

Doctors' responsibilities in child protection

Guidance from Londonwide LMCs

General principles

- In child protection cases, a doctor's chief responsibility is to the well-being of the child or children concerned.
- Where a child is at risk of, or believed to be at risk of, serious harm, the interests of the child override those of parents or carers.
- Where suspicions of abuse or neglect have been raised, doctors must ensure that their concerns and the actions they take, and the discussion they have with colleagues or professionals in other agencies, are clearly recorded in the child's medical record.

What GPs should do if they suspect abuse

- Report your concerns promptly and in detail to the social services department or police. You can make the initial report by telephone, but you should then follow it up immediately in writing.
- Wherever possible, listen to the views and wishes of the children concerned.
- Keep clear, accurate, comprehensive and contemporaneous notes.
- Make a record of the contact in the child's medical notes and keep copies of any letters you send or receive in the child's record.
- Make sure you have access to the London Procedures. Available at <http://www.londoncpc.gov.uk/procedures/>
- **You cannot charge social services or the PCT for any referral or report which you initiate.**

What GPs should do if social services telephone for information

Remember, you should be extremely guarded in giving any information by telephone. If at all in doubt, ask for the caller's name and phone number and call them back. The following summary procedure may help.

Urgent enquiries

- Ask the social worker if the enquiry is in the context of emergency action to safeguard a child or whether it is a section 47 enquiry.

Note: Section 47 of the Children Act applies to cases where there is reasonable

cause to suspect that a child is suffering, or is likely to suffer, significant harm.

- Ask the social worker to fax you a request for a report from the medical records, including the consent of the child/parent/carer unless this would put the child at increased risk of harm.
- If you are satisfied that informed consent has been given, and the enquiry is urgent, you may give **relevant** details over the telephone from the medical records of those who have given consent, but you should **always follow this up with a report in writing**.
- Be guided by the principles of proportionality and need to know in deciding what information to share.
- It is administratively convenient for a faxed request to be accompanied by a fee claim form, **but you should not delay providing your report simply because of absence of a claim form, nor demand payment in advance**.
- When you receive the faxed request you should complete and return the report as soon as possible, ideally the same or the next working day.
- If the social worker declines to fax a request for a report and tries to insist on a telephone response, then you should ask for the name and telephone number of their manager.

Routine enquiries

- If the social worker explains that the request is a more “routine” enquiry, then again you should ask for a faxed request with the appropriate consent and claim form.
- Once you have received these you should complete and return the report as soon as you reasonably can – within seven days wherever possible. Again, do not delay your report whilst awaiting payment-related paperwork or payment itself.

Confidentiality and consent

- If the child is competent to give consent, then you should normally obtain their consent. (“Gillick competence” - see note 1)
- If the child is not competent to give consent, then you should normally seek the agreement of parents or carers, **provided this would not put the child at increased risk of harm**.
- If the parent/carer or competent child has **refused consent** to a social worker, or their consent is unobtainable by the social worker for other reasons, you may attempt to **get this consent yourself**, as long as this can be done without putting the child at increased risk of harm, (including causing undue delay to the enquiries).
- If consent can still not be obtained, **you should provide relevant information from the records if you feel that not to do so would place the child at increased risk of harm**.

- If you decide to go ahead without consent, you have to be prepared to justify your decision.
- If you decide not to provide information that may protect a child from the risk of significant harm, you likewise have to be prepared to justify your decision.

The GMC's guidance entitled "Confidentiality: Protecting and Providing Information" emphasises that you must always pass on information if you believe disclosure is in a patient's best interests and makes specific reference to suspected child abuse. (see note 2)

Payments

- Requests from social service departments for information are not part of a GP's responsibility under General or Personal (unless specifically included by mutual agreement) Medical Service contracts and the PCT is required to pay a fee for the work undertaken. Fees are no longer set nationally - for guidance see the LMC website under 'Collaborative Arrangements'.
- A request from a Local Authority officer constitutes the offer of a contract to undertake the work and GPs should resist pressure to undertake the work *pro bono*. If payments are not made, the advice of the LMC should be sought. All practices retain the right to seek payment of the unpaid fees through all normal channels irrespective of their status as NHS Bodies for their GMS/PMS contract.

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Note1: The 1985 House of Lords' ruling in the Gillick case established that children under the age of 16 who have the capacity and understanding to take decisions about their own treatment are also entitled to decide whether personal information may be passed on and generally to have their confidence respected.

Note 2: See paragraphs 27 (Disclosures to protect the patient or others), 28 (Children and other patients who may lack competence to give consent) and 29 (Disclosures where a patient may be a victim of neglect or abuse) of the GMC's guidance on confidentiality. The guidance may be accessed on the GMC's website <http://www.gmc-uk.org/>