



**Royal
Pharmaceutical
Society**
of Great Britain

GUIDANCE ON CHILD PROTECTION

This guidance has been prepared on behalf of the Practice and Quality Improvement Directorate of the Royal Pharmaceutical Society of Great Britain. It is intended to inform pharmacists and pharmacy staff about their responsibilities under child protection legislation and point them to further sources of information and advice should they need it. The guidance outlines the principles of child protection and provides advice about what to do if child abuse or neglect is suspected.

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1. Introduction

Pharmacists and pharmacy staff regularly come into contact with children and their families in the course of their work and may come across families who are experiencing difficulties in looking after their children. Child protection legislation places a statutory duty on organisations and professionals to work together in the interests of vulnerable children. All healthcare professionals, including those who do not have a role specifically related to child protection, have a duty to safeguard and support the welfare of children. This means actively promoting the health and well-being of children and also protecting vulnerable children in collaboration with other organisations and authorities.

The changing nature of pharmacy practice means that the profession is likely to have an increased role in child protection. As a pharmacist or registered pharmacy technician you may be involved in:

- identifying concerns about a child and referring these concerns to Social Services or the Police
- responding to a request from Social Services for information about a child or their family.
- providing a professional pharmaceutical service to a child or family as part of an agreed child protection plan.

You need to be alert to potential indicators of abuse and neglect, be familiar with local procedures for promoting and safeguarding the welfare of children, and understand the principles of patient confidentiality and information sharing.

Definitions of the words and phrases used in child protection legislation and guidance can be found in the Glossary at the end of this paper.

2. Key principles

Pharmacists and pharmacy staff need to:

- Be alert to the possibility of child abuse or neglect
- Be able to recognise and act upon indications that a child's welfare or safety may be at risk
- Be familiar with and follow local child protection procedures and protocols, other than in exceptional circumstances
- Know where to find the contact details of professionals in their locality with specific child protection expertise and responsibilities, for example, child protection health professionals, appropriate personnel at Social Services and the Police Child Protection Officer

If you, as a pharmacist or registered pharmacy technician, suspect that a child is being abused or neglected:

DO

- seek advice from a local professional with expertise in child protection
- follow local child protection procedures and report your concerns to the appropriate authority
- keep records of your concerns and any action you take

DO NOT

- ignore your concerns and do nothing
- attempt to investigate suspicions or allegations of abuse
- necessarily discuss your concerns with the suspected/ alleged perpetrator of abuse (see further information in section 6)

3. Child abuse and neglect

Child abuse can occur in a variety of circumstances and across all social groups. Children may be particularly vulnerable if there is a history of family violence or abuse, bullying, drug and alcohol misuse, mental health problems, learning difficulties, socio-economic problems (e.g. poverty and unemployment) or when a child is premature, disabled or unplanned/unwanted. An abused child may be subjected to more than one type of abuse and neglect.

Where there is concern about a child's welfare, 'significant harm' is the threshold for a formal child protection inquiry (see definition in Glossary). Decisions about whether significant harm has occurred, or is likely to occur, require consideration by child protection experts of the degree of abuse, the effect on the child and the circumstances surrounding the event. While a single traumatic event may constitute significant harm (e.g. violent assault or poisoning), significant harm is more often a cumulative pattern of events which interrupt, change or damage a child's development.

4. Child protection framework

Legislation and government guidance

The Children Act 1989 and the Children (Scotland) Act 1995 stipulate that local authorities (e.g. education, health, housing) must work together to safeguard and support the welfare of children in need. The later Children Act of 2004 introduced a statutory framework for this local co-operation to protect children in England and Wales. All organisations with responsibility for services to children, including healthcare organisations, must make arrangements to ensure that in discharging their functions they safeguard and promote the welfare of children.

