

‘ContactPoint’ and the ‘fig leaf’ of
confidentiality in safeguarding
children

School of Social Work Research
Conference

6th November 2009

Hilary Tompsett, Head of Social Work,

Outline of Workshop Presentation

- Introduction to 'ContactPoint'
- Brief overview of research project and findings
- Consideration of themes: confidentiality, consent and information sharing
- Views of research participants
- Some key questions and challenges emerging from this research

Introduction to 'ContactPoint'

- An online directory: part of Government's 'Every Child Matters' (2003) programme post Climbie
- A tool to hold basic information about every child and for information sharing
- Legislated August 2007, implementation Oct 2009
- “a quick way for authorised practitioners in different services to find out who else is working with the same child or young person”
- “..to transform children's services by supporting effective prevention and early intervention”

Aims of the Research Project

- *To explore the “conflicts of interest that are raised when a GP has both a child and an alleged perpetrator as patients in child protection cases” (DfES 2005)*
- *To suggest ways of resolving these conflicts*

One of 10 projects (Fieldwork: May 06 - Oct 07, £125,000)

Part of DCSF/DH initiative over 4 years into Safeguarding Children (£2.25 million total)

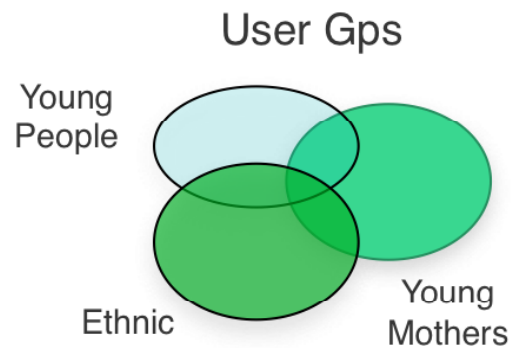
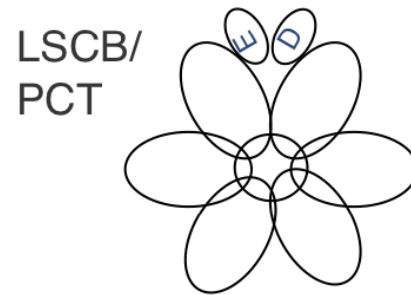
Linked to theme: Interprofessional learning and practice

Other themes: Definitions of emotional abuse/neglect;
Identifying & evaluating outcomes for children

Issues from the Literature

- Conflict of interest - parent/child/family as patients.
- The “fig leaf” of confidentiality?
- Information Sharing – confidence in the interagency response.
- Consent – clinical/professional expectations/requirements
- Risks – to child, family and GP inherent in decision making and referral
- Confusion around GP/practice role in safeguarding children.

Research Components



and the 'expert'
'Expert' Gp community



Research Methods

Subjects	Sample
GPs: <i>Questionnaires</i> to PCTs, training events <i>Interviews</i> with self-selected GPs	96 14
LCSB/PCTs: <i>data collection</i> Key Stakeholders: <i>Interviews</i>	2 19
Young People, Young Mothers, Ethnic Community: <i>Focus Groups</i>	3
'Expert Group': <i>Delphi Panel</i>	25

Key Findings:

The Child, the Family and the GP

1. Expectations of GPs *not fully shared* as to their role in safeguarding children.
2. GP focus on *supporting families to support* children
3. Preference for *advice from paediatrician/health visitor* unless clear cut referral to social care
4. *Lack of confidence in children's social care*
5. *Lack of reference to children and their wishes*
6. Importance of the *health visitor* role
7. Child protection work *not valued under QOF*
8. GPs *acknowledged low attendance* at case conferences

Perspectives from the research

- Confidentiality, consent and information sharing: plethora of professional guidance (GMC, BMA, RCGP, RCPCH)
- *“You owe a duty of care and confidentiality... as set out by the GMC to every one of those patients. And if you suspect that a child may be in harm’s way.. the **child’s interests have to be paramount** because they’re probably the most vulnerable person in that situation” (GP)*
- *“I know there is going to be a flag attached to people to point out that further information is available... but I think it needs to be managed with great care, you know we need to share information but we do also need to **protect confidentiality**” (GP) (my emphasis)*

