



Clifton High School

co-educational nursery pre-school to sixth form

Policy applies from EYFS to Sixth Form	Child Protection and Safeguarding - Confidentiality
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Date Policy to be reviewed	01.08.2020 or earlier to reflect any changes in legislation
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Clifton High School is committed to child protection and safeguarding children and young people and expects all staff, visitors and volunteers to share this commitment.

At Clifton High School the aim is for all pupils to feel that they can talk to a member of staff about anything that is concerning them. In some cases, conversations between pupils and staff can remain confidential however; staff should recognise the boundaries of their legal and professional roles and responsibilities.

Members of staff cannot offer or guarantee absolute confidentiality in all circumstances. Incidences where confidentiality will need to be broken are where

- There is risk of serious harm or threat to life
- Urgent medical treatment is needed
- A crime has been committed
- The use or supply of illegal drugs is involved
- It is felt that an issue has a discriminatory motive
- A report of abuse is made

Pupils are entitled to talk in confidence to members of staff about day-to-day events and concerns. Sensitivity and discretion should be used in deciding what needs to be shared to help the pupil. It is also a good idea to ask the pupil's permission before talking with other staff, on the grounds that it may lead to a better understanding when dealing with the concern.

Staff should not discuss personal information given by parents with other members of staff, except where it affects planning for the pupil's needs.

The School Counsellor, School Nurse and Health and Wellbeing Practitioners are bound by their codes of conduct to maintain confidentiality although they will inform the Head of School or the DSL if they are concerned for the safety of a pupil.

Any information from parents passed on by the Head of School or staff members during staff meetings or via the Staff Room notice board concerning the health or personal circumstances of any pupil should be treated as confidential.

Information and concerns expressed in staff meetings about a pupil should not be discussed outside the staff areas or with the pupil unless it has been agreed that a specific teacher will talk with the pupil about the matters raised. There is a place for sympathetic understanding but do not appear to collude with the pupil against colleagues.

Parents should not have access to any other pupil's books, marks and progress grades at any time especially at parents' evening. However, parents should be aware that information about their child or young person will be shared with the receiving school if they change school.

Parents and pupils need to be aware that the school cannot guarantee total confidentiality and the school has a duty to report child protection and safeguarding issues.

Clifton High School encourages pupils to talk to their parents about issues causing them concern and may in some cases support them to talk to their parents.

The school may share with parents a child protection or safeguarding disclosure before going on to inform the correct authorities – unless this would put the pupil at further risk. Any concerns or evidence relating to a pupil's personal safety are kept in a secure, confidential file and are shared with relevant staff on a professional basis only.

It is not breaching confidentiality to ask a more experienced colleague's advice when dealing with a problem, as long as staff understand that the information is confidential; seeking advice and support when unsure is good practice.

Clear ground rules relating to confidentiality are set by the teacher involved for any classroom work such as circle time and other PSHE sessions where pupils are dealing with sensitive issues.

Eating Disorders, Self-Harm, Depression, Psychiatric Concerns

A pupil may admit to an eating disorder, harming themselves, patterns of feelings and behaviours which suggest depression or psychiatric concerns. Do not collude with the pupil in allowing self-destructive behaviour to continue unheeded once it has been disclosed or admitted. Strategies, such as recording the causes of the impulse to self-harm, can be suggested, which the pupil can then discuss with their parents or doctor. Pupils should be encouraged to talk to their parents and to seek the appropriate help from health professionals. Members of staff, including the School Counsellors, School Nurse and Health and Wellbeing Practitioners, are expected to forward relevant information to the DSL OR DSLS's.

If the pupil is below Sixth Form age and refuses to talk with parents then in consultation with the pupil, the School will make contact on their behalf. The decision about the best person to contact parents will be made in discussion between the person to whom the disclosure has been made and the DSL or DSLS. This could be the DSL, DSLS's, relevant Assistant to the Deputy Head, Deputy Head of School with responsibility for Child Protection and Safeguarding or the Head of School.