In April 2006 the government updated its publication on inter-agency working, entitled *Working Together to Safeguard Children - A guide to inter-agency working to safeguard and promote the welfare of children*. This can be viewed via:

www.everychildmatters.gov.uk/socialcare/safeguarding/

The Scottish Executive's guidance document on inter-agency working, *Protecting Children - a Shared Responsibility*, can be obtained via the publications page of the Scottish Executive's website

www.scotland.gov.uk/Topics/People/Young-People/children-families/17834/14723

The Welsh Assembly's guidance document, *Working Together to Safeguard Children - A guide to inter-agency working to safeguard and promote the welfare of children*, can be obtained via the National Assembly for Wales website

www.wales.gov.uk/subisocialpolicy/content/pdf/working_e2.pdf

Structures

Social Services is the lead agency for child protection, with statutory responsibility to make inquiries into all child protection issues, and is the principal point of contact for child welfare concerns. The police have powers to intervene where there is concern about a child's welfare and in England and Wales the National Society for the Prevention of Cruelty to Children (NSPCC) also has such powers.

Local Safeguarding Children Boards, LSCBs (England and Wales), and Child Protection Committees, CPCs (Scotland), are responsible for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children, and for ensuring the effectiveness of what they do.

All organisations providing services for children need to have child protection structures and practices in place. These include: clear lines of accountability for child protection work; arrangements for appropriate checks on new staff and volunteers; procedures for dealing with allegations of abuse against members of staff and volunteers; appropriate staff training; a child protection policy; appropriate whistle blowing procedures and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed.

To help ensure that healthcare professionals who have concerns about abuse or neglect adhere to local child protection procedures and have access to necessary support and advice, NHS organisations are required to have a doctor and nurse with expertise in child protection (designated and/or named doctor/nurse in England and Wales; senior nurse/lead clinician for child protection in Scotland). These professionals in the PCT, NHS Trust or Health Board are a source of information about local child protection guidelines, training programmes and contact details of key personnel with expertise in child protection. Private hospitals should also have child protection policies and named professionals with expertise in child protection.

Obligations on healthcare professionals

All health professionals working directly with children should ensure that safeguarding and promoting child welfare forms an integral part of all stages of the care they offer. Other health professionals who come into contact with children, parents and carers in the course of their work also need to be aware of their responsibility to safeguard and promote the welfare of children and young people. This is important even when the health professionals do not work directly with a child but may be seeing their parent, carer or other significant adult.

As a health professional coming into contact with children and families, you should:

- understand the risk factors and recognise children in need of support and/or safeguarding;
- recognise the needs of parents who may need extra help in bringing up their children, and know where to refer for help;
- recognise the risks of abuse to an unborn child;
- contribute to enquiries from other professionals about a child and their family or carers;
- liaise closely with other agencies including other health professionals;
- play an active part, through the child protection plan, in safeguarding children from significant harm;
- consider local protocols where they exist, particularly with respect to sexual health and contraceptive services, and comply with these other than in exceptional circumstances (see section 7).

5. Indicators of abuse

Everybody who works with, or has contact with, children, parents or other adults in contact with children should be able to recognise and know how to act upon evidence that a child's

health or development is being, or may be, impaired. This is especially so when a child may be suffering, or at risk of suffering, significant harm.

The identification of child abuse is rarely simple because the signs often comprise a complex mixture of medical symptoms, behavioural characteristics and background factors. The following characteristics may alert you to potential abuse (It is also important to remember that the presence of any one or more of these factors may not automatically indicate abuse as the cause):

In the child

- Unexplained or unusual injuries
- Injuries in inaccessible sites e.g. neck, armpit, behind ears, on soles of feet
- Bite marks, scalds, fingertip bruising, fractures (especially in infants)
- Apparent age of injuries inconsistent with account given
- Injuries blamed on siblings
- Evidence of repeated injury
- Evidence of poor overall care and failure to thrive e.g. poor growth and weight; child appears dirty and unkempt; child persistently left without adequate supervision
- Swallowing of harmful substances, inappropriate food or drink
- Evidence of self-harm/ self-mutilation
- Indications of sexually transmitted disease
- Evidence of sexual activity/relationship that is inappropriate to the child's age and/or competence (see section 7)
- Behavioural problems e.g. aggression, hyperactivity, nervousness, social withdrawal (NB behavioural problems can also be symptomatic of a number of conditions including, for example, autism or hearing impairment)

The parent/carer

- Provides an inconsistent explanation of the child's injuries
- Delays seeking medical treatment or advice
- Shows detachment
- Attributes cause of injury to a sibling or bullying
- Lacks concern at the severity or extent of the injuries
- Gives history of repeated injury to the child
- Is reluctant to give information
- Refuses or is reluctant to allow treatment
- Exhibits aggressive behaviour towards child/children

