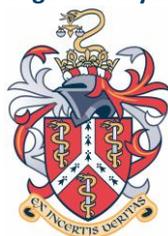


FACULTY OF FORENSIC & LEGAL MEDICINE

of the Royal College of Physicians of London



Registered Charity No 1119599

Academic Dean
1 White Horse Yard
78 Liverpool Road
London N1 0QD

✉ academicdean@fflm.ac.uk

NICE

childabuse@nice.org.uk

14 August 2014

Dear Sir/Madam

NICE clinical guideline: Child abuse and neglect

Thank you for the opportunity to respond to this consultation.

I am writing to you on behalf of the Faculty of Forensic and Legal Medicine (FFLM) regarding the National Institute for Health and Care Excellence (NICE) consultation on the draft scope to develop a social care guideline for child abuse and neglect.

The FFLM was established in 2006 by the Royal College of Physicians of London and has been founded to achieve the following objectives:

- To promote for the public benefit the advancement of education and knowledge in the field of forensic and legal medicine;
- To develop and maintain for the public benefit the good practice of forensic and legal medicine by ensuring the highest professional standards of competence and ethical integrity.

The Faculty includes three different professional groups:

- Forensic practitioners
- Medically qualified coroners
- Medico-legal advisers to the medical defence organisations.

Forensic practitioners include those doctors and other healthcare professionals who provide medical care to complainants of both violent and sexual offences and also to those who are detained in police custody on suspicion of these crimes. The FFLM, which is recognised by the Home Office (see Hansard, March 18th 2009, Column 1164W) as being responsible for advising on the standards to be expected from all healthcare professionals involved in custody healthcare and forensic examination, has developed a wide set of standard documents.

We welcome the opportunity to contribute to the consultation proposals and believe that our members, particularly our health care practitioners, have essential paediatric, adolescent and forensic expertise needed to support the child protection process. Members already provide advice both at a strategic level and on a case-by-case basis.

The scope should include the development of pathways, with all the agencies involved in the whole process, from setting thresholds with social care to ensure that safeguarding is of the highest quality and the best outcomes are achieved. We agree that this is in agreement with Working Together 2013. However, we express our serious concerns that costs should not impact on excellence. Whilst we recognise the need to work within the current economic restrictions it is important that the quality of services is not impeded

financially. We agree that this issue falls to the role of the commissioners, but the guidance needs to set the optimal standards.

It is our opinion that the draft scope covers the key areas required, including the clinical areas in which our practitioners practise. We note that settings where there is an interface between health and justice are included. In our experience this interface can cause debate between professionals on occasions regarding consent for a medical assessment.

The guidance needs specific coverage of consent to be included in the “who and where” section addressing consent for medical assessments. From experience social workers and doctors have different interpretations for consent. Doctors would consider all parties with parental responsibility (PR) for a CYP to be informed and involved whenever possible, this is sometimes at odds with social care who can hold PR and act alone to provide consent for proposed medical assessments. It is the HCP undertaking the health assessment who takes the consent, according to health and GMC recommendations.

Regarding key areas of practice which will not be covered

- We note that in section 4.3.7 “Criminal Investigation of Child Abuse and Neglect” is to be excluded in the guidance. It is our opinion that this aspect of a safeguarding investigation can provide a degree of closure for CYP and their families or carers, and should be considered in the set of outcomes. This is an area of safeguarding CYP that is sometimes neglected and demands expertise including a high standard of performance and understanding of the court process. The same professionals are often involved in the social, family and criminal processes concurrently. If this area is to be excluded from the guidance there should be a link to another document that covers this area.
- Consideration should be given to female genital mutilation, which needs to be specifically excluded, since there is guidance being developed for this particularly focused aspect of child protection.

We agree with the aim to improve outcomes for CYP who are at risk of or who have suffered maltreatment, including neglect. The FFLM looks forward to making a significant contribution during the development of the NICE guideline and associated social care guidance manual. We request that we are able to have a representative in the Guideline Development Group.

Yours sincerely



Dr Linda Teebay MB,ChB,MFFLM
On behalf of the Faculty of Forensic & Legal Medicine