



## **Croydon Youth Information & Counselling Service Limited**

# **Confidentiality Policy**

Croydon Drop In  
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## 1. Confidentiality Statement:

CDI recognises the importance of confidentiality to Children, Young People and Families (CYPF) and is committed to providing a safe and confidential environment to all users of its services and its staff.

This policy will apply in all face to face, written, phone or online platform settings.

## 2. Definition of Confidentiality:

The personal information of CYPF should only be disclosed external to CDI when the individual has given consent. However, in exceptional circumstances e.g. threats of violence, actual violence, risk of harm to self or others and suspected and actual abuse: this may not always be possible. *Exceptions are discussed under exceptional circumstances. (page 7)*

CDI recognises that CYPF should be able to access CDI's services in confidence and no other person, external of the staff team and aside from trusted, sub-contracted services, should know that they have accessed the services. However, this excludes any assumptions made by other CYPF about each other should they meet whilst on our premises, such as in the corridors, reception areas or when accessing our TALKBUS or Young People's team.

CDI recognises that at times, information may be directly or indirectly discussed during other internal forums outside of the CYPF sessions (e.g. supervision, consultation with service co-ordinator and referral to an internal service etc.). During such discussions, unless it is essential or relevant or that the CYPF has given their consent, care must be taken to ensure that individual's personal identity is not revealed by name or any other way. All staff should ensure that discussions relating to a CYPF do not occur outside of these forums.

CDI recognises that CYPF need to feel secure that they are accessing the services confidentially. CDI will ensure that one to one direct appointments take place in a confidential space or take all reasonable measures if the intervention is virtual.

CDI will not confirm a CYPF attendance or presence within the service, without obtaining or attempting to obtain their consent first.

### 3. Confidentiality Policy and Procedure

- CDI's confidentiality policy incorporates specific guidelines and procedures relating to our whole service:
  - Counselling – Community, PaIRS and Educational Settings.
  - Advice, Rights and Advocacy
  - Outreach
  - Young People's Team
- CDI believes that the purpose of confidentiality is to ensure maximum privacy and safety for all CYPF accessing our service.
- All staff and volunteers working within the service must work in accordance with the elements listed in the confidentiality policy.
- All staff must ensure that they clearly communicate the nature and context of the confidentiality policy, as part of the introduction to our service and throughout the ongoing process to all CYPF. This will be at the same time in the initial contact when it is made clear to CYPF that practitioners will not tolerate use of threatening behaviour, violence or continue working if the CYPF is under the influence of drugs and/or alcohol. In these cases the work will be halted, reported to senior management and contract renegotiated.
- During consultations or report writing etc. Care must be taken to ensure that individuals' personally identifiable information is not disclosed.
- In exceptional circumstances, staff may feel that a change in the confidentiality agreement may be appropriate. In these situations, prior consent from the client concerned must be sought and recorded.

### 4. Children, Young People and Family Records:

- Referral, Assessments, Registration forms and Session records (paper versions) will be kept in locked filing cabinets, with access restricted to appropriate persons. Storage of documents online will be in the password-protected central hard drive (The Pool).
- Staff will have access to CYPF referral, assessment, registration forms, session records and monitoring information for the duration of the time they are working with the CYPF.
- Referral, Registration and Assessment forms for CYPF who do not take up a service will be archived after a three-month period. For CYPF who did receive a service, their forms will be kept for a period of seven years, and destroyed thereafter. Exceptions will be made for the records of Children Looked After or when a Safeguarding issue has been raised and acted upon. These records will be kept on file for an extended period in line with legislative guidance.

- Throughout the duration of the CYPF attendance, contact timelines will be kept: it is the responsibility of the staff member/team to update accordingly.
- It is the responsibility of all staff members to ensure that all CYPF records are kept Confidential at all times. This includes notes/ notebooks, correspondence (both paper and electronic) and any other sources of information.

## **5. Children, Young People and Families Session Notes:**

- Information disclosed during sessions is considered confidential. Information that could identify a CYPF will not be given to anyone else without prior consent, subject to the previously established confidentiality contract and exceptional circumstances.
- All CYPF records will be anonymised, and where appropriate a Clearpoint code will be allocated. Paper session notes will be held and stored separately to the initial referral, registration and/or assessment forms.
- Sessions may only be digitally recorded and/or recorded on a separate Dictaphone or on a CDI device not a personal mobile phone, with the full informed and signed consent of the CYPF, and only for the purpose of training, evaluation or supervision. The recording must be for a specific purpose and must be censored and pre-selected in advance to protect the CYPF anonymity. Recordings must be stored securely and erased immediately after its use and will not be offered to CYPF to playback outside of the session.
- CYPF can request in advance to gain access to their records and notes held at CDI. Notes should be viewed by the client in the presence of the staff member in order to address any comments or issues raised.
- There must not be more than one copy of CYPF records. Under any circumstances, session notes are not to be photocopied, scanned, photographed or emailed.

## **6. Statistical Recording:**

- CDI is committed to effective statistical recording of CYPF information, to enable the organisation to monitor and evaluate our services, identify areas of future service developments through user need, ensuring equality and accessibility. Whilst also identifying and maintaining policies and procedures.
- It is the responsibility of the Chief Executive to ensure all statistical records given to third parties; such as to funding applications or commissioner reports shall be produced anonymously.

