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Sent by email:

WorkingTogether2017.consultation@education.gov.uk

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Dear Sir/Madam

Royal College of Nursing Response to Draft of Working Together to Safeguard Children 2018 Consultation

With a membership of around 435,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

The RCN welcomes the opportunity to respond to this important consultation. Our response has been informed by feedback from members at national and regional level. The consultation primarily seeks views about:

- Multi-agency safeguarding arrangements
- Learning from serious cases about children
- Child death reviews

Safeguarding children and young people continues to be an exceptionally high profile area of work and the well documented failures of the established system in several localities maintains public and media attention on the issue. At the same time demand for safeguarding, and children's services more generally, has risen significantly in recent years with additional areas of focus including for example child sexual

exploitation, female genital mutilation, the impact of domestic violence and radicalisation.

Several members have questioned the level of detail concerning health in particular in the revised *Working Together to Safeguard Children 2018* and highlighted that NHS England's guidance ought to be fully encompassed within the statutory guidance rather than be separate. It should be noted that in the 2010 version of *Working Together to Safeguard Children and Young People* all specific information concerning partner agencies roles and responsibilities was contained therein. We believe that it is a retrograde step for all partners that such information is not included in the revised *Working Together to Safeguard Children*.

Members have expressed concerns about the proposals related to governance, assurance and accountability structures and process, as well as outcomes as a result of the replacement of Local Safeguarding Children Boards (LSCB's) with Local Safeguarding Partners (LSP's) following the Wood Review which highlighted bureaucratic process and the acceptance of less than good performance at agency and individual practice levels. Several of our members have expressed particular concern in respect of self-determined scrutiny appointments and the potential lack of independence and resultant risk of reduced scrutiny and challenge. While many members have highlighted that changes in structure will not necessarily change the culture and improve multi-and inter-agency working to protect children and young people.

While the core key partners are named in the revised '*Working Together to Safeguard Children 2018*' as the local authority, Clinical Commissioning Group (CCG-health) and police, members have questioned the absence of education as a key partner, particularly as teachers have a key role. There is therefore a need to make explicit reference as to how education and teachers should be engaged in safeguarding children and young people, which may for example be within working groups accountable to the Local Safeguarding Children Partnership Board. Others have questioned the decision not to list key relevant agencies such as General Practitioners even if they are commissioned by the CCG. A key issue to be addressed and included within the revised '*Working Together to Safeguard Children 2018*' is the absolute necessity for Designated Nurses and Doctors for both Safeguarding Children and Designated Nurses and Doctors for Looked After Children to be cited as clinical and professional advisers to the Local Safeguarding Children Partnership Board.

Our members have highlighted that the revised statutory guidance does not adequately address the relative looseness of the "duty to cooperate" (section 10, Children Act 2004) and the difficulties experienced by some LSCBs in dealing with some local relevant agencies. The crucial role of NHSE and regulators to ensure that commissioners and commissioned services are held to account if statutory requirements are not met could perhaps be emphasised.

Members have therefore raised issues regarding the funding of the proposed changes contained in the revised *Working Together to Safeguard Children*. There are significant concerns that in the context of current financial constraints that 'non-partner' agencies may lack commitment to fully participate and contribute to the required resourcing arrangements to safeguard children and young people at local level. In

addition members have expressed concern about the current and future proposals regarding both *Designated Nurses for Safeguarding Children* and *Designated Nurses for Looked After Children*, in terms of the level of focus and resource allocated to these roles and functions, particularly with the clustering of CCGs (Clinical Commissioning Groups) and the emergence of Accountable Care Organisations (ACOs).

Indeed, many members across the country have reported that Designated Nurses for Safeguarding Children roles and responsibilities have been combined with adult safeguarding and looked after children, with some roles also encompassing other responsibilities regarding quality assurance. While *Designated Nurses for Safeguarding Children* and *Designated Nurses for Looked After Children* are quite rightly based within CCGs, there appears to be a lack of understanding of the clinical expertise and professional responsibilities that is required across the whole health economy and care system. It is importance to ensure that organisational structures are not prohibitive of *Designated Nurses for Safeguarding Children* and *Designated Nurses for Looked After Children* having direct access to Chief Executives and Executive Boards to highlight issues of concern so as to improve systems and outcomes for children and young people.

We note that the *Intercollegiate Safeguarding Framework - Safeguarding children and young people: roles and competences for health care staff*¹ and *Intercollegiate Framework - Looked after children Knowledge, skills and competence of health care staff*² is referenced, particularly in respect of education and training required by health staff, regardless of the setting in which they work. Nevertheless we strongly feel that the revised *Working Together to Safeguard Children* must encompass greater detail regarding health, including key roles and responsibilities of all *Designated Nurse and Designated Doctor* roles, particularly at this time when 'health' is becoming more and more fragmented, along with increasing financial constraints. A failure to include such detail increases the risk of the lack of focus and resource at local level to safeguard children and young people across health economies and care systems.

Members have highlighted the need to learn from serious cases at a local and national level, although they have expressed concern regarding the ability to meet the 5 day turnaround timeline.

There is recognition and general agreement regarding changes suggested, including that child death reviews should primarily be led and overseen by clinicians and the Department of Health. We are supportive of the need for reconfiguration so as to ensure panels cover the suggested population size, as well as the requirement of a 'key worker' to provide signposting support for families. We would advocate that in terms of the independent chair the Statutory Guidance must be more explicit as to who the most appropriate person/s is to undertake this role and we would recommend a

¹ *Safeguarding children and young people: roles and competences for health care staff*
[http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%20%20%20%20%20\(3\)_0.pdf](http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%20%20%20%20%20(3)_0.pdf)

² *Looked after children Knowledge, skills and competence of health care staff*
https://my.rcn.org.uk/_data/assets/pdf_file/0019/451342/RCN_and_RCPCH_LAC_competences_v1.0_WEB_Final.pdf

glossary of terms/definitions, particularly in relation to terms such 'modifiable' which can be interpreted differently.

I hope that you find the above comments helpful. We would be more than happy to meet with key officials to ensure that the final revised *Working Together to Safeguard Children* 2018 addresses the key concerns highlighted by our members.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Fiona Smith', written in a cursive style.

Fiona Smith

RCN Professional Lead in Children and Young People's Nursing