6. What to do if you suspect abuse

If you suspect a child may be being abused or neglected you should:

- Discuss your concerns with the named professional for child protection or the designated member of staff within your organisation, the PCT or the Health Board. Discussions with the child's GP may also be helpful and you could, without necessarily identifying the child in question, discuss your concerns with your peers or senior colleagues in other agencies.
- If, after discussion, you still have concerns and consider the child may be in need or at

risk of suffering significant harm, you should refer the child and family to social services, or in an emergency to the police. *

- Communicate with the child in a way that is appropriate to their age and understanding. Children have a right to know what is happening and, where appropriate, should be consulted on actions and decisions that affect them. Where concerns arise as a result of information given by a child, reassure the child but do not promise to maintain confidentiality. (See Section 8 below for guidance on confidentiality and information sharing)
- When you make a referral to Social Services, clarify with them what the child and their parents or guardian will be told and by whom.
- If your referral to Social Services is done by telephone, confirm it in writing within 48 hours. It is advisable to use local standard referral forms where they exist. Social services should acknowledge a written referral within one working day of receipt. If a written acknowledgement is not received within 3 working days, contact Social Services again.
- Make a record of all concerns and discussions about the child, the decisions you have taken and the reasons for these. As abuse or neglect is often a culmination of events, it is important that appropriate records of concerns are maintained whether or not further action was taken at that time.

A suspicion of abuse may take the form of concerns rather than known facts. Concerns can and should be shared with Social Services. While concerns reported to Social Services may not necessarily trigger an investigation, they may help to build a picture along with concerns from other sources which suggest a child is suffering from harm. In some cases an allegation of child abuse or neglect could lead to a criminal investigation and care needs to be taken not to jeopardise any future investigation.

Key points:

- **follow local child protection procedures and know who to contact to discuss or express concerns about a child's welfare;**
- **never delay emergency action to protect a child from harm;**
- **do not ask leading questions of the child or their parent/carer;**
- **do not attempt to investigate suspicions or allegations of abuse yourself;**
- **make sure to register your concerns with the appropriate person or authority;**
- **record your concerns about a child's welfare, including whether or not further action is taken;**
- **record discussions about a child's welfare and, at the close of a discussion, reach a clear and explicit recorded agreement about who will be taking what action, or that no further action will be taken.**

* *It is generally recommended that professionals seek to discuss concerns with the child's family, and where possible seek their agreement to making a referral to Social Services. However, family members or friends may be the perpetrator of the abuse and therefore you should only discuss your concerns with the child's parent or guardian if you can be sure that it will not place the child at increased risk.*

Full government guidance is available in: *What To Do If You're Worried A Child Is Being Abused*. (Covers England and Wales) This can be downloaded from: www.everychildmatters.gov.uk/safeguarding/

In Scotland, a shorter document, primarily aimed at the public, entitled *What you can do to help if you are worried about a child or young person* is available at: www.scotland.gov.uk/Publications/2005/01/20382/48303

7. Reporting sexual activity in children

Legislation categorises the seriousness of sexual offences according to age: children under 13; children under 16 and children under 18. Children under 13 are considered in law to be too young to consent to sexual activity. Sexual activity with a child under 16 (13-15 years) is also an offence. However, at this age it may be consensual and therefore treated as a less serious offence. It has been made clear that the law is not intended to prosecute mutually agreed sexual activity between young people of a similar age, unless it involves abuse or exploitation.

Sexual offences legislation does not affect the duty of care and confidentiality of health professionals to young people under 16. Health professionals are not liable to prosecution when they are acting to protect a child or young person, for example when providing contraception or sexual health advice to a child under 16. The right to confidential advice on contraception, pregnancy and abortion extends to all young people, including those under 13 years, but the duty of confidentiality is not absolute and the younger the person the greater the concern should be about the possible existence of abuse or exploitation.

