

Health Sector Seminar: An update report

May 2018

INTRODUCTION

1. On 26–27 September 2017, the Inquiry held a seminar on current approaches to the prevention of child sexual abuse in healthcare services. The seminar was informed by responses to a paper circulated by the Inquiry on 21 July 2017 to health sector organisations across England and Wales. A note summarising the responses received has been published on the Inquiry’s website.¹
2. The aim of the health sector seminar was to examine the prevention of, and response to, child sexual abuse occurring within healthcare services. Representatives from 16 organisations participated in the seminar, including government departments and agencies, NHS organisations, regulatory bodies and royal colleges. In addition, three participants attended in their capacity as frontline health professionals.
3. The Inquiry would like to thank the organisations that responded to the paper and all those who attended and participated in the seminar.
4. This report is not intended to be a comprehensive analysis of all the views expressed at the seminar, but instead to provide a summary of the discussions.

¹ *Understanding current approaches to the prevention of child sexual abuse in healthcare settings: a summary of themes raised by respondents to paper seeking views*, Independent Inquiry into Child Sexual Abuse, 2017. <https://www.iicsa.org.uk/key-documents/2604/view/IICSA%20Health%20Sector%20seminar%20paper%20seeking%20views%20-%20summary%20note.pdf>

Education and training

5. Participants discussed the education and training of healthcare workers, including those working in healthcare professions and occupations and other employees and volunteers working in healthcare services. Topics discussed included:
 - how well healthcare workers are trained to respond to the specific risks of child sexual abuse occurring within healthcare services; and
 - the support that workers need to put their training into practice.
6. Participants discussed the content of current child safeguarding education and training for healthcare workers. It was said that training focuses more on responding to signs of abuse and neglect in patients, rather than the risks of sexual abuse occurring within healthcare services. For example, participants commented on a guidance document prepared by the Royal College of Paediatrics and Child Health with the involvement of other royal colleges and professional bodies.² Participants explained that the document sets out knowledge and competences that healthcare workers should have to protect children from harm. While participants noted that the guidance provides a helpful framework for training, some noted that it does not include specific content to ensure that all workers are trained, at a level appropriate to their role, to recognise, prevent and respond to child sexual abuse occurring within healthcare services.
7. Participants commented on the difficulties that employers face when checking whether new workers have appropriate and up-to-date training for their roles. It was suggested that more standardised education and training would make this more straightforward, particularly when recruiting people on a short-term basis (e.g. agency workers and other temporary workers).
8. Participants suggested that raising workers' awareness of the risk that children may be sexually abused during treatment, particularly the risk that fellow colleagues may perpetrate sexual abuse, requires a change in the mindset of many healthcare workers. Several participants noted that training needs to be interactive to achieve this change in mindset, and that online or e-learning courses are unlikely to be sufficient.
9. The responsibilities of employers to implement policies and processes that enable people to put their training into practice were also emphasised, as was the importance of working cultures where staff feel able to act on concerns. These issues were discussed in more detail later in the seminar.³

² *Safeguarding Children and Young People: Roles and Competencies for Health Care Staff*, Royal College of Paediatrics and Child Health, 2014. [https://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%200%20%20%20%20\(3\)_0.pdf](https://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%200%20%20%20%20(3)_0.pdf)

³ See paragraphs 25–27, p.6.

