Safeguarding Children and EHC

Elaine Wyllie
Designated Nurse Safeguarding Children
North Yorkshire and York
Safeguarding is everyone’s responsibility: for services to be effective each professional and organisation should play their full part.” (HM Government, 2013)

Pharmacists have a professional, legal and moral duty to protect children from abuse or neglect and to work with other organisations and authorities to safeguard children.” (Royal Pharmaceutical Society, 2011)
Children Act (1989):
* defines child as “anyone who has not yet reached their 18th birthday.”

Sexual Offences Act (2003):
* broader definition of sexual abuse;
* new offences (including grooming and abuse of a position of trust);
* offences against children considered in respect of their age;
* age of lawful intercourse is 16 years;
* age of consent for heterosexual or homosexual activity is 13 years – ignorance about age cannot be used as a defence;
* sexual activity with a child aged 12 years or under is, therefore, a criminal offence, and should be reported.
Whilst 16 remains the legal age of lawful sexual intercourse, health professionals are able to provide contraceptive help and advice to all young people (including those under the age of 16) when they are assessed as Fraser competent.

However, the possible safeguarding needs of the child should be taken into consideration along with their need for contraceptive help and advice.
“involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve:
* Physical contact, including assault by penetration;
* Non-penetrative acts;
* Non-contact activities;

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.”

Harry M. Government, 2013
“Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people or a third person or persons) receive ‘something’... as a result of them performing, and/or another or others performing on them, sexual activities.

Child sexual exploitation can occur through the use of technology without the child’s immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain.

In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.

Violence, coercion and intimidating are common, involvement in exploitative relationships being characterised in the main by the child or young person’s limited availability of choice resulting from their social/economic and/or emotional vulnerability.

HM Government, 2009
“One of the most difficult ones (hindering factors) is that young people don’t recognise their exploitation and so that is a challenge in itself... the young people are needy, they want love and a sense of belonging and that’s what exploiters home in on...”

“Running from hate to what you think is love”
Barnado’s, 2013
Thinking about vulnerabilities and alerting features

- Learning disability;
- Older “boyfriend”;
- Young person not permitted to be seen without partner;
- Use of drugs and/or alcohol;
- Homelessness;
- Association with other young people believed to be in exploitative relationships;
- Young people in care;
- Young person presented with gift/cash by partner after accessing pharmacy;
- Multiple presentations for EHC/STD treatment/pregnancy tests;
- Any features of abuse or coercion within relationship;
- Migrant children (potential for trafficking);
- Any evidence that sexual activity was not consensual.
Indicators of other forms of abuse:

* Injuries which could be consistent with physical abuse;

* Any features of neglect;

* Any behaviours which may suggest emotional abuse.
What do I do now?
Check it out with colleague, safeguarding advisor, Children’s Social Care or the Police (Vulnerable Persons Unit);

Make referral to Children’s Social Care;

Consider sharing “soft intelligence” even if referral not indicated.
In summary:
We all have a right to expect our personal information to be obtained and processed fairly, to be accurate, to be held securely and to be confidential.

However, this right is not absolute and may be breached in certain circumstances:
* with the individual’s consent;
* upon the order of a court;
* for the prevention of a crime;
* in the wider public interest.
Safeguarding Children App

- Search “iPhone app store for “nyscgc”
- App available to download free of charge
- Android and desk top versions due for release shortly
Any questions?
A fifteen year old girl attends your service with an older male requesting emergency contraception.

What would you do in this situation?

What main questions would you ask?

If further concerns were raised what process would you follow?