The Tavistock and Portman NHS
NHS Foundation Trust

Freedom of Information Act 2000 disclosure log entry

Reference

21-22174

Date sent

26/10/21

Subject

Request for GIDS Safeguarding SOP

Details of enquiry

The latest judgement in Bell vs Tavistock from the Court of Appeal references Tavistock's Standard "Operating Procedure", developed in January 2020.

Is it possible to direct me to where I can access this SOP or to share a copy?
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Response sent

Your request for information, as detailed in your email below, has been forwarded for response to the Freedom of Information team. It has been handled under the FOI Act 2000. Please find below the GIDS Standard Operating Procedure (SOP) as requested.

GIDS Safeguarding Standard Operating Procedure

Version	1.1
Date issued	November 2019
Approved by	Operational Delivery Board
Lead Staff	[redacted]
Review Date	November 2020

1. Introduction

1.1. The Gender Identity Development Service (GIDS) is committed to promoting the safeguarding of children and young people and protecting them from the risks of harm as required by section 11(2) (a) Children Act 2004. Every single person, who is contracted to work within the Trust, is expected to take the safeguarding of children, young people and adults seriously.

1.2. This document outlines the principles and procedures of safeguarding within GIDS that all staff must familiarise themselves with and adhere to. This is supplementary to, and must be read alongside the Tavistock and Portman NHS Foundation Trust's (hereafter referred to as the Trust) Safeguarding Children Procedure 2017 and the Safeguarding Adults at Risk Policy and Procedure 2018 (when concerns relate to parents, carers or older siblings), as well as local and national guidelines.

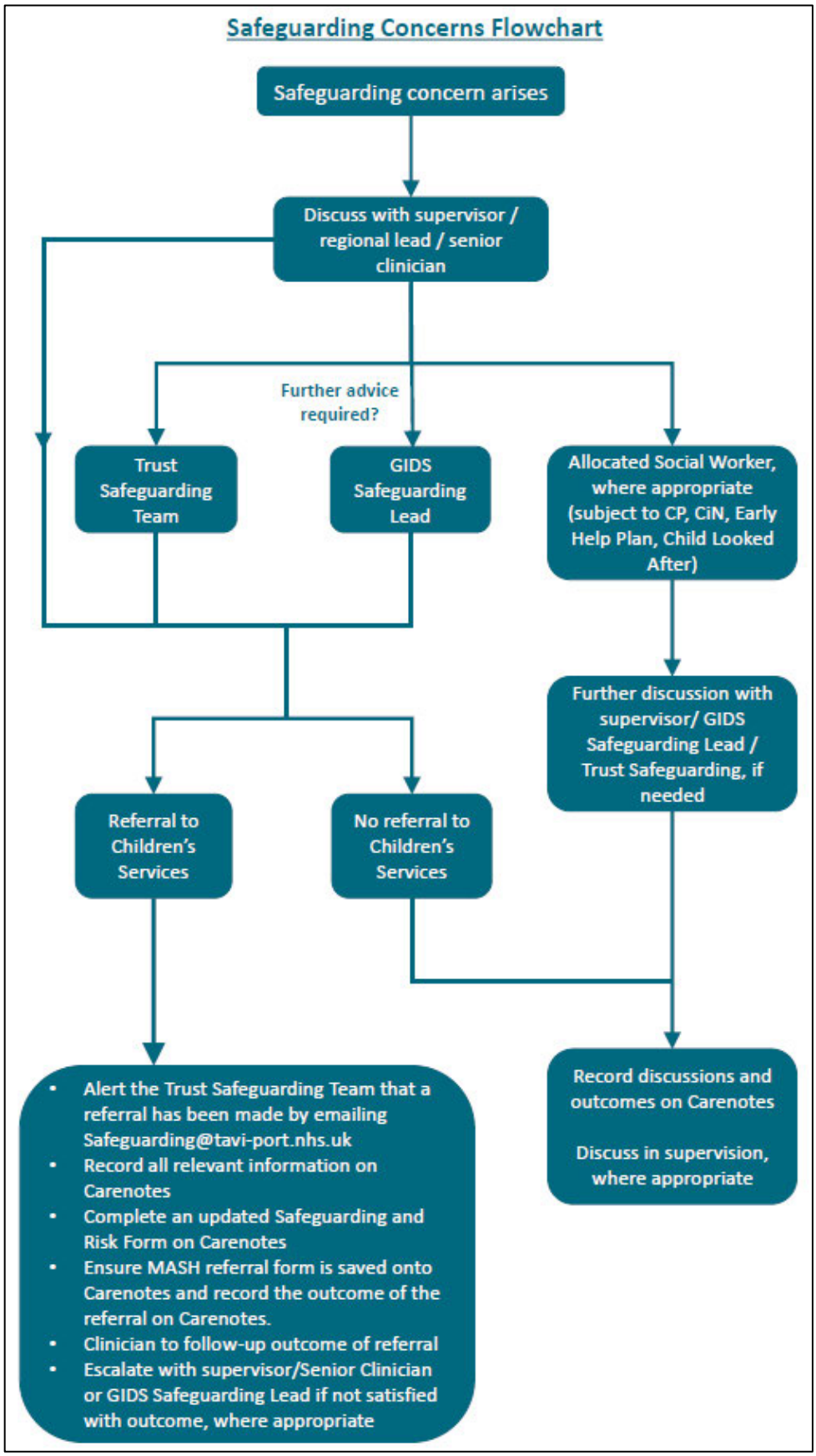
2. Associated policies (for the latest version of Trust policies, please refer to the intranet)

