

Safeguarding Children – applying the principles of *Working Together* to Shiatsu and Complementary Therapies.

Working Together is a document produced by the DoH that is intended to clarify how different agencies and individuals who are involved with children can share information when they are concerned for a young person's well-being. Children are most at risk when adults fail to respond when a child tries to communicate that they are at risk in some way, or when adults fail to recognise or even notice evidence of abuse. *Working Together* tries to correct this.

In terms of child protection the position of a complementary therapist is similar to that of any other health professional.

3.18 All health professionals, Play an essential part in ensuring that children and families receive the care, support and services they need in order to promote children's health and development. Because of the universal nature of health provision, health professionals are often the first to be aware that families are experiencing difficulties in looking after their children.

[GH. Indeed there will be some instances where a complementary therapist will be approached in preference to an NHS service and in these instances we have a special responsibility, and perhaps need to be specially vigilant.]

Some issues may be more likely to present themselves than others, and some issues are more obvious. Possible issues could be physical abuse, sexual abuse, neglect, withholding of necessary medical treatment, Munchausen's by proxy, female genital mutilation, domestic violence.

There is a difference when considering abuse by others, as in the cases above, and other issues such as mental health problems, anorexia, or self harm where different ethics apply in terms of considering how the practitioner responds to the choices a child is making. Abuse occurs when a person who is more powerful (often a parent or other adult) is forcing harm on a child which the child is unable to prevent. Often a crime is being committed. These guidelines consider how a complementary practitioner should respond in these circumstances.

The simple answer is that if a practitioner has any doubts about the safety of a child then they should contact Social Services. They need not make a referral and could invite the social Worker to have a “hypothetical conversation” before making a decision about whether to make a formal referral. However, if they think a child is at risk they should make the referral.

1 The Contract

Whenever a complementary therapist is working with children there should be a clear and explicit contract that the practitioner will contact other parties if they have concerns over a child’s well-being. If an adult is abusing one child then he/she may be abusing others, hence informing other agencies is by definition in the public interest.

The contract should not make a commitment to inform parents in advance of notifying other agencies. When a crime is being committed notice that you are going to inform the police simply gives a person time to dispose of evidence.

The contract should be short and to the point, probably only one sentence, part of an information leaflet.

2 The legal position

From *Working Together*

7.27 Research and experience have shown repeatedly that keeping children safe from harm requires professionals and others to share information: about a child’s health and development and exposure to possible harm; about a parent who may need help to, or may not be able to, care for a child adequately and safely; and about those who may pose a risk to a child. Often, it is only when information from a number of sources has been shared and is then put together that it becomes clear that a child is at risk of or is suffering harm.

The guiding principle is that the child’s safety is paramount and overrides other principles of confidentiality or privacy or parental authority.

7.32 The law permits the disclosure of confidential information necessary to safeguard a child or children in the public interest:

that is, the public interest in child protection may override the public interest in maintaining confidentiality. Disclosure should be justified in each case, according to the particular facts of the case, and legal advice should be sought in cases of doubt.

The principles involved in protecting data are not in conflict with those involved in protecting children.

7.33 The Data Protection Act 1998 requires that personal information is obtained and processed fairly and lawfully; only disclosed in appropriate circumstances; is accurate, relevant and not held longer than necessary; and is kept securely. The Act allows for disclosure without the consent of the subject in certain conditions, including for the purposes of the prevention or detection of crime, or the apprehension or prosecution of offenders, and where failure to disclose would be likely to prejudice those objectives in a particular case.

3 What to do and what happens next.

If you think a child is at risk then a practitioner should decide to contact either Social Services or the Police. Depending on the severity (and urgency) of the issue the practitioner may wish to consult with a supervisor or advisor. It is important that any consultation takes place within an appropriate timescale.

Social Services should be willing to enter into a hypothetical discussion if the practitioner does not want to give details at the first instance. Sometimes Social Workers are insistent on having more information than the practitioner wants to give, in which case the practitioner has grounds to insist that the conversation remains on the level they have requested. However the outcome of the conversation may be that the practitioner is required to give more details.

Once the Social Worker has the information then they have responsibility for any further action. At the time of the referral the Social Worker will clarify what the concerns are about a child's safety and establish whether or not the police should be informed. They would also decide whether the parents should be informed about the referral, normally they would. The Social Worker would expect the referral to confirm the details of their concerns in writing.

The Social Worker is required to decide a course of action within 24 hours. Depending on the severity of the concerns an Initial Assessment will take place within 7 days or 48 hrs (often called s47 after the specific part of the Act). Following the assessment the Social Worker would normally inform the family and the referrer of any outcomes. Outcomes would include Immediate Protection, No further Action, (further) Core Assessment. This may also involve setting up strategy meetings to agree and co-ordinate any action taken, the practitioner may be invited to attend.

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