

# Child protection

The following guidance has been approved by the **Law and Ethics Committee** of the Royal Pharmaceutical Society's Council to assist pharmacists and registered pharmacy technicians in safeguarding the welfare of children who are vulnerable to neglect or abuse

## 1. Introduction

Pharmacists and registered pharmacy technicians regularly come into contact with children and their families in their everyday work and may become aware of families who are experiencing difficulties in looking after their children. Children Act legislation places a duty on agencies and professionals to work together in the interests of vulnerable children. All health care professionals, including those who do not have a specific role in relation to child protection, have a duty to safeguard and support the welfare of children.\*

The changing nature of pharmacy practice means that the profession is likely to have an increased role to play in child protection. Pharmacists and registered pharmacy technicians may be involved in safeguarding the welfare of children by:

- Identifying concerns about a child and referring those concerns to social services or the police
- Responding to a request from social services for information about a child or the child's family
- Providing a professional pharmaceutical service to the child or family as part of an agreed child protection plan

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

## 2. Key principles

This guidance is intended to outline the principles of child protection and advise what to do if child abuse or neglect is suspected. The key principles are set out in the Panel.

## 3. Child abuse and neglect

Someone may abuse or neglect a child by inflicting harm on them, or by failing to act to prevent harm. Children may be abused in a family, institutional or community setting, by someone known to them or, less commonly, by a stranger. There are four generally accepted categories of child abuse:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

These categories overlap and an abused child can often suffer more than one type of abuse.

\* Child/children refers to anyone under 18 years old

## Key principles

Pharmacists and registered pharmacy technicians 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
- Be able to access the details of local health professionals with expertise in child protection, relevant persons at the local social services department and the local police child protection officer

If child abuse or neglect is suspected:

- Do seek advice from a local professional with expertise in child protection
- Do follow local child protection procedures and report concerns to the appropriate authority
- Do keep records of concerns and any action taken
- Do not do nothing
- Do not attempt to investigate suspicions or allegations of abuse yourself
- Do not discuss concerns with the suspected/alleged perpetrator of abuse

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

Where there is concern about a child's welfare, "significant harm" is the threshold for a formal child protection inquiry. Decisions about whether significant harm has occurred, or is likely to occur, require consideration 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 (eg, violent assault, poisoning), significant harm is more often a pattern of events that interrupt, change or damage a child's development.

## 4. Child protection framework

The Children Act 1989 and Children (Scotland) Act 1995 lay down the duties of local authorities to work together to safeguard and support the welfare of children in need. The Children Act 2004 introduced a statutory

framework in England and Wales for local co-operation between all agencies with responsibility for services to children including social services, health, education, police, probation and the voluntary sector, requiring them to work together to protect children. The 2004 Act places additional duties on these agencies to ensure that, in discharging their functions, they make arrangements to safeguard and promote the welfare of children.

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

All agencies have a duty to assist and provide information in support of child protection inquiries. Area child protection committees (ACPCs)\* in England and Wales and child protection committees (CPCs) in Scotland oversee and co-ordinate inter-agency arrangements. These committees are required to ensure that local services for children in need of protection are properly co-ordinated and that inter-agency arrangements work effectively to secure the best outcome for children.

All health professionals in the NHS, private sector and other agencies have a role to play in promoting children's health and development. To help ensure that health care 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). Information about local child protection guidelines, training programmes and the contact details of key personnel with expertise in child protection can be obtained from primary care organisations, NHS trusts or health boards. Private hospitals should also have child protection policies and named professionals with expertise in child protection.

Some local authorities are beginning to develop specific protocols for managing allegations of sexual offences against children and national guidance is expected in the near future. Pharmacists should ensure that they comply with local protocols where they exist, particularly with respect to sexual health and contraceptive services.