- Safeguarding Children Procedure 2017 (Trust)
- Safeguarding Adults at Risk Policy and Procedure 2018 (Trust)
- Children Act 1989
- Health and Social Care Act 2008 Regulation (CQC website)
- London Child Protection Procedure 2017
- Working Together to Safeguard Children 2018
- NICE Guidelines on child abuse and neglect (NG76)

3. Key Safeguarding contacts (as of November 2019)

- GIDS Safeguarding Lead: Garry Richardson (ext 2040)
- Named Professional for Safeguarding Children: Sonia Appleby (ext 2434)
- Trust Advisor for Adults at Risk: Janna Kay (ext. 2587)
- Named Doctor: Dr Caroline McKenna (ext 2096)
- To contact the Trust Safeguarding Team, please contact CYAF Reception (ext 2243), or by emailing safeguarding@tavi-port.nhs.uk

4. Raising Safeguarding Concerns in GIDS



4.1. Seeking Advice

4.1.1. If staff need to seek advice, information or support regarding any safeguarding related matters, they should seek the advice of their supervisor, any member of the GIDS Senior or Exec team or the GIDS Safeguarding Lead. If none of the aforementioned are available, advice and support should be sought from the Trust Safeguarding Team contactable through CYAF Reception (ext 2243) or by emailing safeguarding@tavi-port.nhs.uk.

4.1.2. If clinicians are off-site on outreach or are based in Bristol, Birmingham, Leeds or elsewhere outside London and no local senior clinician is available, they must contact the GIDS Safeguarding Lead or the London admin team who may be able to locate other senior clinicians and/or the Trust Safeguarding Team (see above for their details).

4.1.3. If the child/young person has an allocated LA Social Worker (child/young person subject to CPP, Child Looked After), GIDS clinicians must discuss any arising safeguarding concerns with the social worker and update the clinical records.

4.2. Out-of-hours

4.2.1. If a concern arises after 5 pm or at the weekend, consideration must be given to following:

- Contacting the local Children's Services Out-of-Hours contact. (NB this is the Children's Service located where the young person resides or currently is).
- Making a referral to the child/young person's GP
- and/or recommending the child/young person attend the nearest A&E Department.

4.2.2. GIDS clinicians are required to follow up the following working day with the service user and any services recommended and when a referral is made. The clinical record must be updated.

4.3. Making a referral to Children's Services

4.3.1. When a decision has been made to make a referral to Children's Services, the appropriate referral form, specific to each Local Authority, must be completed. These may be available as an online form or downloadable forms that will need to be emailed to the local MASH team. Clinicians must ensure to save a copy of the completed MASH referral form (requesting a copy if needed) on the child/young person's Carenotes record and complete detailed clinical notes.

4.3.2. Your referral must be succinct and explicit about the concerns and your understanding of how the referral meets the threshold for Section 17 (Child in Need) or Section 47 (significant abuse or harm). Please also detail your expectations of the actions Social Services should take and how you/your team believe these interventions will meet the child/young person's needs.