Recruitment and employment practices

10. Participants discussed current workforce-related measures to protect children who access healthcare services from sexual abuse. Topics discussed included:
 - the statutory regulation of certain health professions;
 - the responsibilities of employing organisations; and
 - criminal record and barred list checks.
11. Participants discussed the role of the statutory regulation of certain health professions, such as nursing or medicine, in helping to protect children from sexual abuse. Participants noted that regulatory bodies play an important role in the protection of children by maintaining a register of those who are fit to practise a profession, setting standards for professionals and taking action when those standards are not met.
12. Participants were asked whether the sanctions and powers available to the regulatory bodies are sufficient. It was noted that the regulatory bodies do not have powers to remove automatically a professional's registration in the event that they are convicted of a sexual offence against a child. Instead, the regulator must establish, through fitness to practise proceedings, that a professional is no longer fit to practise before it may remove the professional from the register. It was suggested that regulators should have powers to remove a professional's registration without the need for fitness to practise proceedings in the event of such a conviction.
13. For both regulated and non-regulated professions and occupations, participants commented that employers are responsible for ensuring that their workers are suitable to work with children. Participants stressed the responsibilities of organisations delivering healthcare services to perform checks on workers at the point of recruitment (e.g. checking references from previous employers) and to take effective action in the event of allegations or concerns about workers.
14. As part of the checks that employers carry out on individuals, participants discussed the role of the Disclosure and Barring Service (DBS) criminal record and barred list checks. It was noted that NHS guidance advises that DBS checks, where required, should be conducted on employees every three years. However, checks at this frequency are not mandatory in the NHS, and participants indicated that not all NHS organisations comply with the guidance.

Access to children receiving healthcare and treatment

15. Participants discussed the arrangements in place to prevent unsupervised or inappropriate access to children during their care and treatment. Topics discussed included:
 - the chaperoning of children during treatment;
 - the risks associated with the treatment of children on adult wards; and
 - ways to reduce the opportunities for child sexual abuse to occur.
16. Participants discussed the use of chaperones, whose role is to observe the treatment of patients and intervene if they have concerns about the safety or welfare of a patient. Participants commented that, to protect children from sexual abuse, chaperones must understand the procedures that they attend, so that they can identify unusual or concerning practice. It was noted that this requires the active observation of procedures, but some participants commented that chaperones often play a more passive role, attending but not closely observing treatment.
17. In addition, participants highlighted that chaperones must have the skills to challenge, question and intervene appropriately if they have concerns about the behaviour or actions of a healthcare professional. Clear routes for chaperones to report concerns or sexual abuse were also noted as essential.
18. Participants commented that there is growing awareness of the role of chaperones in helping to protect children from sexual abuse, and of the knowledge and skills that they need to be effective. However, it was also suggested that in some healthcare services awareness remains low. While good practice guidance exists, it was noted that there are no national policies in place for the training and use of chaperones.
19. The availability of chaperones was also noted as an important issue. Participants commented that it requires significant resources to train chaperones effectively and ensure that they are available when required. It was suggested that, in some cases, resource constraints are preventing the consistent use of appropriately trained chaperones.
20. Participants noted that children are more vulnerable to sexual abuse when receiving healthcare and treatment in the same services as adults, in particular when they are admitted to wards where adult patients are present. It was suggested that, on occasion, a child's circumstances mean that treatment on an adult ward is the most appropriate option for that child. In such cases, it was said that the specific risks this poses to the child should be assessed, mitigated and monitored by the organisation providing care.
21. Participants discussed ways of preventing patients, visitors and workers from gaining unauthorised access to children. It was noted that the physical layout of

wards and other accommodation can be designed to promote the safety of children by ensuring that workers have a 'line of sight' to patients. Participants suggested that the risks are higher in areas that are not routinely observed by workers (e.g. toilets and bathrooms). It was suggested that there is scope to improve the design of accommodation to minimise the opportunities for sexual abuse while ensuring the privacy and dignity of patients. It was also noted that the opportunities to sexually abuse children are likely to be greater in smaller, community services with fewer workers, and when care is delivered in patients' homes.

22. In services where adult patients or visitors may be present, the importance of healthcare workers' vigilance was

emphasised. Participants noted that staff should feel confident to question and challenge people seeking access to areas where children are treated. However, the overall view was that more stringent physical controls, such as formal identity checks and secure entry to wards, would be costly and difficult to implement.

23. Participants also commented that such measures were unlikely to be wholly effective. For example, it was suggested that identity checks on patients and visitors would not, in all cases, help healthcare staff to assess the risk that a person may pose to children. Instead, participants commented that organisations should assess the risks to children that are specific to their services and take targeted steps to address these.