Sixth Form Students

Matters become more complex once a pupil reaches Sixth Form or once they become 18 and are legally an adult. Staff should remember that Clifton High School is, nevertheless, entrusted by the pupil's parents with their wellbeing and the school should work to involve the parents as much as possible. It is important that the guidelines in the Welfare of Pupils are adhered to. While staff will wish to be supportive and compassionate, it is important that they neither collude with the pupil's continuing self-destructive behaviour nor assume inappropriate responsibility for a pupil whose behaviour is disruptive and causing distress to their peers.

- Sixth Form pupils are adults but their parents will consider staff have a responsibility to them also – always encourage the pupil to talk to their parents

- There may be times concerns for the pupil's physical or mental well-being mean that the responsible thing to do is to contact the parents, always telling the pupil first and ensuring that they understand why
- Remember that staff, are not responsible for solving a pupil's personal problems

Sexual matters

Any disclosures of a sexual nature made by a pupil should be treated as highly confidential and should not under any circumstances become the matter of general discussion amongst staff.

If a pupil under the age of 14 discloses that they are engaged in a sexual relationship, there are immediate concerns about the possibility of child abuse. Refer to Allegations of Harm arising from Underage Sexual Activity in the Child Protection and Safeguarding - Allegations Policy.

A pupil over the age of 14 who is considered intellectually competent is entitled to confidential contraceptive treatment from a health professional and to have confidentiality about disclosures of sexual activities respected by the school, as long as there are no concerns about potential child abuse. Since the age of consent is 16, the law is ambiguous on this issue but suggests that no action would be taken unless the partner is considerably older than the pupil, e.g. in their early to mid-twenties (usually if there is a five year age gap or more) or if any kind of coercion was suspected, in which case child protection concerns would be raised. If a member of staff is told that a pupil over the age of 14 but under the age of 16 is having or intends to have a sexual relationship, they should encourage the pupil to talk with their parents; check that child protection issues are addressed; and ensure that the pupil has the necessary information about contraception and where to access contraception services.

If a pupil over the age of 16 confides that they are engaged in a sexual relationship, the member of staff should ensure that the pupil has the necessary information about contraception and where to access contraception services.

The Head of School does not need to be informed about disclosures of sexual activity. It would be appropriate for any concerns about a pupil to be discussed in confidence with the Tutor or with the School Nurse.

- Always remember that if the pupil is below 14, disclosures of sexual activity may in fact be disclosures of sexual abuse. Refer to the Child Protection and Safeguarding Main and Allegations Policies
- Pupil's over the age of 14 are entitled to confidentiality about their sexual activities unless there is fear that there is an abusive element
- Information may be given but not advice on contraception, to a pupil, regardless of the age of the pupil, only if asked directly. Example: Where to obtain a condom is information but whether to use one or not is advice

Pregnancy

- If the pupil is under 14, it will be the Head of School's responsibility to talk directly to the parents
- If the pupil is 14-16, and is considered intellectually competent, the Head of School will urge them to talk to their parents, or offer to do so for them. If the pupil refuses this offer and refuses to tell the parents, the Head of School will alert the parents that there are real concerns, while protecting the pupil's confidentiality, and continue the efforts to persuade them to talk to their parents
- If the pupil is 17 or over, they are entitled to have the confidences respected but the Head of School will do all that is possible to encourage them to involve their parents in seeking appropriate medical support and advice
- Boys are also supported in the same way as above should they have concerns about their involvement in a possible pregnancy

While the School will always wish to remain supportive and compassionate, it is not the school's responsibility to seek the necessary medical advice or make decisions on behalf of the family in such a situation.

Child Abuse and Safeguarding Issues

Disclosures about child abuse, whether physical, sexual, emotional or neglect, must not be kept confidential. This also applies to specific child protection and safeguarding issues listed in Appendix 1. It is important that, as soon as a member of staff realises that such a disclosure may be made, they remind the pupil that it cannot be kept confidential. Disclosures about child abuse, whether physical, sexual, emotional or neglect, should result in the school's Child Protection and Safeguarding Policy being followed.

