

Understanding current approaches to the prevention of child sexual abuse in healthcare settings: a summary of themes raised by respondents to paper seeking views

Introduction

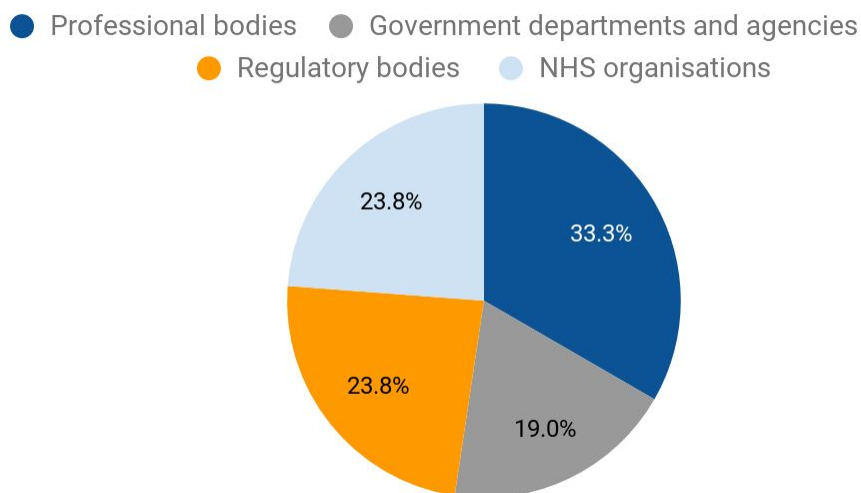
As part of its work programme, the Inquiry is holding a series of seminars to gather information and views on a range of important topics, to identify matters for further investigation and scrutiny. On Tuesday 26 and Wednesday 27 September 2017, the Inquiry will hold a seminar examining the prevention of child sexual abuse in healthcare settings in England and Wales.

On 21 July, the Inquiry circulated a paper seeking information and views to selected health sector organisations across England and Wales. The deadline for submissions was 18 August. Some submissions were received after this date.

The purpose of the paper (Annex A) was to give health sector organisations the opportunity to share information and views with the Inquiry on matters relevant to the prevention of child sexual abuse in healthcare settings. The submissions received on this subject by the Inquiry have informed the matters which will be considered in more depth at the seminar.

The Inquiry received a number of detailed and extensive submissions in response to the paper, which have been published alongside this note. Figure 1 shows the types of organisations from which the Inquiry received submissions, and a list of respondents is given at Annex B. The Inquiry is grateful to all of the organisations which submitted responses.

Figure 1: Submissions in response to Inquiry paper, by type of organisation



This note is not intended to be a comprehensive analysis of the submissions received. Instead, it provides a summary of the key themes raised in submissions which will be discussed in greater depth at the seminar.

Summary

The paper circulated on 21 July sought information and views about:

- the steps that health sector organisations have taken in recent years to prevent children from being sexually abused in healthcare settings;
- the effectiveness of current arrangements in the health sector to help protect children from being sexually abused in healthcare settings; and
- the opportunities to ensure that children are better protected from being sexually abused while receiving health care and treatment.

While views were sought from a range of organisations, a number of common themes emerged from responses. In particular, respondents raised points about the effectiveness of current arrangements and opportunities for improvement in the following areas:

- the education and training of healthcare staff on matters relating to child sexual abuse within healthcare settings. In general, respondents noted variable uptake and quality of training, gaps in education and training in relation to abuse that occurs within healthcare settings, and a desire for greater clarity and consistency, perhaps through a national curriculum for safeguarding education and training;
- procedures for secure and controlled access to wards and sites in which children are present, and the need for consistent implementation of chaperoning policies;
- the role and effectiveness of the regulation of healthcare professionals and safe recruitment practices to prevent access by unsuitable people to children receiving health care and treatment;
- the willingness and ability of healthcare staff, children and parents to speak up in the event of concerns; and
- the critical role that strong and responsive leadership plays in creating an effective safeguarding culture within organisations.

Respondents also provided extensive detail on policies and practices currently in place to prevent and respond to child sexual abuse. This detailed information will be used by the Inquiry in its further consideration of the subject.

The remainder of this note sets out in more detail the nature of recurring points and themes emerging from responses.

Healthcare workforce and access to children in healthcare settings

Education and training

A number of submissions focused on the importance of the education and training of healthcare staff (including volunteers) to support them to detect and respond to concerns about child sexual abuse.