\* ACPCs will be replaced by local safeguarding children boards in 2006

## 5. Indicators of abuse

The identification of child abuse is rarely simple as the signs often comprise a complex mixture of medical symptoms, behavioural characteristics and background factors. Determining whether a child has been the victim of abuse will depend largely on individual judgement, but the following characteristics may alert pharmacists and registered pharmacy technicians to potential abuse (it is important to remember that the presence of any one or more of these factors may not automatically be the result of abuse):

### *In the child*

- Unexplained or unusual injuries
- Injuries in inaccessible sites, eg, neck, armpit, behind ears, 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, eg, poor growth and weight, child appears dirty and unkempt, child persistently left without adequate supervision
- Swallowing of harmful substances, inappropriate food or drink
- Self-mutilation
- Indications of sexually transmitted disease
- Evidence of sexual activity/relationship that is inappropriate to the child's age and/or competence\*
- Behavioural problems, eg, child is aggressive, hyperactive, nervous or socially withdrawn (NB: Behavioural problems can also be symptomatic of a number of conditions, for example, autism, hearing impairment)

### *In the parent/carer*

- An inconsistent explanation of the child's injuries
- Delay in seeking medical treatment or advice
- Detachment
- Attribution of cause of injury to a sibling or bullying
- Lack of concern at the severity or extent of the injuries
- History given of repeated injury to the child
- Reluctance to give information
- Refusal/reluctance to allow treatment
- Aggressive behaviour towards children

\* The age of consent is 16 years, but young people have the right to confidential advice on contraception, pregnancy and abortion. It has been made clear that the law is not intended to be used to prosecute mutually agreed sexual activity between young people of a similar age, unless it involves abuse or exploitation. However, the younger the person, the greater the concern about abuse or exploitation. Children under 13 years old are considered of insufficient age to consent to sexual activity and the Sexual Offences Act 2003 makes clear that sexual activity with a child under 13 is always an offence.

## 6. What to do if abuse is suspected

If child abuse or neglect is suspected there is a responsibility to inform the local social services department or the police. A pharmacist or registered pharmacy technician who suspects a child may be being abused or neglected should seek guidance from one of the named professionals for child protection within the local primary care organisation, NHS trust or health board. A suspicion of abuse may take the form of concerns rather than known facts. Concerns can and should be shared with social services. Although the concerns may not necessarily trigger an investigation themselves, they may help to build a picture along with concerns from other sources that suggest a child is suffering from harm.

An allegation of child abuse or neglect could lead to a criminal investigation. To ensure that any police investigation is not jeopardised, it is important that pharmacists and registered pharmacy technicians:

- Do not ask leading questions
- Do not attempt to investigate suspicions or allegations of abuse themselves

It is generally recommended that professionals should 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 can often be the perpetrator of abuse and concerns should only be discussed with the child's parent or guardian if it will not place a child at increased risk of harm.

Pharmacists and registered pharmacy technicians who suspect child abuse or neglect should:

- Follow local child protection procedures and know whom to contact to discuss or express concerns about a child's welfare
- Seek advice from relevant colleagues, managers and/or the doctor/nurse with expertise in child protection. Discussions with the child's GP may also be appropriate
- If, after discussion, abuse or neglect is still considered to be a possibility, make a referral to the social services department or the police. Pharmacists and registered pharmacy technicians must not delay in referring concerns if they believe emergency action is required to protect a child
- Communicate with the child in a way that is appropriate to his or her age and understanding. Where concerns arise as a result of information given by a child, the child should be reassured but promises about maintaining confidentiality should not be given. (See below for further guidance on confidentiality and information sharing.)
- When a referral is made to social services, seek agreement on what the child and his or her parents or guardian will be told and by whom. Children have a right to know

what is happening and, where appropriate, should be consulted on actions and decisions that affect them

- Supply confirmation of telephone referrals to social services 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 three working days, social services should be contacted again
- Keep records of all concerns and discussions about the child, the decisions made and reason for the decisions. As abuse or neglect is often a culmination of events, it is important that appropriate records are maintained of concerns whether or not further action was taken at that time
- Be satisfied at all stages that their concerns have been registered with the appropriate person or authority

## 7. Confidentiality and information sharing

Pharmacists and registered pharmacy technicians have a duty to respect and protect the confidentiality of any 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 among practitioners and other agencies working with children and their families is essential to identifying and safeguarding children at risk of abuse or neglect. Legal and professional obligations will not generally prevent the sharing of confidential information if:

- The parent or carer and/or the child consents to disclosure
- Disclosure is required by law or under an order of the court
- The public interest in safeguarding the child's welfare overrides the need to keep the information confidential

There may be occasions where abuse or neglect is suspected and it is either not possible or appropriate to obtain consent or consent is withheld (for example, the person withholding consent may be the victim or perpetrator of abuse). In such circumstances a pharmacist or registered pharmacy technician's prime duty must be to act in the child's best interests. 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.