4.3.3. GIDS clinicians must not make referrals to statutory agencies without first consulting with their supervisor, Senior Clinician or the GIDS Safeguarding Lead. If it is an urgent matter and no-one within the GIDS is available, contact the Trust Safeguarding Team as above.

4.3.4. The appropriate section on the Safeguarding and Risk Assessment Form on Carenotes must also be completed. Please note that this does not automatically alert the Trust Safeguarding Team, hence they should be alerted once a referral has been made by emailing safeguarding@tavi-port.nhs.uk.

4.3.5. The parent/carer should be informed if a referral to Children's Services is made unless it would not be in the child/young person's best interests for this disclosure to be made (i.e. be at risk of further abuse). Please note you are currently required to seek the consent of the service user if they are Gillick Competent. See the following link for more information **https://www.nhs.uk/conditions/consent-to-treatment/children/**

4.4. Information Checklist when making a Referral to Children's Services

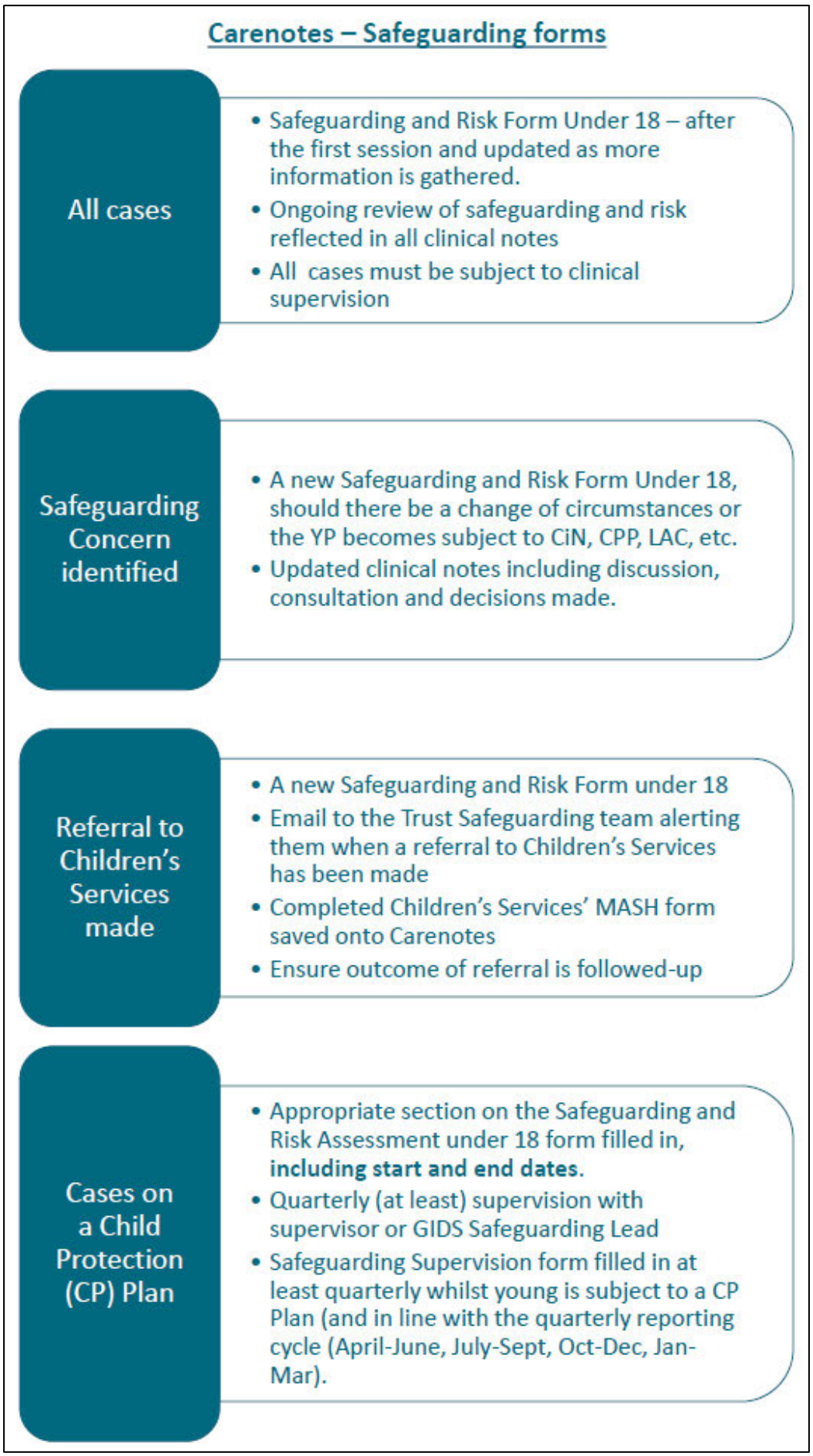
i. Full Names, D.O.Bs and gender of children and adults living in the Household
ii. Address of Family Home, GP and School(s)
iii. Identity of Adult with PR (parental responsibility)
iv. Ethnicity, First Language and Religion
v. Salient Events in Family History
vi. Cause for Concern
vii. Any Special Needs of Child or Parent
viii. Child's Current Whereabouts
ix. Details of the Alleged Perpetrator and Relationship to the Child
x. Other Agencies currently, or in the past, involved with the Family
xi. Parental Agreement to the Referral obtained or not