- There was consensus among respondents that the uptake of safeguarding education and training by healthcare workers, and the content of the education and training they receive, varies widely between professions, educational institutions and employers.
- Respondents noted that, in general, there is a lack of focus within current education and training provision on the risk of child sexual abuse within healthcare settings. This was seen as a significant gap.
- Greater emphasis on raising awareness of the risks, and on how to identify and respond to concerns, was noted as particularly important to the creation of an environment where staff can recognise and raise concerns about unusual behaviour or practices by colleagues.
- There was also recognition that education and training alone are not sufficient to the creation of an effective safeguarding culture within an organisation. In particular, several respondents commented that there should be a shift in emphasis away from the 'completion' of mandatory safeguarding training and towards a culture of continuous professional development at all levels. Learning from case-based discussions, serious case reviews and 'near misses' was seen as important to promoting best practice, rather than a narrow focus on compliance with training requirements.
- Greater clarity and consistency in education and training was a recurring theme. A national curriculum for child safeguarding education and training in health at all levels was suggested.

Several responses focused on arrangements to prevent unauthorised or unsupervised access to children receiving health care and treatment by healthcare workers, volunteers and others visiting healthcare settings.

Physical security

Respondents noted the importance of controlled and secure access to areas where children are receiving health care and treatment, including waiting areas.

- Concerns were raised that security controls to prevent unauthorised access to paediatric wards and sites are not always sufficiently stringent.
- One respondent noted that, while paediatric wards and sites typically have robust access controls, low staff awareness of the importance of secure access may lead to lower compliance with security policies and processes.
- A lack of confidence on the part of healthcare staff to challenge individuals attempting to enter paediatric corridors or wards was highlighted. Better training was seen as the most effective solution.
- One respondent noted that a culture change is needed such that parents, and others visiting children in hospitals, view being challenged about their reason to enter a ward as a welcome part of the steps a hospital takes to protect children.
- Several respondents noted the greater risks to children who receive treatment in adult wards or sites. Respondents explained that the risk is greater both because security controls are typically less stringent, and because staff working in adult wards will typically have lower levels of child safeguarding training.
- There was also recognition of the risks that other patients can pose to children. The need for better risk assessment, and better communication about risks posed by other patients, was noted.

Supervised access to children

The need for supervised access to children by healthcare staff, volunteers and visitors was identified as an important element of the effective prevention of abuse.

- Respondents emphasised the importance of clear and consistently implemented chaperoning policies. This was raised both in the context of the delivery of care and treatment by healthcare staff, but also when visitors (including 'celebrity' visitors) access areas where children are present.
- The need for chaperones to be properly trained in order to provide effective supervision of access to children was noted by several respondents.
- One respondent noted that staff shortages are, in some cases, preventing chaperones from being present during the examination of child patients.
- Parental awareness of chaperoning policies was cited as critical to their consistent implementation. Healthcare services should inform children and parents of the circumstances in which a chaperone should be present, so that they are able to raise concerns when policies are not followed.
- Similarly, the importance of effective staff supervision was highlighted, as was the need for staff to be alert to any unusual behaviours or practices by colleagues that may be intended to evade chaperoning policies.

Safe recruitment and employment practices

The steps that organisations take to prevent access to children by unsuitable people were discussed in a number of responses. In particular, the importance of safe recruitment practices and pre-employment checks was a consistent theme.

- A number of respondents highlighted that, at present, the stringency of recruitment practices varies, with not all employers having appropriate procedures in place.
- Some respondents described the steps which have been taken to strengthen recruitment practices in recent years. However, several also gave views on shortcomings of current policies and practices.
- A number of responses focused on the role of criminal record and barring lists checks, with several respondents commenting that the scope of roles which are subject to such checks should be broadened, or that the frequency of checks should be increased.
- Several respondents noted that criminal record and barring list checks are not a substitute for broader good practice in recruitment, or for the continued vigilance of staff. There was recognition that many people who sexually abuse children do not have a criminal record and will not appear on barring lists.
- Similarly, a number of respondents highlighted the need for clearer guidance about the treatment by employers of concerns or incidents which do not result in a criminal conviction. In particular, a lack of clarity about whether and how such matters should be recorded and shared (for example, when a member of staff moves between employers) was raised. Greater sharing of such information was seen to support the early detection of problems and risks, and better prevention of abuse.
- Several respondents made general comments that pre-employment check processes can be inefficient, duplicative and resource-intensive, particularly when staff move posts frequently (for example, to receive training in different clinical specialties). One respondent suggested that a single vetting agency for healthcare staff, with vetted staff receiving a 'children's care passport', would be a more effective and efficient solution.