Reporting of child sexual abuse and concerns

24. Throughout the seminar discussions, participants emphasised the importance of the use of data and intelligence by health sector organisations to assess and respond to the risks of child sexual abuse within healthcare services. As part of this, participants discussed the importance of healthcare staff reporting concerns if they considered that a child was being sexually abused, or was at risk of sexual abuse. Topics discussed included:
- the barriers that may prevent workers from reporting concerns;
 - ways to support healthcare workers to raise concerns or report sexual abuse; and
 - the importance of effective leadership in helping workers to feel confident to raise concerns.
25. Participants commented on factors that might prevent healthcare staff from reporting concerns about child sexual abuse within their organisations. It was suggested that some workers may be reluctant to challenge senior colleagues and those in positions of authority, or fear that they would not be supported or believed. Some noted that it may be particularly difficult for individuals to voice concerns where they do not have clear 'evidence' that sexual abuse has occurred.
26. Several participants remarked on the responsibilities of the leaders of organisations to create working environments where employees are supported to voice concerns and report sexual abuse. The importance of clear and simple processes for staff to raise concerns was noted, as was the importance of training. Effective line management and supervision were highlighted as giving staff regular opportunities to discuss any concerns. The value of easily accessible advice and support from specialist safeguarding colleagues was also noted.
27. Throughout the discussion, the importance of effective leadership of healthcare services was emphasised. It was suggested that staff are more likely to raise concerns or report sexual abuse when they work in environments in which this is encouraged and expected of them. Leaders and senior managers who communicate clearly the importance of the prevention of child sexual abuse within their organisations were also said to give staff more confidence to act on concerns. Participants suggested that greater transparency about concerns raised by staff and the actions taken in response would create a culture that would give them greater confidence that concerns would be acted on.

Supporting children and families to report child sexual abuse or concerns

28. Participants discussed the importance of supporting children, their parents and carers to report sexual abuse or concerns about a child's safety. Topics discussed included:
 - the information provided to children and families about their care and treatment; and
 - practical ways to help children and their families to voice concerns or report sexual abuse.
29. Several participants noted that children, parents and carers should be provided with clear information about what should happen during a child's care and treatment. It was said that this should cover both what to expect during particular procedures and where to go for help if something happens that makes the child or parent feel uncomfortable or unsafe. By providing such information, participants noted that children and their families would feel more confident in questioning, challenging or talking about inappropriate behaviour or practice by healthcare workers. In addition to information provided by healthcare services, sex education was raised as a valuable tool to help children to recognise sexual abuse, including sexual abuse during care and treatment.
30. The importance of clear, accessible and child-friendly ways of raising concerns was also mentioned. Participants commented that healthcare services need to create regular opportunities for children and families to talk about any worries that they may have, and to provide clear and simple routes for reporting sexual abuse. More generally, it was suggested that services that involve children in decisions about their care help them to feel confident that their views will be listened to. Easily accessible advocacy services were also noted as an important and practical way of helping children to speak out.

Future work

31. The health sector seminar and responses to the Inquiry's paper seeking views have made a valuable contribution to the Inquiry's work. Many important matters were raised, including some issues which are not unique to healthcare services. In particular, written submissions and seminar discussions emphasised the importance of cultures in which workers are able to raise concerns and report abuse. This is an important issue which the Inquiry will consider in more detail at its seminar on mandatory reporting later this year.
32. In addition, following its consideration of chaperoning arrangements in healthcare services, the Inquiry has recommended that national policies are developed and implemented for the training and use of chaperones in healthcare services in England and Wales.⁴

⁴ Interim Report of the Independent Inquiry into Child Sexual Abuse, Independent Inquiry into Child Sexual Abuse, 2018. <https://www.iicsa.org.uk/key-documents/5368/view/Full%20Interim%20Report%20of%20the%20Independent%20Inquiry%20into%20Child%20Sexual%20Abuse.pdf>, p. 60.