4.5. Carenotes forms

4.5.1. A Safeguarding and Risk Form Under 18 on Carenotes **must** be at least partially completed after the first appointment for **all cases**. Whilst it is understood that the form cannot be comprehensively completed at this stage, an initial assessment of risk should be carried out and the relevant sections of the form completed after the first appointment. In addition to this, all levels of identified safeguarding concerns must be recorded on the child/young person's Carenotes record. This must include the discussion and reasons for any decisions made (i.e. why the child or young person was or was not referred to Children's Services). This form must be regularly updated should there be a change in the level of risk or any other circumstances as indicated on the form.

4.5.2. Please note that updating the Safeguarding and Risk Under 18 form on Carenotes means creating a new form. The new form will be auto-populated with details from the previous completion. Please delete and change answers to reflect current circumstances.

4.5.3. See below for a summary of Carenotes forms and refer to the GIDS Clinical Record-Keeping Protocol.


Carenotes – Safeguarding forms
All cases
• Safeguarding and Risk Form Under 18 – after the first session and updated as more information is gathered.
• Ongoing review of safeguarding and risk reflected in all clinical notes
• All cases must be subject to clinical supervision
Safeguarding Concern identified
• A new Safeguarding and Risk Form Under 18, should there be a change of circumstances or the YP becomes subject to CiN, CPP, LAC, etc.
• Updated clinical notes including discussion, consultation and decisions made.
Referral to Children's Services made
• A new Safeguarding and Risk Form under 18
• Email to the Trust Safeguarding team alerting them when a referral to Children's Services has been made
• Completed Children's Services' MASH form saved onto Carenotes
• Ensure outcome of referral is followed-up
Cases on a Child Protection (CP) Plan
• Appropriate section on the Safeguarding and Risk Assessment under 18 form filled in, including start and end dates.
• Quarterly (at least) supervision with supervisor or GIDS Safeguarding Lead
• Safeguarding Supervision form filled in at least quarterly whilst young is subject to a CP Plan (and in line with the quarterly reporting cycle (April-June, July-Sept, Oct-Dec, Jan-Mar).

5. Safeguarding in GIDS

5.1. Gender Dysphoria in children and young people should not be perceived or treated as a safeguarding concern, in and of itself. As a national service, GIDS sees a high number of children, young people and their families and safeguarding and child protection concerns may be identified at the point of referral and/or during the course of the work. GIDS clinicians are qualified, regulated health care professionals. They are employed by the Trust and are subject to Safer Recruitment practices and undertake mandatory Levels 1 and 3 safeguarding training. The aforementioned trainings are refreshed on bi-yearly and three yearly basis, respectively.

5.2. Safeguarding processes for GIDS are in line with Trust and local, regional and national procedural guidance.

5.3. Clinicians who work outside and beyond the London Borough of Camden must not only be compliant with Trust procedures, but must also be cognisant of their local safeguarding procedures, and if in doubt must speak to their supervisor, Senior Clinician or the GIDS Safeguarding Lead. If none of the aforementioned are available, contact the Trust's Safeguarding Team contactable through CYAF Reception (ext 2243) or by emailing safeguarding@tavi-port.nhs.uk, who are available during standard office hours.

