is unable to give consent, we will ensure that the information is *necessary and proportionate, relevant, adequate, accurate, timely, secure and recorded*. These principles shall be applied, as far as possible, when sharing information which is not confidential. A member of staff will discuss with the young person why it is important that information is shared and together will agree the following points:

- What will be shared
- Who will see their information
- The purpose of it being shared
- The implications of sharing that information

Concerns about a young person and/or confidential information shall not be communicated, in detail, by email. When concerned about a young person, staff will complete a log on MyConcern form or and/or speak to the appropriate member of staff in person. Concerns may be highlighted in email in general terms, but the individual should not be identified. Details about the individual and their circumstances should be given in person to a member of the Safeguarding team, or via a log on MyConcern.

Sharing information with other agencies, including sixth form providers and primary schools.

We are committed to working with other schools and colleges to ensure the well-being and safety of our students, now and in their future lives. We will encourage staff at our feeder primary schools to share information which will help us to ensure a successful transition for students to Cambourne Village College. We will also share information with sixth form providers, which will help to ensure our students' successful transition to education or training. As students will be 16 years of age, their consent to sharing sensitive information will be sought. In the case of those students who, because of a specific learning disability or mental disorder, cannot give consent, we shall seek parental consent.

These guidelines will be included in our communication to parents at time of transition.

Dealing with disclosures about sexual activity

Please refer to Appendix A: What to do if a pupil discloses to you that they have had unprotected sex, think they are pregnant or is worried about this.

At the beginning of any discussion, staff shall remind students that they cannot guarantee absolute confidentiality.

As stated earlier, we believe it is good practice to work with parents and carers to ensure the health and well-being of students at our school and we shall encourage students to share information with their parent(s)/carer(s). We will offer support in facilitating this discussion.

We recognise that there may be exceptional cases where young people may feel that sharing information about sexual activity with their parents or carers will place them at risk of emotional or physical abuse (the young person being shunned, shamed or physically hurt for expressing their sexuality).

When discussing personal or sexual matters with a young person **under 16**, we will follow the Fraser guidelines. These state that sexual health services can be offered without parental consent providing that:

- The young person understands the advice that is being given
- The health professional cannot persuade the young person to inform his/her parents
- The young person is likely to begin or continue to have sexual intercourse without contraceptive or protection by a barrier method
- The young person's physical or mental health is likely to suffer unless he/she receives contraceptive advice or treatment
- It is in the young person's best interests to receive contraception/safe sex advice and treatment without parental consent

In supporting the young person to seek sexual health services, we will:

- Ensure that we signpost sexual health services;
- Encourage the young person to discuss their medical needs with the school nurse employed by the school or a member of the Child Protection and Safeguarding team. There are times when it is vital that students receive sexual health care as soon as possible. In these situations we will offer the opportunity for the young person to attend a sexual health clinic, accompanied by the school nurse.

In assessing the nature of particular behaviour, whether it involves young people aged 16 and above or under, we will look at the facts of the actual relationship between those involved. In determining whether the relationship presents a risk to the young person, we will consider the following factors:

- Whether the young person is competent to understand and consent to the sexual activity he/she is involved in;
- The nature of the relationship between those involved, particularly if there are age or power imbalances as outlined below;
- Whether overt aggression, coercion or bribery was involved including misuse of substances/alcohol as a dis-inhibitor;

- Whether the young person's own behaviour, for example through misuse of substances, including alcohol, places him/her in a position where he/she is unable to make an informed choice about the activity;
 - Any attempts to secure secrecy by the sexual partner beyond what would be considered usual in a teenage relationship;
 - Whether the sexual partner is known by the agency for having relationships with similar young people which cause concern;
 - Whether the young person denies, minimises or accepts concerns;
 - Whether methods used to secure compliance and/or secrecy by the sexual partner are consistent with behaviours considered to be grooming;
 - Whether sex has been used to gain favours e.g. swap sex for cigarettes, clothes, CDs, trainers, alcohol, drugs etc);
 - The young person has a lot of money or other valuable things, which cannot be accounted for.
- Where we have concerns that the young person, whether they are 16 and over or under 16, is in a relationship that presents a threat of abuse, we shall report this to the Child Protection lead.

We will explain to the young person that we intend to share the information and to explain why, unless in doing so we would:

- Place a young person at increased risk of significant harm; or
- Place an adult at risk of serious harm; or
- Prejudice the prevention or detection of a serious crime; or
- Lead to unjustified delay in making enquiries about allegations of significant harm.

Cases involving **under 13's** will always be discussed with the Child Protection Officer. The Child Protection Officer will make a referral to social services.

APPENDIX A

WHAT TO DO IF A PUPIL DISCLOSES THAT THEY HAVE HAD UNPROTECTED SEX, THINK THEY ARE PREGNANT OR IS WORRIED ABOUT THIS

All staff

Please be helpful and non-judgemental - the pupil has chosen to talk to you. You may not agree with what the young person has done but it is essential to help direct the pupil to the appropriate support. **Encourage the pupil to speak to either Julie Barker, School Nurse or Jane Miller, Safeguarding Assistant.** Please agree if the pupil requests that you be present in this meeting, to enable this to occur. Please document what is discussed.