Perspectives from the Research 2

- Interagency and interprofessional relationships, trust and responses: *‘often Social Services do not act on concerns from GP – it takes a great deal of concern to contact them in the first place’ (GP)*
- *I think we’ve learnt that GPs...are often hesitant to share information, because if they’ve got information on the adult as well as the child they, its quite a difficult job deciding what is **relevant** about the adult’s medical situation or the information.. to the protection of the child” (Key Stakeholder) (my emphasis)*
- *“The issue that addresses it, is that you have got mutual respect and you know what’s going to happen when you share information and you can trust the person you share information with. But how can you, when you don’t know them?” (Key Stakeholder)*

Some key questions and challenges emerging from this research

- Who is the focus of concern? Adult/child/family?
How are children's best interests served? Is there a conflict?
- What helps and hinders information sharing?
- Do our own views on information storage affect opinions?
- Will ContactPoint change professional behaviour?
Family behaviour?
- Should there be mandatory reporting of child protection concerns? Is ContactPoint the beginnings of this? (Munro & Parton 2007)
- Is it only GPs that are affected by confidentiality

Final thoughts...

- *“Some agencies still think they are helping out social care rather than thinking that safeguarding is everybody’s responsibility”*
(Laming 2008, citing LSCB study, p 36).
- Key messages in biennial analysis of serious case reviews 2003 – 5:
‘Remember the power of personal contact’
(Brandon et al 2008)

And last words on accountability and good practice

- *‘If they suspect that something’s wrong with the child then they have to act on it’ (Young Mother)*
- *“I don’t think he should break confidentiality. I think he should get the person – whatever circumstance- to realize you know, she obviously realizes she needs help, in which case she needs a few words of encouragement to get to the place where she needs to be. I don’t think he should break confidentiality at all. Cos your life’s your life” (Young Person)*

Acknowledgements to the Research Team and funders

Hilary Tompsett
Dr Mark Ashworth
Christine Atkins
Dr Ann Gallagher
Maggie Morgan
Rosalind Neatby
Professor Paul Wainwright
with assistance from:
Dr Lorna Bell (Project consultant)
and Project Steering Group

And with grateful thanks to the Departments of Health and Children, Schools and Families

References 1

- Brandon M, Belderson P, Warren C, Howe D, Gardner R, Dodsworth J & Black J (2008) *Analysing child deaths and serious injury through abuse and neglect: what can we learn? A biennial analysis of serious case reviews 2003 – 2005'* Nottingham: Department for Children, Schools and Families publication
- British Medical Association (2004) *Doctors' Responsibilities in Child Protection Cases: Guidance from the Ethics Department* London: BMA
- Contactpoint (2009) London: DCSF
Accessed 4.11.09 at:
<http://www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/contactpoint/contactpoint/>
- GMC (2004 and 2001, 2000, 1998) *Confidentiality: Protecting and Providing Information* London: GMC
- GMC (2007) *0-18 years: guidance for all doctors* London: GMC
- HM Government (2004) *Every Child Matters: Change for Children* London: DfES Publications

References 2

- HM Government (2006) *Working Together to Safeguard Children: a guide to Inter-agency working to Safeguard and Promote the Welfare of Children (2nd edition)* London: The Stationery Office
- Laming, H (2008) *The Protection of Children in England: A Progress Report*, London: The Stationery Office
- Munro E, Parton N (2007) *How Far is England in the Process of Introducing a Mandatory Reporting System?* Child Abuse Review Vol 16(1) 5-16
- Royal College of General Practitioners (2007) *Safeguarding Children and Young People: A Toolkit for General Practice* London: RCGP
- Royal College of Paediatrics and Child Health(2004) *Responsibilities of Doctors in Child Protection Cases with Regard to Confidentiality* London: RCPCH