



FCT CONFIDENTIALITY POLICY

1. Good Practice Guidelines

- 1.1 The principle of confidentiality is extremely important throughout all the services provided by the Family Counselling Trust (FCT). We have adopted the following policy, which must be understood, respected and adhered to by staff, practitioners, trainers, volunteers and board members. Practitioners are reminded to follow the relevant guidelines of their respective professional bodies.
- 1.2 Confidentiality is a means of providing our services with safety and privacy. This encourages openness. FCT treats with confidence personal information about everyone, whether obtained directly, indirectly, by observation or inference. This includes names, addresses, personal details and circumstances. When conducting our business we only convey that information to which our participants and service users (or parties) have agreed.
- 1.3 Practitioners will explain the rules of confidentiality that they are bound by as part of the introduction when they first meet the parties. The parties will need to be warned that their disclosure of particular information may lead to the practitioners having to break confidentiality in certain circumstances (see below).
- 1.4 FCT respects the need for confidentiality in all aspects of our relationships with the parties.
- 1.5 The exception to confidentiality is:
 - a) Where there is a risk to public or personal safety, particularly in relation to children or vulnerable adults.
 - b) Where there is a legal requirement to disclose information.
- 1.6 FCT has Safeguarding Policies to keep children and vulnerable adults safe which complies with the requirements of the Charity Commission for England and Wales.
- 1.7 If there is an immediate threat to safety of either a service user or a practitioner it may be necessary to act first and consult with FCT afterwards.

- 1.8. If anyone is in obvious need of urgent medical attention, confidentiality may be breached to the extent of calling an ambulance or doctor and giving the name and address of the person concerned and any relevant medical information if known. Practitioners may give their names and could say they are present as friends, but no other information should be given. The duty of confidentiality extends to children and does not end with the death of a service user. Any referrals to another agency can only be made with the consent of the service user.

2. Consent procedures for young persons

- 2.1. The following people can give valid consent:

- Young people aged over 16 are presumed competent to give their own consent unless a decision is made to the contrary (competency assessment carried out by the responsible Health Care Professional as for adults when competency is in doubt).
- Children under the age of 16 who are judged by the responsible Healthcare Professional to be competent (Gillick Competency), ie. have sufficient understanding and intelligence to comprehend fully what is proposed. Additional consent from a person with parental responsibility will not be required, although if the treatment proposed is serious or has future implications, the child should be encouraged to inform his/her parents unless it would clearly not be in the child's best interests to do so.

3. Gillick /Fraser Guidelines

- 3.1. Young people under 16 have a right to confidential medical advice and treatment if the provider assesses that the young person understands the advice and has the maturity to understand what is involved.

This includes:

- what the treatment will involve;
- what the implications of not having the treatment are;
- what alternatives may be available;
- what the practical effects will be on their lives of having, or not having, the treatment.

- 3.2. The treatment can then proceed if:

- Their physical/mental health will suffer if they do not have treatment;
- It is in their best interest to give such advice and treatment without parental consent;
- They will continue to put themselves at risk of harm if they do not have advice and treatment;
- They cannot be persuaded by the doctor or health professional to inform parental responsibility holders, nor allow the doctor to inform them;
- They understand the consequence in terms of emotional support of not informing parents/ carers.

- 3.3. Remember these guidelines are for assessing the young person's capacity to consent. To have capacity to consent they must be able to comprehend and retain information material to the decision, especially as to the consequences of having or not having the

intervention in question, and must be able to use and weigh this information in the decision making process. This is dealt with in more detail in the DOH publication: 'Seeking Consent: Working with Children'

FCT Chief Executive, Rosalind Miller: email: ceo@familycounsellingtrust.org or mobile: 07799 133305

Last updated 26 July 2022