Explain to the pupil about our Information Sharing Policy regarding confidentiality. The policy can be read on [THIS LINK](#). Information will only be shared if there is a child protection issue or if the pupil is at risk of harm or likely to cause harm to others. If the student does not wish to speak to another member of staff, please seek advice from the Safeguarding team as a matter of urgency. You do not have to share a student's name when asking for advice - ask for a 'What if?' conversation. If it is established that there are no safeguarding concerns, you will be asked to follow the advice given, in line with the below.

For School Nurse / Safeguarding Assistant: Safeguarding Procedure and Signposting

- IF A PUPIL DISCLOSES THAT THEY HAVE HAD UNPROTECTED SEX

It is necessary to establish:

- If the sex was consensual and how old the other person was
- If anyone else was present
- If they were filmed
- If they were under the influence of alcohol or drugs in order to have sex.

If there is a child protection issue, complete a log on MyConcern and document what is said, discussed and arranged. If the information needs to be shared, then the pupil should be informed about whom the information will be shared with, and why the information has to be shared.

Always ask the pupil if they will allow you to share the information with their parent/s or close family member, as they can take the student to see the health professional. Offer to mediate in this conversation. Parents may be cross, angry, upset at first, but usually want to help. If telling a parent would give rise to any safeguarding concerns, or if it is not in the pupil's best interest to inform parents and you have not been given permission to do so by the pupil, then you *must not* share the information with the parents.

- IF A PUPIL NEEDS EMERGENCY CONTRACEPTION

Confidentiality and arranging an appointment as soon as is practicably possible, are key. Emergency contraception should be given as soon as possible after sex, ideally within 72 hours, but can be given up to 5 days later.

Contact either the Lime Tree Clinic: 0300 300 3030, Centre 33, the GP, family planning clinic or pharmacy.

All of this should be done with the pupil's consent. If you have to ring a GP, make sure the pupil is present. It will depend on the circumstances at the time, but the pupil will need to be seen by a health professional who can give them the emergency contraception as soon as possible.

If transport to an appointment is an issue, please discuss options with the Child Protection Lead or team member. Do not imply to the pupil that a staff member will be able to take them. Again, keep discussing with student about talking to a family member (if safe to do so).

If an appointment for the pupil is during school time but off site, please personally and discreetly let the Attendance Officer know that the pupil needs to be marked as authorised absent on the register.

If the pupil is deemed to be Fraser Competent, there are no child protection issues and the pupil does not wish for the family to know about the situation, respect their decision. However, please encourage the student to return to you to discuss what they did the next day. If you are unsure, always seek guidance from the Child Protection team.

- WHAT IS EMERGENCY CONTRACEPTION?

Emergency contraception including the 'morning-after' pill is available to women who have had unprotected sex; this includes sex without a condom or sex when a condom has split. There are a number of options available which can be effective up to 5 days post unprotected sex:

- IUD – A small plastic and copper device that is fitted into the uterus up to 5 days after unprotected sex.
- Emergency contraceptive pill. - two types available, one to be taken within 72 hours of unprotected sex, the other to be taken within 5 days of unprotected sex.

Emergency contraception needs to be taken as soon as possible to increase the chance of it working.

The emergency contraception may stop ovulation, fertilisation of an egg or a fertilised egg from implanting in the uterus.

- WHERE CAN EMERGENCY CONTRACEPTION BE OBTAINED?

Emergency contraception pills are available from the following places –

- GP surgeries
- Sexual Health clinics - The Lime Tree Clinic
- Centre 33
- Family Planning Clinics
- High street chemists/ pharmacies

Lloyds Pharmacy Cambourne will prescribe emergency contraception up to 2 days post unprotected sex for 15 yrs and overs, for free.

Urgent confidential advice on sex and contraception can be obtained from;

- Worth Talking About helpline on 0800 28 29 30

➤ Cambridgeshire Contraception Hotline 'icash' 0300 300 30 30

- IF A PUPIL THINKS THEY ARE PREGNANT OR SAYS THEY ARE PREGNANT?

The girl needs to do a pregnancy test as soon as possible. (A supply of pregnancy testing kits available from the Medical Room.) If the test is positive, the girl needs to see the GP urgently. Encourage at all times if safe to do so, to talk to parents. If student is unable to speak to parents or another significant adult, please help to organise an emergency appointment. If transport is an issue, please discuss with Safe Guarding team.

REMEMBER THAT IT MAY NOT BE IN THE PUPIL'S BEST INTEREST TO INFORM PARENTS AND IF YOU HAVEN'T BEEN GIVEN PERMISSION TO DO SO BY THE PUPIL, THEN YOU MUST NOT SHARE THE INFORMATION WITH THE PARENTS. IF THERE ARE NO CHILD PROTECTION CONCERNS, YOU MUST NOT SHARE THE INFORMATION

HELPFUL CONTACT DETAILS

The CP team –

Jamie Rice	284037	
Gurjit Carter	284007	
Jane Miller	284037	
Emily Smith	284606	Pastoral Support Assistant.
Julie Barker	284039	School Nurse
Claire Coates	284001	

LIME TREE CLINIC – ICASH CLINIC (Integrated contraception and sexual health services in Cambridgeshire)

Brookfields Hosptial 351 Mill Road.

Cambridge CB1 3DF.

Tel: 0300 300 30 30

CENTRE 33

33 Clarendon Street

Cambridge

Tel: 01223 316488

Website : www.centre33.org.uk.

Sackville House Surgery – Cambourne - 01954 282153

Bourne Surgery – Alms Hill – Bourn - 01954 719313

Green End Surgery – Comberton - 01223 262500

Papworth Surgery - 01480 830888