Pharmacists and registered pharmacy technicians who are unsure whether confidential information should be disclosed are advised to discuss the matter with the named professional for child protection or other experienced colleague. Appropriate records should be kept of any information that is disclosed.

The Royal Pharmaceutical 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](http://www.rpsgb.org) or by sending a stamped, self-addressed envelope to the Society’s Fitness to Practise and Legal Affairs Directorate.

Further information about confidentiality, data protection and consent can also be found at [www.doh.gov.uk/safeguardingchildren/index.htm](http://www.doh.gov.uk/safeguardingchildren/index.htm).

## 8. Further information and advice

Pharmacists and registered pharmacy technicians can get advice about local child protection procedures, details of local professionals with expertise in child protection and any training opportunities available by contacting their primary care organisation, NHS trust or health board.

Further information can also be obtained from the following sources:

1. Working together to safeguard children: a guide to interagency working to safeguard and promote the welfare of children. Department of Health. London: The Stationery Office; 2001. Available at [www.dh.gov.uk](http://www.dh.gov.uk)
2. Framework for the assessment of children in need and their families. Department of Health. London: The Stationery Office; 2000. Available at [www.dh.gov.uk](http://www.dh.gov.uk)
3. What to do if you’re worried a child is being abused. Department of Health. London: Department of Health; 2003. Available at [www.dh.gov.uk](http://www.dh.gov.uk)
4. Every child matters: change for children (Government Green Paper; Cm5860). London: The Stationery Office; 2003). Available at [www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)
5. Safeguarding and protecting children: All Wales child protection procedures. Swansea: All Wales Unit; 2002 (revised 2004). Available at [www.allwalesunit.gov.uk](http://www.allwalesunit.gov.uk)
6. Protecting children and young people: framework for standards. Edinburgh: Scottish Executive; 2004. Available at [www.scotland.gov.uk](http://www.scotland.gov.uk)
7. National Society for the Prevention of Cruelty to Children (website, [www.nspcc.org.uk](http://www.nspcc.org.uk); National Child Protection Helpline, tel 0808 800 5000)
8. Working within the Sexual Offences Act 2003. London: Home Office Communications Directorate; 2004. Available at [www.homeoffice.gov.uk](http://www.homeoffice.gov.uk)
9. Confidentiality, the Data Protection Act 1998 and the disclosure of information (Fitness to Practise and Legal Affairs Directorate fact sheet 12). London: Royal Pharmaceutical Society; 2004. Available at [www.rpsgb.org](http://www.rpsgb.org)

# Protection of vulnerable adults

The following guidance has been approved by the **Law and Ethics Committee** of the Royal Pharmaceutical Society’s Council to assist pharmacists and registered pharmacy technicians in safeguarding the welfare of adults who are vulnerable to abuse or neglect

## 1. Introduction

There has been growing awareness of the vulnerability of some adults to abuse or neglect. Pharmacists and registered pharmacy technicians are likely to have regular contact with vulnerable adults or their carers, and in the course of their professional duties may become aware of situations where a vulnerable adult is at risk of abuse, or is being abused. It is important that pharmacists and registered pharmacy technicians are alert to signs of abuse and take appropriate action to safeguard vulnerable adults.

This guidance is intended to help raise awareness of the ways in which vulnerable adults may be abused and advise what pharmacists and registered pharmacy technicians should do if abuse is suspected. The key principles are set out in the Panel.

## 2. Definition of vulnerable adult

A vulnerable adult is someone who is aged 18 years or over who “is or may or may be in need of community care services by reasons of mental health or other disability, age or illness” and “is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation” (“Who decides”, Lord Chancellor’s Department, 1997).

A vulnerable adult may be a person who:

- Is elderly or frail
- Has learning disabilities
- Suffers from mental illness (eg, dementia, personality disorder)
- Has physical disability
- Is a substance misuser
- Is homeless
- Is in an abusive relationship

## Key principles

Pharmacists and registered pharmacy technicians should:

- Be alert to and act on indications that a vulnerable adult may be being abused or at risk of abuse
- Know how to access details of local policies for the protection of vulnerable adults
- Act in accordance with local policies to protect vulnerable adults

(It should be noted that disability or age alone does not signify that an adult is vulnerable.)