Governance, regulation and accountability

We asked a number of questions about the role and effectiveness of the systems and frameworks within which health sector organisations operate, including questions about the legislative framework, the regulation of services and of professionals, and arrangements to ensure clear roles and responsibilities for the prevention of abuse. Most of the responses we received on these topics focused on the regulation of healthcare professionals and, to a lesser extent, the legislative framework. A number of general comments were made about the impact of recent reforms in the health sector.

Regulation of healthcare professionals

A number of respondents noted that the statutory framework for the regulation of registered healthcare professionals, and the sanctions available to regulatory bodies, are adequate. However, others noted areas where they considered that the regulation of healthcare professionals could be strengthened.

- Several respondents called for ‘automatic erasure’ in the event that a registered healthcare professional were convicted of certain serious offences, including those related to child sexual abuse. (This would mean that a professional’s licence to practise would be automatically removed in the event of conviction, rather than removal being subject to a decision by the relevant regulator’s fitness to practise committee.)
- The inability of certain regulatory bodies to impose interim conditions on a registrant’s licence to practise (for example, the suspension of a registrant’s licence to practise pending an investigation into an allegation of abuse) was noted as a child protection gap in relation to some healthcare professions.
- One respondent noted that, for those professions which do not require registration by a statutory regulator in order to practise, there are fewer mechanisms in place to ensure that children are protected. For example, for healthcare staff who are not registered, or who are registered with a non-statutory register, it falls to employers to perform criminal record and barring list checks. This was noted as a particular gap when a healthcare professional is self-employed.
- Points were also raised about the accessibility to patients and the public of regulators’ complaints processes and fitness to practise proceedings. Regulators’ complaints processes, and the adversarial nature of fitness to practise proceedings, were noted as difficult for people to navigate, in particular for vulnerable complainants and children acting as witnesses in fitness to practise proceedings.

System roles and responsibilities

We asked respondents for their views about how well organisations and people are held to account for the effective prevention of child sexual abuse in healthcare settings. We also asked about the impact of recent health system reforms in England and Wales on the effective prevention of abuse.

- The responses we received on these matters were high level and general in nature.
- Several respondents noted that, in England, recent reforms to the NHS have led to more complex and localised systems of leadership and decision-making. Some respondents felt that this has led to a greater reliance on the effectiveness of individual leaders and senior professionals for effective child protection. The lack of routine regulatory oversight of clinical commissioning groups was also noted.

- Similar points were made in several areas in relation to the clarity of guidance and good practice available to organisations. Across a number of responses, there was a general sense that a greater reliance on local interpretation and application of legislation, nationally-determined policies and guidance had increased variation in local practices, which in turn had made it harder to judge the efficacy of local or organisation-level approaches.

Legislative framework

We asked about the effectiveness of the current legislative framework in preventing the sexual abuse of children within healthcare settings.

- We received a number of general comments about child protection legislation. For example, a number of respondents noted that no specific mention is made of abuse within healthcare services in current child protection legislation. However, it was not clear from the comments we received whether respondents considered that this has had a material impact on the effectiveness of the legislative framework.

Culture and leadership

The strongest theme emerging from responses was the role of **culture and leadership** in the effective prevention of child sexual abuse within healthcare settings. In particular, the importance of a culture in which staff, children and their parents are supported to raise concerns was noted as critical to effective prevention.

Raising concerns - staff

Respondents agreed that a culture in which staff are expected and supported to raise concerns about the behaviours and practices of their employer or colleagues is critical to the effective protection of children. However, a number of respondents noted barriers which they consider are preventing the timely raising of concerns by healthcare staff.

- Lack of awareness was cited as a primary barrier. There was recognition that, in order to raise concerns in a timely way, staff must first be sufficiently aware of the risks of abuse occurring within healthcare settings. The need to be willing to 'think the unthinkable' and to recognise that the behaviour of a colleague may be of concern was a common theme. Several respondents noted that the high regard in which healthcare professionals are generally held may contribute to both a lack of awareness that colleagues may abuse, and a reluctance to raise concerns.
- The need to equip staff with the knowledge and skills to identify and respond to concerns was also noted. The need for 'professional curiosity' in order to recognise

both signs of abuse, and unusual practices or behaviours by colleagues, was raised in a number of responses.

