

Royal College of Psychiatrists Consultation Response



DATE: 11 October 2011

RESPONSE OF: THE ROYAL COLLEGE OF PSYCHIATRISTS

RESPONSE TO: Protecting children and young people: the responsibilities of all doctors

The Royal College of Psychiatrists is the leading medical authority on mental health in the United Kingdom and is the professional and educational organisation for doctors specialising in psychiatry.

We are pleased to respond to this consultation. The lead author was Dr Tara Weeramanthri, with contributions from faculties and divisions at the College.

This consultation was approved by: Dr Ola Junaid-Associate Registrar

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GMC Consultation: Comments on new draft guidance to doctors: *Protecting children and young people: the responsibilities of all doctors*

The following comments on the draft guidance are written on behalf of the Royal College of Psychiatrists. For the sake of brevity, the term children is used for children and young people.

1. General Points

This draft guidance and the clear emphasis on all doctors having responsibilities for child protection, even those working solely in adult services, is very welcome.

The organisation of the guidance into key sections is clear and helpful. However, some sections are over-inclusive and perhaps at times state the obvious for example paragraph 8, page 6.

The key points box for each section is very helpful. It would be useful to consider producing a 1-2 page summary sheet for circulation to all doctors with the list of principles and 'key points boxes' all presented on one sheet (see below).

Protecting children and young people : the responsibilities of all doctors

Principles

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Identification

Communication

Confidentiality

Record-keeping

Consent

Working together

Training & Development

Giving Evidence

Annex B on assessing capacity and Annex D on assessing best interests are very helpful.

2. Principles

In the introductory paragraph, it should be emphasised that the child's welfare is paramount and that doctors should always act in the best interests of the child. The latest research overview on identifying and responding to child maltreatment (Carolyn Davies and Harriet Ward, 2011) suggests that the focus was too often on the family rather than safeguarding the children.

The general principles, although otherwise comprehensive, do not address which children and young people doctors have responsibility for. The introductory paragraph could make it clear that the principles should guide doctors when they receive information or see signs that raise concerns about any child or young person. Paragraph 5(f) is so important that it could be placed higher up the list of principles.

Paragraph 5c – The key issue is that doctors must listen and take account of the views of children and young people and then make decisions in their best interests, rather than a focus on children as individuals with absolute rights. (The appendix on capacity is very helpful in guiding how this can be done.)

3. Identifying children and young people at risk of abuse and neglect

In considering identifying children and young people at risk, paragraph 6 could remind doctors that they need to think about any child (not just the patient's own child) that an adult patient may be in contact with. Example (a) could be amended to: 'a child being in contact with a parent or other adult with drug or alcohol misuse or mental health problems'.

In paragraph 13 (about religious and cultural differences) the phrase 'not allowing your personal views about parents' and other adults' religious and cultural practices or beliefs to adversely affect decisions about them or their family' emphasises the effects of the decision on the adults and may inhibit

doctors from acting to protect children and young people. It is suggested that it is amended to 'not allowing your personal views about religious and cultural practices to affect your decisions'. The following amendment is also suggested - 'If in doubt, you should seek advice from a professional or service that has experience working with a particular community, and [rather than or] from a named or designated doctor or lead clinician, or where these are not available, an experienced colleague'.

It would be helpful to have some guidance on dealing with situations in which an adult patient discloses abuse as a child but does not want to take it further and where there are potential risks to others.

4. Communication and support

The key points should indicate that the doctor may decide not to share information in the first instance with the parents if that would endanger or increase the risk to the child in any way.

Paragraph 19 – If there are concerns, it would be best practice in most circumstances to speak to the child on their own, to allow the child to speak freely without fear of censure or of distressing the parent.

In paragraph 21, which is about communicating with parents, there is a need to indicate that a risk of serious harm to the child or of undermining child protection proceedings may (legitimately) prevent doctors from giving information to families when concerns are first identified.

5. Confidentiality and information-sharing

Perhaps paragraph 28 should read 'You should seek consent to share information unless doing so would increase the risk to anyone or undermine

the purpose of the disclosure' as delay is not the only reason for not seeking consent (See previous comments on communication.)

In paragraph 33, it is not clear why a doctor would decide not to inform an appropriate agency when he or she believed a child was at risk or subject to abuse or neglect and examples would be essential to illustrate this point.

6. Training and development

It may be helpful to have some dedicated training for doctors on talking about these difficult and sensitive issues with children and with parents, including dealing with the angry and emotional responses that sometimes ensue, including complaints at times.

Reference:

Safeguarding Children Across Services: Messages from research on identifying and responding to child maltreatment, Executive Summary, May 2011

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