Local protocols and guidance documents have been developed by multi-agency groups or Area Child Protection Committees (forerunners in England to the Local Safeguarding Children Boards) for the management of sexual activity in children and young people. These protocols have implications for all sexual health services, including the supply of emergency hormonal contraception and contraceptives and the provision of sexual health advice by pharmacists and their staff. Where there is evidence, or reason to believe that a child may be being sexually abused, it is essential that prompt action is taken and that concerns are discussed with the appropriate agencies or individuals. However, some of the early local protocols stated that information about instances where a child under 13 years is believed to be, or has been, engaging in sexual activity, must always be reported to Social Services and/or the police. Following publication of the document *Working Together to Safeguard Children* in April 2006, the government has confirmed that professionals are not required to report all cases where children under 13 are sexually active to Social Services or the police. Instead discretion should be used to determine on a case by case basis whether a referral may be required.

There is a need to be vigilant to signs of sexual abuse, especially in younger children, and prompt action must be taken if there is evidence, or reason to believe, that a child may be being sexually abused. While pharmacists and registered pharmacy technicians should be aware of, and give appropriate consideration to, local protocols for managing sexual activity in children and young people, it is important not to deter children from seeking support and advice on sexual health matters and professional discretion should be used to

determine, on a case by case basis, whether to disclose information about a sexually active child to Social Services and/or the police.

If it is decided that referral may be warranted, the child's consent should be sought whenever possible before disclosing confidential information. However, a breach of confidentiality could be justified where there is an overriding need to safeguard the child's welfare.

It is essential that appropriate records be kept of any action taken and advice given, including a decision not to refer.

8. Confidentiality and information sharing

The Code of Ethics states that pharmacists and pharmacy technicians must respect and protect the dignity and privacy of others, take all reasonable steps to prevent accidental disclosure or unauthorised access to confidential information and ensure that they do not disclose confidential information without consent, apart from where permitted to do so by the law or in exceptional circumstances. Pharmacists and pharmacy technicians should also refer to '*Professional Standards and Guidance for Patient Confidentiality*' which supports the Code of Ethics (www.rpsgb.org).

Pharmacists and pharmacy staff have a duty to respect and protect the confidentiality of information relating to an individual that they acquire in the course of their professional activities. Patient information should only be disclosed without consent in exceptional circumstances. However, the sharing of information amongst practitioners and other agencies is essential in identifying and safeguarding children at risk of abuse. Legal and professional obligations will not generally prevent the sharing of confidential information if:

- the parent or carer and/or the child consent to disclosure;
- the public interest in safeguarding the child's welfare overrides the need to keep the information confidential. Where there is a clear risk of significant harm to a child the public interest test will almost certainly be satisfied;
- disclosure is required by law or under an order of the court.

There may be occasions where consent cannot be obtained or is withheld (for example, the person refusing consent may be the perpetrator of the abuse). In deciding whether there is a need to share information, the child's best interests must be the overriding consideration, including in cases of underage sexual activity (see Section 7 for further information about sexual activity).

The information shared should be proportionate and the child's identity should not be revealed unnecessarily. Information relevant to the concerns about the child should only be disclosed to other professionals or agencies involved in the child's care on a 'need to know' basis. If you are unsure whether confidential information should be disclosed, discuss the matter with the named professional for child protection or other experienced colleague.

Any decision about whether or not to share information must be properly documented, together with a record of any information that is disclosed.

In addition to the '*Professionals Standards and Guidance for Patient Confidentiality*', the Society has produced a fact sheet '*Confidentiality, the Data Protection Act 1998 and the Disclosure of Information*' which can be accessed at www.rpsgb.org.uk/pdfs/factsheet12.pdf or by sending a stamped, self addressed envelope to the Legal and Ethical Advisory Service at the RPSGB.

Further information about confidentiality, data protection and consent can also be found at www.doh.gov.uk/safeguardingchildren/index.htm

Requirement and guidance for patient consent can be found in '*Professional Standards and Guidance for Patient Consent*', which can be accessed at www.rpsgb.org.

