

### **Case study: Pupils and medical information**

Many schools have pupil photographs and key medical conditions on the staff wall. At the onset of thinking about GDPR, one school was thinking, “We ask parents for consent, but that’s special category personal data, should we take it down?”

When thinking it through the school decided:

- Consent was actually the wrong basis for processing. Although well intentioned, the information is actually deemed essential for keeping certain children safe. As such, it’s part of fulfilling a public task, consent should not be used. But at the same time...
- Checks could be done to ensure that it was only relevant medical information (that is, that which a member of staff needed to know in order to keep the child safe) that was used in this way.
- Further steps could be taken to minimise the amount of people who could see that information by re-positioning it and ensuring that only the right people had access to that room – that the space is ‘well policed’.
- That, as part of ensuring parents are informed, whilst consent is not sought, a clear statement about what is held, why it is important for keeping the children safe, and what steps there are to look after that special category data was good practice.

### **Case study: Mark books and target setting – two ends of the digital spectrum, but both with risks to manage**

The data map done in [step 2](#) will likely show a very diverse ecosystem. Most primary schools for example have many paper documents, including pupil workbooks and mark books. These are often very ‘visible’ in classrooms. Whilst some personal information will be needed within them, practices which appear to unnecessarily increase the amount of sensitive pupil data, such as pupil premium and looked after status being contained within them should be avoided.

At the other end of the spectrum, many schools use software packages to support pupil target setting and progress reporting. If this is done ‘blindly’, with software generating targets that go on to trigger various interventions depending upon that target, then it is arguable in the automated profiling territory, outlined in [step 3](#). Ensuring staff see the inputs, can check the outputs to ensure errors in processing are picked up, and can manually adjust targets where other factors not contained within the progressing algorithm are relevant, would all seem good steps to take.