Role of the Governing Body

Governors observe complete confidentiality when asked to do so by the governing body, especially in relation to matters concerning individual staff, pupils or parents. Decisions reached at governors' meetings are recorded in the minutes with those of a confidential nature kept separately and secure. Governors exercise the highest degree of prudence when discussions of sensitive issues arise outside the governing body.

Appendix 1

Types of Abuse and other specific Safeguarding Issues

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or another child or children.

Physical abuse is a form of abuse, which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education. All staff should be aware that safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but may not be limited to, bullying (including cyberbullying), sexual violence, sexual harassment and sexting. Staff should be clear as to the Clifton High School policy and procedures with regards to peer on peer abuse.

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy because of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Specific safeguarding issues

Specific forms of abuse and safeguarding issues include

- Bullying including cyberbullying
- Child missing from home or care
- Drugs
- Fabricated or induced illness (FII)
- Faith abuse

- Forced marriage
- Gangs and youth violence
- Gender-based violence/violence against women and girls (VAWG)
- 'Honour' based violence (HBV)
- Mental health (see below)
- Missing children and adult's strategy
- Private fostering
- Preventing radicalisation (see below)
- Relationship abuse
- Sexting
- Trafficking

Annex A: Further information on page 16 of KSCIE (September 2019) provides additional information about specific forms of safeguarding issues. These are

- Children and the court system
- Children missing from education (see below and Annex A)
- Children with family members in prison
- Child sexual exploitation
- Child criminal exploitation: county lines
- Domestic abuse
- Female genital mutilation (FGM) (see below and Annex A)
- Homelessness
- So-called 'honour based' violence
- Preventing radicalisation (see below and Annex A)
- Peer on peer abuse
- Sexual violence and sexual harassment between children in schools

All members of staff are provided with a copy of this Annex and must sign to say that they have read and understood its contents.

Child sexual exploitation (CSE) is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur with the use of technology.

Child missing from education (CME) refers to children of compulsory school age who are not on a school roll, and who are not receiving a suitable education otherwise than being at school, for example, at home, privately or in alternative provision. This does not apply to children who are registered at a school who are not attending regularly. A referral must be made when a pupil is no longer at the school and has not started at a new school.

Contact

Email: childrenmissingeducation@bristol.gov.uk

Telephone: 0117 3521438

Referral form

<https://www.bristol.gov.uk/schools-learning-early-years/children-missing-education-cme>.

Pupils missing out on education (PME) refers to children on roll who are missing out on education as they are not attending regularly. Refer to the Attendance Policy.

Members of staff have a duty to follow the school's procedures to identify and respond to pupils on roll who go missing particularly on repeat occasions. Refer to the Lost Pupil Policy.

Female genital mutilation (FGM) is the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons. It's also known as female circumcision, cutting or Sunna. Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous and a criminal offence. There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health.

For cases where an act of Female Genital Mutilation (FGM) appears to have been carried out on a girl who is under the age of 18, there is a specific legal duty on the teacher who discovers this to report it to the Police. This can be done by calling 101 or if it is suspected that a pupil is in immediate danger, call 999 immediately. It is a requirement to then inform the DSL or DSLs.

Mental Health problems often start early in life and can have long-term and wide-ranging consequences – especially if they are not addressed. Prevention and early intervention can reduce and prevent these long-term adverse effects.

Refer to the Mental Health Policy

Preventing Radicalisation

All members of staff at Clifton High School understand their statutory duty to help protect all pupils from extremist and violent views. Protecting children from radicalisation is seen as part of its wider safeguarding duties. The purpose should be to protect children from harm and to ensure that they are taught in a way that is consistent with the law and British Values. Refer to the Child Protection and Safeguarding - Preventing Radicalisation Policy.

Children with special educational needs (SEN) and disabilities

These pupils can face additional safeguarding challenges. It is important to consider the fact that additional barriers can exist when recognising abuse and neglect in this group of children. These can include

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration
- The potential for children with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs
- Communication barriers and difficulties in overcoming these barriers

Sources of further information

www.nspcc.org.uk

www.gov.uk

[What to do if you are worried about a child being abused 2015](#)

Part One of KCSIE (September 2019) and Annex A