FACULTY OF FORENSIC & LEGAL MEDICINE

of the Royal College of Physicians of London

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The FFLM's Response to the IICSA Questions

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

A. • the steps your organisation has taken since 2015 to prevent children from being sexually abused in healthcare settings;

The membership of the FFLM includes: forensic physicians (and other healthcare professionals e.g. nurses and paramedics) working in both custody and sexual assault settings, as well as Medico-Legal advisors and medical coroners. The FFLM would see its role in terms of the prevention of child sexual abuse, (CSA) through raising awareness, and through education and training. This is achieved by ensuring that members are aware of all relevant guidance and updates in child safeguarding procedures. Examples of this include:

- '*Safeguarding children and young people: roles and competences for health care staff*'; Intercollegiate Document 3rd Edition (2014). This is published by the Royal College of Paediatrics & Child Health, (RCPCH), on behalf of a number of organisations
- The Academy of Medical Royal Colleges (AoMRC) document: '*Child Sexual Exploitation: Improving Recognition and Response in Healthcare Settings* '
- The '*Spotting the signs'* document developed by the British Association of Sexual Health and HIV (BASHH) and the Brook
- The FFLM contributed to the document, *'Healthcare standards for children & young people in secure settings*', developed by the RCPCH and others, In association with this is a poster informing children and young people of what they can expect and how to raise concerns, (see http://www.rcpch.ac.uk/index.php?q=system/files/protected/page/Healthcare%20standards%20for%20children%20and%20young%20people%20in%20secure%20settings%20print%20version.pdf)

The FFLM has included the topics of child sexual abuse (CSA) and child sexual exploitation, (CSE) in its education and training programmes; for example:

- The FFLM's annual SARC Best Practice Day in 2015 included sessions on the topic
- The FFLM's annual Child Safeguarding Day in 2015 included sessions on CSE and a session on 'doctors who abuse children'
- The FFLM's series of webinars in 2016 included one on CSE

The FFLM has developed a number of quality standards for all clinicians (doctors, nurses and paramedics) working in forensic and legal medicine. Within these standards, it is a

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requirement to undertake training in Safeguarding Children to at least level 3, as described in the Intercollegiate document.

The FFLM liaises and collaborates with various organisations and has a representative from the RCPCH on its Academic Committee. Similarly, the FFLM has representatives who sit on committees of other organisations, for example
- the RCPCH's Child Protection Standing Committee (CPSC)
- the BASHH Sexual Violence Special Interest Group

The FFLM's role in forensic medicine means that it and its members are, perhaps, more aware than many organisations of the sexual offences legislation, which in England & Wales is the Sexual Offences Act 2003 and the sections regarding 'abuse of a position of trust'.

The FFLM's clinicians who work within Paediatric Sexual Offences Medicine (PSOM) have particular awareness of CSA. As part of their role in the medical examination of a child, they may need to ask for consent to record intimate images of the ano-genital findings. The FFLM in collaboration with the RCPCH, the Crown Prosecution Service and the police have developed guidance on the management of such images.

B. • the effectiveness of current arrangements in the health sector to help protect children from being sexually abused in healthcare settings; and

It is difficult to determine the effectiveness of such arrangements, insofar as nearly all types of sexual abuse are 'hidden'; that is, they are crimes committed in private, where often only the abuser(s) and the abused child are aware. Indeed, some children are not aware that what they have experienced is abuse.

The systems and processes which should be effective include:
- Screening and induction processes, including Disclosure and Barring service checks (formerly Criminal Records Bureau checks). This is not just for employees, but for anyone coming into the organisation, e.g. students, volunteers, 3rd sector /charitable organisations
- Regular mandatory safeguarding training for all staff, whatever their role; and the use of the Intercollegiate document (2014) to assist in determining the level to which they are trained
- Awareness of CSA occurring both within and outwith healthcare settings
- Multi-disciplinary safeguarding meetings within healthcare settings and involvement of healthcare staff in the strategy discussions about children who have experienced or are at risk of CSA, whatever the setting in which it has occurred

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- Systems for anonymised reporting/whistleblowing
- The General Medical Council (GMC) advice on children and young people contained in '*0-18 years: guidance for all doctors*', particularly from section 64 onwards, has raised awareness of the importance of ensuring that young people who are sexually active are also at risk of abuse, and clarified the actions which must be taken
- The Caldicott review identifying that *"The duty to share information can be as important as the duty to protect patient confidentiality".*
- Offering chaperones for intimate examinations

C. • other ways to ensure that children are better protected from being sexually abused while receiving health care and treatment.