## 3. Abuse of adults

Abuse can consist of a single or repeated act of harm or exploitation. It may be perpetrated as a result of deliberate intent, negligence or ignorance. Abuse can be physical, verbal, psychological, emotional or a result of neglect or an omission to act. Abuse can also occur when vulnerable adults are persuaded to enter into financial arrangements or sexual relationships to which they have not or could not have consented or which they do not or cannot understand, eg, as a result of mental or physical incapacity.

Vulnerable adults may be abused by a wide range of people including family members, friends, professional staff, care workers, volunteers or other service users. Abuse can occur in a variety of circumstances. It may take place within the vulnerable adult’s own home, in nursing, residential or day care facilities, in hospitals or in other institutional settings.

Incidents of abuse can be either to one person or more than one person at a time. Some instances of abuse will constitute a criminal offence, for example, assault, rape, theft or fraud. Patterns of abuse vary and can include:

- Serial abuse, where the perpetrator seeks out and “grooms” vulnerable adults (sexual abuse and some forms of financial abuse usually fall into this pattern)
- Situational abuse, as a result of pressures building up and/or because of difficult or challenging behaviour
- Long-term abuse in the context of an ongoing family relationship, for example domestic violence
- Neglect of a person’s needs because others are unable to take responsibility for their care, eg, the carer has financial, alcohol or mental health problems
- Institutional abuse arising from poor standards of care, inadequate staffing, lack of response to individual patients’ complex needs, insufficient knowledge base and expertise
- Unacceptable treatment programmes including over-medication, unnecessary use of restraint or withholding food, drink or medication
- Inability or failure to access key health and social care services
- Misappropriation of benefits and/or use of a vulnerable adult’s money by other members of the household
- Fraud or intimidation in connection with wills, property or other assets

## 4. Framework for protection of adults

Autonomy, capacity and the ability to consent are key components in working with vulner-

able adults. All vulnerable adults have a right to live and receive services in an environment that is free from prejudice and safe from exploitation or abuse. A vulnerable adult's wishes should be taken into account at all times.

At present, there is no specific legislation that directly protects vulnerable adults. Instead, the applicable duties and powers to assess and intervene are contained within a range of legislation. The primary aim should be to prevent abuse where possible, but if preventive measures fail, robust procedures should be in place to deal with incidents of abuse effectively and sensitively. Social service authorities (and, where a criminal offence may have been committed, the police) have a responsibility to make inquiries into concerns about the welfare of a vulnerable adult. At a local level agencies involved in the care and protection of vulnerable adults (eg, commissioners, providers and regulators of health and social care services, the police, local housing and education departments and voluntary and private sector organisations) are beginning to work in partnership to ensure robust procedures are in place.

Work has also been undertaken to develop lists of people who are considered unsuitable to work with vulnerable adults. In England and Wales, the Protection of Vulnerable Adults scheme for care homes and domiciliary care agencies introduced a list of care workers who have harmed a vulnerable adult or put them at risk of harm. The aim of this list is to ensure that known abusers do not rejoin the care workforce. Full details of the scheme can be obtained at [www.doh.gov.uk](http://www.doh.gov.uk). In Scotland, the Scottish Executive has consulted on proposals to compile and maintain a list of people who are considered unsuitable to work with vulnerable adults ([www.scotland.gov.uk](http://www.scotland.gov.uk)).

Pharmacists and registered pharmacy technicians are advised to know, if required, how to access details about local policies and procedures (eg, via local primary care organisation, trust or social services) and ensure they act in accordance with them.

## 5. What to do if abuse is suspected

A pharmacist or registered pharmacy technician may become concerned that a vulnerable adult is being abused, or is at risk of abuse, as a result of one or more of the following:

- Direct disclosure by the vulnerable adult
- A complaint or expression of concern by another person
- Observing the behaviour of the vulnerable adult

*It is important that pharmacists and registered pharmacy technicians do not discuss concerns about abuse with the alleged perpetrator. Care must also be taken not to disturb or destroy articles that may be used in evidence during a criminal investigation or ultimate prosecution.*

If abuse is suspected or reported, pharmacists and registered pharmacy technicians

should act in line with local policies and procedures to:

- Take reasonable steps to ensure the adult is in no immediate danger
- Seek appropriate medical treatment for the adult if required
- Contact the police if it is believed that a crime may have been committed
- Obtain permission from the vulnerable adult before disclosing confidential information about them (see below for further guidance on confidentiality and consent)
- Where appropriate, discuss concerns with the relevant manager or person responsible for overseeing the care of the vulnerable adult
- Consider the need to inform the vulnerable adult's GP or treating doctor
- If, after discussion, abuse or neglect is still considered to be a possibility, make a referral to the social services department
- Follow local child protection procedures where a child is also at risk
- Keep records of all concerns and discussions about the adult, the decisions made and reasons for these decisions. As abuse can often be a culmination of events, it is important to maintain appropriate records of concerns whether or not further action is taken at the time

## 6. Consent

A key issue in the protection of vulnerable adults is one of consent. Vulnerable adults have a fundamental human right to decide how and with whom they live. Persons who are able to make decisions for themselves are entitled to refuse protection. However, if the person lacks mental capacity to make this decision or there is an overriding public interest (eg, other vulnerable adults are at risk) the need for referral should be considered. Wherever possible, the vulnerable adult should be informed that a referral will be made and the reasons for this.

Pharmacists and registered pharmacy technicians are often unlikely to be in a position to assess a person's mental capacity accurately. Therefore where there is a concern about a vulnerable adult's mental capacity to consent to protection, it is advisable to discuss concerns with other appropriate professionals and persons involved in the adult's care. If this is not possible pharmacists and registered pharmacy technicians should use their professional judgement, based on the information that they have, to act in the patient's best interests.

## 7. Confidentiality

Pharmacists and registered pharmacy technicians have a duty to respect and protect the confidentiality of any information they have relating to a vulnerable adult. Such information should not normally be disclosed without the vulnerable adult's consent. However, there is an underlying professional requirement to act in the interests of patients and other members of the public. Consideration may need to be given to

disclosure without the vulnerable adult's consent in situations where:

- The vulnerable adult's health renders him or her incapable of consent (eg, mental incapacity)
- Disclosure is necessary to prevent serious injury or damage to the health of the vulnerable adult, third party or to public health (eg, other vulnerable adults are also at risk)
- Disclosure is required by law or under an order of a court

Information should only be disclosed to relevant persons or agencies on a "need to know" basis. It is advisable to maintain a record of what information is disclosed, when it is disclosed and to whom.

Pharmacists and registered pharmacy technicians should not give a vulnerable adult assurance of confidentiality of information disclosed to them, especially in situations where other vulnerable people may be at risk. Wherever possible, vulnerable adults should be informed of any decision to share information that is contrary to their wishes. They should be aware of what information is being shared and with whom.

Further guidance on confidentiality and consent can be found in the Royal Pharmaceutical Society fact sheet, "Confidentiality, the Data Protection Act 1998 and the disclosure of information", which can be accessed at [www.rpsgb.org](http://www.rpsgb.org) or by sending a stamped, self-addressed envelope to the Fitness to Practise and Legal Affairs Directorate.

## 8. Further information and advice

Pharmacists and registered pharmacy technicians can get advice about any local procedures for the protection of vulnerable adults by contacting the local primary care organisation, NHS trust, health board or social services authority. Further information can also be obtained from the following sources:

1. No secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse. Department of Health/Home Office. London: Department of Health; 2000. Available at [www.dh.gov.uk/scg/nosecrets.htm](http://www.dh.gov.uk/scg/nosecrets.htm)
2. In safe hands: implementing adult protection procedures in Wales. National Assembly for Wales. Cardiff: National Assembly for Wales; 2000. Available at [www.wales.gov.uk](http://www.wales.gov.uk)
3. The Scottish Executive ([www.scotland.gov.uk](http://www.scotland.gov.uk))
4. Protection of vulnerable adults scheme in England and Wales for care homes and domiciliary agencies. Department of Health. London: Department of Health; 2004. Available at [www.dh.gov.uk](http://www.dh.gov.uk)
5. Confidentiality, the Data Protection Act 1998 and the disclosure of information (Fitness to Practise and Legal Affairs Directorate fact sheet 12). London: Royal Pharmaceutical Society; 2004. Available at [www.rpsgb.org](http://www.rpsgb.org)