## 7. Expressed Consent to Give Information:

- It is the responsibility of the staff member to ensure that when any action is agreed to be taken external to CDI on behalf of the CYPF, they must firstly sign an authorisation form, and this is then stored in the CYPF's file.
- Staff members are responsible for checking with CYPF whether it is acceptable to call them at home or work, relating to the service they are receiving. When contacting CYPF, staff must ensure that they refer to the CYPF referral, assessment or registration forms as to how an individual wishes to be contacted. It is the responsibility of the staff member taking the CYPF initial details to confirm this information at the first point of contact with our service, equally this needs to be reviewed and updated where appropriate ie referring internally into the organisation.

## 8. Counselling:

- Counsellors are required to adhere to the British Association of Counselling and Psychotherapy (BACP) Ethical Framework, which lists additional confidentiality guidelines.

<https://www.bacp.co.uk/media/3103/bacp-ethical-framework-for-the-counselling-professions-2018.pdf>

- All staff and volunteers working within the counselling service must work in accordance with the elements listed in this confidentiality policy and the counselling policy.

## 9. External/Clinical Counselling Supervision:

- When discussing issues relating to a particular client during external/clinical supervision a client may be identified by first name and aspects of his/her personal life relevant to the work being discussed. However, details of the clients' full name and personal details must not be disclosed.
- If a client is known to an external/clinical supervisor, appropriate steps should be taken to ensure the client is not discussed or identified.

## 10. Staff records

- The personal data of staff will be kept electronically (password-protected) or in locked cabinets and destroyed within the stipulated periods.
- Data stored on the computer systems server will be subject to staff access rights.

## 11. Exceptional Circumstances:

- CDI recognises that there may be exceptional occasions that involve a serious threat to the life and safety of a client, or others. In this event, staff members have a professional, ethical and legal responsibility to negotiate and seek the CYPF consent to change the level of confidentiality, if permission is not obtainable, to notify the CYPF that they may find it necessary to temporarily breach confidentiality. If such an occasion arises, they should adhere to guidance listed in 'Breach of Confidentiality' (page 8).
- CDI recognises the seriousness and impact upon the relationship of breaching confidentiality and will seek to preserve this as far as possible within legal, ethical and professional boundaries.
- CDI has identified the following situations as occasions that may warrant a breach of confidentiality and should they arise, immediate notification is to be given to the line manager or safeguarding officer:
  - Acute mental health crisis
  - Current child abuse
  - Serious risk of harm to self or others
  - Possession of an unlicensed firearm or possession of a licensed firearm
  - Confession of terrorism
  - Revealing something that is part of an ongoing legal case

Each case will be considered individually, in the best interest of the CYPF. The staff member shall inform the client of their concerns and seek to consult regarding appropriate action or alternative/ further support that may be required.

- If a staff member becomes aware of any exceptional circumstances that they feel uncomfortable holding, or believe in the interest of the client, warrants support over and above what CDI can safely provide, they must raise this with a CDI manager, safeguarding officer or clinical supervisor.

## 12. Other Disclosures:

- The use of casework and session records for external use in case histories, published articles, training or course presentations etc., shall not in any way reveal the identity of a CYPF, and any pertinent details must be changed in order to preserve anonymity, with informed consent and written permission sought, from the CYPF and with the knowledge and agreement of the staff's line manager.

## 13. Breaches of Confidentiality:

CDI recognises that exceptional occasions may arise where staff members feel they may need to breach confidentiality. However, breaches of confidentiality could harm

the reputation of CDI and therefore should be treated with the most serious of approaches.

On exceptional occasions where a staff member feels confidentiality may need to be breached the following steps must be taken:

- Staff should raise the matter immediately with their line manager, Designated Safeguarding Lead or Deputy SL or other CDI manager (including out of hours).
- Staff must discuss the issues involved in the case and explain why they feel confidentiality should be breached.
- If there is opportunity, line managers should discuss the matter with the Designated Safeguarding Lead or Deputy SL before proceeding further.
- Managers are responsible for discussing with staff members what options are available in each set of circumstances.
- The Designated Safeguarding Lead is ultimately responsible for making a decision on whether confidentiality should be breached unless the situation is judged as an emergency requiring immediate decision-making.
- In no circumstances should a breach of confidentiality be discussed at this stage with a Trustee board member who deals with the complaint procedures. This is to ensure that any future complaint or investigation arising from a breach of confidentiality can be carried out in an independent manner.

#### **14. Information Governance:**

Information concerning CYPF or staff is strictly confidential and must not be disclosed to unauthorised persons.

This obligation shall continue in perpetuity.

Disclosures of confidential information or disclosures of any data of a personal nature can result in prosecution for an offence under the Data Protection Act 1998 or an action for civil damages under the same Act in addition to any disciplinary action taken by CDI.

#### **15. Legislative Framework:**

- CDI will monitor this policy to ensure it meets statutory and legal requirements including the Data Protection Act, Children's Act, Rehabilitation of Offenders



Act and Prevention of Terrorism Act. Training on the policy will include these aspects.

#### 16. Staff Requirements:

- Staff members must demonstrate a thorough understanding of the needs for maintaining confidentiality and shall accept personal responsibility and have a practising commitment for implementing all organisational confidentiality policies and procedures.

#### 17. Approval:

- Policies and Procedures are approved by CDI's Chief Executive Officer, ratified by the Board of Trustees and reviewed on an annual basis.

Policy Review Schedule					
Policy Reviewed by	Date Reviewed - Amended	Policy Approved by	Date Approved	Approved Signature	Review Date
Gordon Knott	01.11.22	GK	06.11.22	GK	Nov 2023
Gordon Knott	21.08.23	GK	21.08.23	GK	August 2024

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*Through CDI's Policy Review System, all policies are reviewed annually from the date of approval*