- As well as providing staff with the knowledge and skills to identify concerns, the importance of clarity about what should be raised was highlighted. Uncertainty about whether a concern warranted being raised was seen as a barrier. Several respondents noted that employers need to provide greater clarity about the nature of concerns that they would expect their staff to raise. Similarly, the need to be clear with staff that they do not need to provide 'evidence' in order to raise concerns or suspicions was noted.
- This was noted as particularly important in the event of 'low level' concerns where staff may feel unsure about whether to speak up, but where doing so may support the early detection or prevention of issues. Clearer policies for low level concerns would support identification of concerning behaviours early, while also providing further clarity for staff about appropriate behaviours and professional boundaries.
- Fears that raising concerns may lead to repercussions for the staff member who raises them were also highlighted as a significant barrier. Respondents noted the role that employers should play in creating an environment in which it is not only safe to raise concerns, but where there is a clear expectation on staff to do so. One respondent noted that the aim should be to create a working environment where speaking up becomes 'business as usual'.
- A lack of practical understanding about how to raise concerns was also flagged, with respondents noting that staff are not always made aware of the process for raising concerns (in particular, how to raise concerns anonymously should staff wish to do so).
- Across all of the barriers noted, better education and training was flagged as an important opportunity to equip healthcare workers with the knowledge, skills and confidence to raise concerns.

Raising concerns - children, parents and carers

In addition to the crucial role that staff play in raising concerns, there was clear consensus about the importance of enabling and supporting children, parents and carers to raise any concerns that they may have about a child's safety.

- Mirroring the points made in relation to healthcare staff, there was agreement that providing appropriate information to children and parents would increase their awareness that child sexual abuse can happen within healthcare settings, and enable them to recognise unusual or concerning behaviours or practices by staff or visitors.
- Again, the high regard in which healthcare workers are generally held was noted as barrier to children and parents recognising and speaking about concerns.

- Several respondents noted the importance of sex and relationship education in helping children to understand appropriate behaviour, and to recognise abuse, in whatever setting it occurs. One respondent suggested that the health sector should engage in the development of sex and relationship education, to ensure that it best supports the prevention of sexual abuse in healthcare settings.
- As well as raising awareness, respondents also noted that mechanisms for raising concerns must be child-friendly, and accessible and visible to children, parents, carers and visitors in order to be effective.
- Respondents agreed that healthcare services need to create practical opportunities for children to speak up and to create an environment where children are encouraged to talk about any concerns and where their views will be listened to and respected.
- In this context, access to confidential sexual and reproductive healthcare services was emphasised as creating opportunities for children and young people to build trusting relationships with healthcare workers and to talk about any worries freely and honestly.
- In general, seeking and responding to the views of children in the way that services are designed, delivered and evaluated, as well as in children's individual care plans, was seen as vital to a culture where children feel able to speak up.
- Again, there was also recognition that staff have a responsibility to identify signs and symptoms of abuse in children. The responsibility of healthcare services to ensure that staff are equipped to spot the signs, be professionally curious and to ask the right questions was stressed by a number of respondents.
- The role of effective training, potentially through the development of a national curriculum for safeguarding, was also noted in this context.

The role of leadership

The role of strong leadership in creating an effective safeguarding culture was an almost universal theme among respondents. While responses focused on the role of legislation, regulation, training and various policies and processes, many remarked that strong and responsive leadership is essential to protect children from abuse.

- In particular, the need for leaders at all levels to create an environment where healthcare workers, children and parents alike can voice concerns, and where problems and risks are addressed rapidly and effectively, was emphasised.
- Leaders who place the needs of children above any reputational or financial concerns, and who maintain a constant focus on the safety and wellbeing of children, were cited as critical to the effective prevention of abuse.

Conclusion

The topics and themes outlined in this paper will be the subject of further discussion at the Inquiry seminar *Understanding current approaches to the prevention of child sexual abuse in healthcare settings* on Tuesday 26 and Wednesday 27 September 2017.

Annex A: paper seeking views on the prevention of child sexual abuse in healthcare settings

Health sector seminar - tell us your views

Introduction

The Independent Inquiry into Child Sexual Abuse has two tasks - to examine the failure of institutions to protect children from sexual abuse, and to recommend the changes needed to ensure that children are better protected from sexual abuse in the future.