Possible ways might include:

- Audit of the existing processes and systems in place
- Ensuring that children are encouraged to speak about how they feel, what worries them or what they find unacceptable. Moreover, that healthcare organisations listen and the child's views are respected and validated.
- Sexual health education, ensuring that this covers what is consent, as well as an awareness of what are healthy, exploitative and abusive relationships. This education must be developed and delivered in an age appropriate way, with the support of parents' and teachers' organisations
- Multidisciplinary training within organisations about CSA and having routes by which staff can raise & report concerns, ('whistle-blow') easily, and anonymously, if necessary. It is important that any member of healthcare staff, whatever their role or level of seniority has no doubt about their duty to report concerns. Thus no one is too important or powerful to be challenged and held to account
- A change in the culture of an organisation, which is inextricably linked to the quality of its leadership, so that the protection of children always comes first and does not become a secondary consideration to the organisation's reputation,

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.

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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.
Please see A above

2. How well does the current legislative framework prevent the sexual abuse of children within healthcare settings?
On the one hand, all are, or should be aware of their responsibilities, but as identified in other serious cases, individuals and organisations have put their own, or their organisation's reputation, or financial gain or advantage, before the safeguarding of children. The evidence for this is that although aware of complaints, concerns or suspicions, organisations did not take any appropriate action.

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.*
The FFLM would suggest that in relation to:

a) The regulator for healthcare services or providers, the Care Quality Commission, (CQC), there may need to be more robust inspections and sanctions. The FFLM is aware that the CQC has now undertaken themed inspections in relation to child safeguarding, and published its findings in relation to the care of looked after children, (LAC), in 2016. LAC are particularly vulnerable and this vulnerability includes CSA.

b) The professional regulatory bodies, e.g. the General Medical Council (GMC), the Nursing and Midwifery Council (NMC) and the Health Care Professions Council (HCPC) do have adequate sanctions, including interim measures, with ultimately suspension or erasure from the professional register.

4. Are health professionals and health sector leaders provided with adequate training, support and guidance on the issue?
The FFLM would suggest that there is adequate training, but this may be enhanced beyond the requirement to demonstrate that one has 'completed' and is 'up-to-date;' with safeguarding training. On-going CPD should further develop this and the use of anonymised case-based discussions and feedback from serious case reviews or 'near

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misses' should keep healthcare organisations, and their staff at all levels, aware and focussed on the issue of CSA.
In every healthcare organisation, as well as a child safeguarding team, perhaps there should be a named individual with the responsibility for concerns regarding CSA.
It probably behoves us to remember that in recognising CSA in healthcare, the organisations and their staff need to 'think the unthinkable' and to consider the parallels between Kempe's and Silverman's observations on child abuse in the 1960s, that '*...doctors have great reluctance in believing that parents were guilty of abuse*." Healthcare providers and organisations, and their staff, may have a similar reluctance and must consider that those who work in healthcare may be abusers, despite the checks which such staff undergo before they are employed.

Healthcare staff, because of their role, tend to be viewed with the great respect and trust, by the children for whom they care, as well as the children's parents and carers. It is necessary that children, and their parents and carers, feel able to report concerns and also that they can do so easily. The poster mentioned on page 1 is an example of this.

5. *How effectively are organisations and people held to account for the effective prevention of child sexual abuse in healthcare settings?*
Perhaps not well enough.
It may be something which CQC and the government may wish to address in a more robust way.

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?*
Partner organisations would particularly include, social care and police; the liaison between them is not always ideal e.g. in strategy discussions. Multiagency safeguarding hubs (MASH) and multiagency child exploitation (MACE) or multiagency sexual exploitation (MASE) panels might help to improve this.
It is also important to remember that children attain adult status at the age of 18 years. Healthcare staff who discuss Fraser or Gillick competence in a young person under the age of 16 years, or who care for a 16 or 17 year-old, must always remain aware of their child safeguarding responsibilities.

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?*
This is difficult to know or assess. It is important that the commissioners of health services and healthcare providers, as well as the inspectors of such services pay particular

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attention to child safeguarding and the recognition and prevention of CSE. (see answer to question 3a, above).

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?*
They must recognise CSA as a possibility, raise staff awareness and educate them. Also educate parents, carers and children; (see answer to question 4, above).

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?*
Organisations must recognise CSA as a possibility, raise staff awareness and educate them. Educate parents, carers and children; (see answer to question 4, above).

10. *Please describe the whistleblowing measures you have in place and how you assess their effectiveness.*
The FFLM members are aware of the guidance available from the relevant regulatory body (e.g. GMC, NMC, HCPC) or the member's employer, which might be the NHS or a private provider. The assessment and effectiveness of such measures is difficult to determine.

[redacted]

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on behalf of the FFLM **August 17th 2017**