5.4. Within GIDS, there are a number of forums where safeguarding issues can be raised and discussed (as individual cases as well as general themes) with clinical members of staff:

- Weekly regional team meetings
- Individual supervision
- Regular case discussion forums with senior clinicians
- Monthly psychoanalytic forum
- Whole team meetings & '5th Tuesday' reflective spaces.
- Bi-annual whole team staff away days.

5.5. GIDS has its own Designated Safeguarding Lead who is part of a network of leads from different services across the Trust who regularly meet as a group. There are also Social Workers within each of the GIDS regional teams who can be consulted on general case discussion. The team of GIDS Social Workers meet quarterly to discuss safeguarding and other social work support for the whole team.

5.6. Safeguarding concerns when on outreach

5.6.1. As a highly specialised national service, GIDS clinicians provide regular outreach services across the country. If any safeguarding concerns arise whilst clinicians are on outreach, the Safeguarding flowchart on page 2 should be followed through telephone conversations. Should there be any issues contacting appropriate clinical staff, clinicians should speak to the GIDS administration team for assistance as they may be better able to locate an appropriate clinician in London.

5.6.2. In addition, GIDS staff are expected to follow the Trust's Lone Working Policy (2017), available through the intranet.

5.7. Children subject to a Child Protection Plan

5.7.1. If a child/young person is subject to a Child Protection Plan (CPP) at any stage during their time in GIDS (at the time of referral, or at any point during assessment/treatment), this must be clearly recorded on the intake form (if known at point of referral) as well as the appropriate section on the Safeguarding and Risk Form Under 18s on Carenotes. Clinicians must also ensure that the start and the end dates (if applicable) of the CP plan are recorded on Carenotes. This will create an alert on the record to indicate that the child/young person is the subject of concern and is known to other services. The Trust Safeguarding Team must be alerted when a child/young person has been subject to a Child Protection Plan for more than two years and/or has a history of Child Protection Plans (CPPs). These cases must be discussed in supervision and concerns escalated to the GIDS Safeguarding Lead as necessary. Further escalation can be made by the GIDS Safeguarding Lead to the Trust Safeguarding Team.

5.7.2. Clinicians who are allocated to cases where a CP Plan is in place must ensure that they liaise with the network around the young person, including attending Child Protection Conferences where possible. As a national service, it is understood that clinicians may not always be able to attend these meetings. In these instances, clinicians can join the meeting by phone or at the very least, send a report ahead of the meeting. They must also ensure that the minutes of the meeting are sent to them and saved in the young person's record. In addition:

i. Cases on a CP Plan must have, at the very least, quarterly safeguarding supervision with either their supervisor, the GIDS Safeguarding Lead or team case discussion with a senior clinician present.
ii. All safeguarding supervision sessions regarding CP cases must be recorded on the Safeguarding Supervision Form on Carenotes.
iii. Should a young person be referred to the Endocrinology team, documentation sent to University College London Hospitals (UCLH) and Leeds General Infirmary (LGI) must clearly indicate that the young person is on a CiN or CP Plan.

5.8. Endocrinology

5.8.1. GIDS and its endocrinology partners, UCLH and LGI share clinical care and responsibility for children and young people referred to endocrinology services.

5.8.2. Standard GIDS and Tavistock and Portman NHS Trust safeguarding policies and procedures apply with any work carried out by GIDS. UCLH and LGI have their own safeguarding policies that reflect national safeguarding guidelines and policies.

5.8.3. When a safeguarding concern arises within the joint work of GIDS and the endocrinology teams, it should be discussed with relevant endocrinology staff, GIDS clinician(s) attending clinic that day, GIDS clinicians working with the child/young person involved and potentially

the GIDS Safeguarding Lead. Any further escalation would follow both organisations' safeguarding procedures.

