
NSPCC

Vicky is a Policy and Public Affairs Manager at NSPCC and as an introduction to this session gave an overview around Child Protection and key statistics and multiagency safeguarding partnerships.

Statistics on child abuse and neglect

There were more than 28,000 offences of cruelty to children recorded by police in England and Wales in 2020-21ñ an increase of 22% offences since 2019/20 (source: Office for National Statistics)

A total of 206 children died due to abuse or neglect in England between 1 January and 31 December 2020.

A further 267 children were seriously harmed due to abuse or neglect. Serious harm involves the "ill treatment or the impairment of the health or development of a child". (source: Dept for Education)

Four Rs of safeguarding

The Four Rs of child safeguarding are:

1. Recognise
2. Respond
3.

Outcomes for children

Care order: local authority gain parental responsibility for a child.

Supervision order: local authority monitor child's needs while living at home or elsewhere.

Special guardianship order: child lives with someone other than their parents on a long-term basis.

Placement order: a child is placed up for adoption.

Multi-agency safeguarding partnerships

Multi-agency safeguarding partnerships came into force in September 2019 and replaced Local Child Safeguarding Boards. Three lead safeguarding partners ñ the Clinical Commissioning Group, the Police, the Local Authority - who have joint and equal responsibility for a local area's safeguarding arrangements.

Working Together to Safeguard Children, 2018 sets statutory guidance on joint responsibilities, including:

Early identification of new safeguarding issues and emerging threats.

Commission inter-agency training for practitioners working with children.

Undertake local child safeguarding reviews and embed learning across agencies and organisations.

Health's role in child safeguarding

Health professionals provide a universal service and are in a prime position to recognise and report child safeguarding concerns. A child at risk of harm may not yet be known to Social Services, but could come into contact with their GP or Health Visitor.

The Health and Care Bill

Clinical Commissioning Groups are being abolished. In July, their statutory child safeguarding duties will be transferred to new Integrated Care Boards, established under the Health and Care Bill.

It is vital that Integrated Care Boards are supported, both by the Government and the NHS to take on their child safeguarding duty, and to work effectively with LAs and Police.

The NSPCC is working to flag how important this is with the Government. Integrated Care Boards will now be required to report on their safeguarding duty every year, but wider reform is still needed to strengthen multi-agency safeguarding. For further information visit: https://www.nspcc.org.uk/globalassets/documents/policy/multi-agency-safeguarding-briefing.pdf

Naomi is an Associate at Browne Jacobson and specialises in claims against Childrenõs Services providers and claims under the HRA and DPA. Naomi has extensive family court proceedings experience and previously worked in a family law practice representing children and families.

Naomi explained that often there can be limited collaboration between Local Authorities and NHS organisations in matters involving care proceedings.

Care proceedings involve the safeguarding of children and are highly sensitive. Proceedings are held in private with no public reporting at the moment.

Clinicians may be asked to provide statements with limited or no information about the case from the LA who are often wary of disclosing privacy rules by sharing information.

Requests for statements are often urgent or last-minute and clinicians have limited/no training on drafting statements.

What can Trusts do to help Clinicians?

Clinicians can sometimes be caught unawares by criticisms in an expert report which can cause distress and reputational issues. Ensuring clinicians understand what the case is about before they give evidence is key to helping clinicians prepare adequately.

Consider whether a clinician needs legal representation. Is there likely to be aggressive questioning of a clinician?

Engage with the childrenõs legal team at the LA as early as possible to understand what is going on and what is needed from the statement. Developing good working-relationships with key personnel at the Local Authority can help with this. Multi-agency working is evermore important in light of the local report following the death of Arthur Labinjo-Hughes.

Make it clear a statement is factual, based on the records and that whilst some opinion on how an injury was causes is permissible the statement should make clear what is fact and what is opinion. It is evermore important at this time that statements are open, honest and an accurate reflection of the records/what happened.

The President of the Family Court, Sir Andrew McFarlane, spoke last week about the volume of work before the Family Court being at an all time high. All involved in Family Proceedings are at capacity and so inevitably there will be delays to hearings and an event which took place yesterday may not be heard until next year. Itõs so important to make sure that records and statements are in good order as staff will be relying heavily on these when giving evidence in person.

When asked to provide statements it is important to consider whether clinicians need legal advice. Proceedings of this kind can have a detrimental effect on the mental health and morale of staff. Staff also risk employment issues arising as a result of their evidence/any findings made against them. Having the legal team involved helps to steer the process and support staff.

If the LA are resistant to sharing information keep pushing for it. There is case law to compel the Local Authority to give limited disclosure where clinicians are giving evidence as experts which can be drawn on when giving factual statements (see W (A Child), Re [2016] EWCA Civ 1140 (17 November 2016) (bailii.org) Paragraph 95)

Discussion

Where a Trust has had a request from the local authority for statements from 5 midwives in a 4 day time period with little understanding that the Trust canôt just produce statements that quickly, how much push back does the Trust have?

Find out who the local Court is that is dealing with the matter and if you have been asked to provide statements by a certain date, take steps to say that there has been delay in being provided with the Order and set out a reasonable date by which your staff member can prepare a statement. Copy the Court into the email to the LA. The Court will often accept delays by medical professionals because there is a recognition that they have other commitments.

Does the Trust have any pushback about where babies are being kept on the ward as a place of safety because there is no placement for them as this is effectively bed blocking.

There are not enough services to provide the care that is needed while the Court are looking through the application. The safest place for them often is in the hospital setting whilst there are no other private or social care settings for them and until the outcome of the initial hearing has been decided.

There was some discussion about whether a maternity ward can be a place of safety during the pandemic and an example was given of a mother who contracted COVID-19 whilst being held on

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Child Safeguarding in childcare proceedings

Marilyn Whittle, Legal Services Director, Sheffield Children's NHS Foundation Trust

Supporting clinicians

Clinicians need full support when attending hearings, often things change last minute, regarding the numbers and who needs to attend court. Prepare clinicians for this by explaining the worst case scenario (having to give evidence) and that they may be let go at the last minute or let go but then called back.

Better relationships between all parties ensure that better preparation and delivery is achieved.

What exactly is an ôIntervenorõ and what are the

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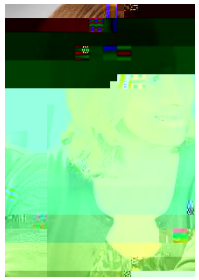

Lorna Hardman

Nottingham

Simon Tait

Nottingham