9. Sources of further information and advice

Advice about local child protection procedures, details of local professionals with expertise in child protection and local training opportunities can be obtained by contacting your primary care organisation, NHS Trust or Health Board. Further information can also be obtained from the following sources:

England and Wales

- *Working Together to Safeguard Children - A guide to inter-agency working to safeguard and promote the welfare of children* HM Government London 2006
www.everychildmatters.gov.uk/socialcare/safeguarding/
- *Every child matters*: the government website for all matters pertaining to children www.everychildmatters.gov.uk. Many relevant documents can be accessed and downloaded from the publications page www.everychildmatters.gov.uk/publications/ including: Lord Laming's Victoria Climbié Inquiry report and the government's response to it; *Every Child Matters* green paper 2003 and programme for change 2004; the Children Act 2004; National Service Framework for children, young people and maternity services (2004).
- *What To Do If You're Worried A Child Is Being Abused*. Department of Health, Department for Education and Skills, Home Office, Department for Culture, Media and Sports, Office of the Deputy Prime Minister and the Lord Chancellor's Department of Health (2003) London
www.everychildmatters.gov.uk/safeguarding/?asset=document&id=17378
- National Society for the Prevention of Cruelty to Children www.nspcc.org.uk ; National child protection help line www.nspcc.org.uk/nspcc/helpline (Tel: 0800 800 500)
- *Hidden Harm - Responding to the needs of children of problem drug users* The Advisory Council on the Misuse of Drug's (ACMD) report (2004)
www.drugs.gov.uk/publication-search/acmd/hidden-harm?version=1
- *Responding to Domestic Abuse: A Hand Book for Health Professionals*, Department of Health (2005) London
www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4126161&chk=MeOJT5
- *National Service Framework for Children, Young People and Maternity Services*. Department of Health and Department for Education and Skills (2004) London
www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/ChildrenServicesInformation/fs/en

- *Framework for the Assessment of Children in Need and their Families*. Department of Health, Department for Education and Employment and Home Office (2000) London, The Stationery Office.
www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4008144&chk=CwTP%2Bc
- Sexual Offences Act 2003 (2003). London, HMSO.
www.opsi.gov.uk/ACTS/acts2003/20030042.htm
- *Guidance on offences against children* Home Office circular 16/2005
www.knowledgenetwork.gov.uk/HO/circular.nsf/79755433dd36a66980256d4f004d1514/1b6d4af0fe8c4d4780256fcc00414639
- The Office of Public Sector Information (OPSI) has a very good website for searching for any UK Act or statute: www.opsi.gov.uk/acts.htm

Scotland

- General Child Protection page with various publications available for download at www.scotland.gov.uk/Topics/People/Young-People/children-families/17834/10227
- *What you can do to help if you are worried about a child or young person* Scottish Executive 2004 Edinburgh www.scotland.gov.uk/Publications/2005/01/20382/48303
- *Protecting Children and Young People: Framework for Standards*. Scottish Executive 2004 Edinburgh. www.scotland.gov.uk/Publications/2004/03/19102/34603

Wales

- Child protection page of the Welsh Assembly
www.wales.gov.uk/subichildren/content/cpinternet.htm
- *Safeguarding and protecting children: All Wales child protection procedures*. Swansea: All Wales Unit; 2002 (revised 2004). www.allwalesunit.gov.uk/index.cfm?articleid=379
- *Working Together to Safeguard Children - A guide to inter-agency working to safeguard and promote the welfare of children*. National Assembly for Wales, Cardiff 2000
www.wales.gov.uk/subisocialpolicy/content/pdf/working_e2.pdf

Glossary of terms used in child protection guidance and legislation

Term	Definition*
Child	A person who has not yet reached their 18 th birthday
Abuse and neglect	<p>Abuse and neglect are forms 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, institutional or community setting; by those known to them or, more rarely, by a stranger. They may be abused by an adult(s) or another child/children.</p> <p>Abuse may be physical, emotional or sexual.</p> <p>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.</p>
Child protection	Process of protecting individual children identified as either suffering, or at risk of suffering, significant harm as a result of abuse or neglect.
Safeguarding and promoting the welfare of children	In addition to protecting children from harm, this encompasses the process of preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care which is undertaken so as to enable them to have optimum life chances and enter adulthood successfully.
Significant harm	The threshold that justifies compulsory intervention in family life in the best interests of children. The local authority is under a duty to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm (s47 of the Children Act 1989).

* Taken from the 2006 Government document *Working Together to Safeguard Children - A guide to inter-agency working to safeguard and promote the welfare of children*
www.everychildmatters.gov.uk/socialcare/safeguarding/