As part of its work programme, the Inquiry is holding a series of seminars to gather information and views on a range of important topics, to identify matters for further investigation and scrutiny.

Organisations in the health sector have been subject to a number of investigations relating to child sexual abuse occurring in healthcare settings, including 44 investigations into the activities of Jimmy Savile relating to the NHS. Following these investigations, a number of recommendations were made which required action by NHS and other health sector organisations. The Inquiry seeks to understand the actions that the health sector has taken in response to these recommendations, and the current arrangements that are in place to protect children from being sexually abused in healthcare settings.

We would like to invite your organisation to submit its views in response to the questions set out in this paper. On Tuesday 26 and Wednesday 27 September 2017, the Inquiry will hold a seminar examining the prevention of child sexual abuse in healthcare settings in England and Wales. The submissions received on this subject by the Inquiry will help to inform the matters which will be considered in more depth at the seminar. It will also inform the Inquiry's further consideration of the effective prevention of and response to child sexual abuse in healthcare settings.

Participation at the seminar will be by invitation only but will be open to the public to attend and will be live-streamed online. A full transcript of the seminar and a report summarising the discussions will be published.

How to respond

Please submit your responses by 4pm on Friday 18 August. Submissions made after this date may not be considered.

Submissions can be made in English or Welsh and submitted either:

- by email to healthsector@iicsa.org.uk
- by post to Freepost IICSA INDEPENDENT INQUIRY

The Inquiry will publish a report summarising significant themes from the submissions it receives and all submissions should be suitable for publication.

In your submission, please indicate the question(s) to which you are responding. You are not required to respond to every question, only those for which you would like to contribute a view.

Questions

The purpose of this paper is to seek your organisation's views about:

- the steps your organisation has taken since 2015 to prevent children from being sexually abused in healthcare settings;
- the effectiveness of current arrangements in the health sector to help protect children from being sexually abused in healthcare settings; and
- other ways to ensure that children are better protected from being sexually abused while receiving health care and treatment.

As well as your organisation's responses to the questions below, we would welcome your views on any further matters which you feel are relevant to the Inquiry's consideration of the prevention of child sexual abuse in healthcare settings.

The seminar will consider the effective prevention of child sexual abuse occurring within healthcare settings, rather than the wider role that health organisations and professionals play in delivering effective child protection. Please confine your responses to matters relevant to the prevention of child sexual abuse occurring within healthcare settings.

1. Please outline the steps your organisation has taken since 2015 to prevent children from being sexually abused in healthcare settings.

2. How well does the current legislative framework prevent the sexual abuse of children within healthcare settings?

3. To what extent do the sanctions available to regulatory bodies ensure that children receiving health care and treatment are protected from sexual abuse? This includes the regulators of both:

- a) organisations providing healthcare services; and**
- b) professionals delivering care and treatment.**

- 4. Are health professionals and health sector leaders provided with adequate training, support and guidance on the issue?**
- 5. How effectively are organisations and people held to account for the effective prevention of child sexual abuse in healthcare settings?**
- 6. To what extent do the responsibilities of health sector organisations to work with partner agencies help to prevent child sexual abuse in healthcare settings?**
- 7. What impact (if any) have reforms of the health sector in England and Wales over recent years had on the effective prevention of child sexual abuse in healthcare settings?**
- 8. What do you see as being the major opportunities for organisations in the health sector to prevent the sexual abuse of children in healthcare settings?**
- 9. What needs to happen to ensure that organisations in the health sector best protect children receiving health care and treatment from being sexually abused?**
- 10. Please describe the whistleblowing measures you have in place and how you assess their effectiveness.**

Annex B: organisations which submitted responses

- Care Quality Commission
- Faculty of Forensic and Legal Medicine
- Faculty of Sexual and Reproductive Healthcare
- General Medical Council
- Healthcare Inspectorate Wales
- National Data Guardian
- National Institute for Health and Care Excellence
- NHS Employers
- NHS England
- NHS England (London)
- NHS Improvement
- NHS Wales
- Professional Standards Authority
- Public Health England
- Public Health Wales
- Royal College of Anaesthetists
- Royal College of Emergency Medicine
- Royal College of General Practitioners
- Royal College of Midwives
- Royal College of Paediatrics and Child Health
- Welsh Government
- Welsh NHS Confederation