6. Safeguarding Audits in GIDS

Audit	Frequency	Undertaken By	Size	Method	Rationale
6.1 (Partial) completion of Safeguarding and Risk Form under 18 after the first assessment appointment	Quarterly	An Assistant Psychologist or Research Assistant within the Service	10 from each base (London, Bristol, Leeds, Birmingham)	Randomly selecting 10 cases from those who attended a first appointment from the 'First Subsequent Attendance DNA Activity Base by HCP' report. And looking at every record to see if a Safeguarding and Risk Form Under 18 has been partially completed before the second attended assessment appointment.	To check compliance and encourage improved compliance among individual clinicians and teams; to ensure we have the required information to best support YP and families.
6.2 Completion of Safeguarding Supervision Form	Quarterly	An Assistant Psychologist or Research Assistant within the Service	All current marked CP plan cases	Using the Safeguarding and Risk Under 18 Form Report to identify which cases were subject to a CPP and reviewing the records whether a quarterly supervision with the GIDS Safeguarding Lead has taken place whilst the CPP was active.	To ensure all current cases are known to the service; to ensure clinical staff are supported and receiving appropriate supervision from the GIDS Safeguarding lead and senior clinicians.
6.3 Follow up on referrals to social services	As appropriate	An Assistant Psychologist or Research Assistant within the Service	All recent cases that involved a GIDS clinician making a referral to social services.	Review of records relating to cases referred to MASH.	To ensure that appropriate follow up has taken place to ensure appropriate actions taken by external agencies is recorded in the clinical record. In some instances it may be necessary to ensure that re-referrals to social services have also been recorded on the clinical record.
6.4 Current themes arising from safeguarding consultations	As appropriate	An Assistant Psychologist or Research Assistant within the Service	Whole cohort of consultations	Reviewing themes recorded in safeguarding consultations with the GIDS Safeguarding Lead and GIDS Social Workers and any relevant issues arising via the enquiry line, drafting a short highlight report and, if helpful, updating and/or supplementing the 'Detailing Safeguarding Challenges and Expected Responses' guidance for clinicians.	To ensure clinical staff and the broader team are aware of emerging issues, trends or unusual safeguarding concerns arising to ensure required expertise available to support staff and understanding to inform dynamically updated clinical guidance and protocols.

Appendix A: Detailing Safeguarding Challenges and Expected Responses

The following is a (non-exhaustive) summary of some of the safeguarding scenarios that are more context-specific to the work of the GIDS (i.e. where the risk of significant harm is directly associated with the child/young person's gender identity and/or gender care). This is a live document which will be updated as more themes/situations evolve through consultations with the GIDS Safeguarding Lead.

1. A child/young person who is suffering transphobic/homophobic abuse from parents/carers or the neglect of a child/young person's gender needs.

It is common for GIDS clinicians to encounter families where a range of views are held about the child/young person's gender diversity and where parents may be at very different stages in understanding and accepting their child's gender feelings.

- For the most part, these scenarios are best managed without the need to invoke safeguarding procedures.
- We offer the family a non-judgemental space that allows for different perspectives to be shared and worked through with the aim to reach a shared understanding about how to best support the child/young person.
- However, there may be occasions when a clinician becomes concerned about the nature/intensity of a parents response to their child's gender or sexual identity and the potential adverse impact of this on the child, which may necessitate the consideration of a social care referral.
- In these cases, further guidance must be sought and the GIDS safeguarding concerns flowchart should be followed.

2. Young person accessing unregulated gender-related physical treatments online/elsewhere.

GIDS are receiving increasing reports of young people obtaining gender-related treatment (for example, cross sex hormones) from undisclosed or unregulated sources, most commonly online. Young people often report feeling like they have no choice but to self-medicate in the context of long waiting times to be seen at gender clinics.

- GIDS clinicians should be aware of the potential risks to young people of self-medicating and should follow the relevant guidance if they suspect a young person to be self-medicating.
- A referral to social care should be considered if clinicians have reason to believe that the young person's parents/carers are complicit in the young person's decision to self-medicate.

3. Parent/carer (or other person/agency) overly-influencing/'driving' a child/young person's gender presentation or not keeping options open sufficiently.

During the course of their work with families, GIDS clinicians may become concerned about a parent/carer or other significant adult being overly-invested in the child's gender identity and being the main driving force behind the child's social and medical transition perhaps as a means of managing their own needs and/or being unable to tolerate the uncertainty and complexity of their

child's gender related needs. This may include concerns relating to Fabricated or Induced Illness (FII). It is important to note that these cases are rare and often highly complex.

- If clinicians have such concerns they should **ALWAYS** seek a timely safeguarding consultation with their line manager or the GIDS Safeguarding Lead.
- If, following a safeguarding consultation, a decision is made to make a social care referral, the advice from the Trust Safeguarding Unit is that clinicians should **NOT** label or diagnose these behaviours at the point of referral but instead describe the set of behaviours which are causing concern and that require a more specialist assessment/intervention.

Version History

Version	1.0	Approved by the Operational Delivery Board 12.11.19