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Submitted to Child Protection Authority
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Respondent information

1 What is your name?

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3 Are you responding as an individual or on behalf of an organisation?

Organisation

4 What local authority area are you based in? If your organisation operates outside of local authority boundaries, then please give further information below.

Please select:

Please give information below.:
CPSIG (Child Protection Special Interest Group) is a UK wide organisation.

5 Would you like us to keep your responses confidential?

No

Reason for confidentiality:

Child Protection Authority Overview

6 Do you agree with the scope of the CPA?

Yes

If No, what would you add, delete or amend? Please explain why::

7 How else might the Panel develop its role to help explore potential CPA functions in the interim period while the CPA is being consulted on and created?

Please comment below::

8 The cross government Violence Against Women and Girls [VAWG] Strategy is due to be published shortly. The strategy will set out how we will halve VAWG in a decade - as well as the further measures we will take to support the victims and tackle the perpetrators. What more could we do to make sure that the design of the CPA will contribute to the work to tackle VAWG?

Please comment below::

System Leadership & National Oversight

9 Do you agree with the proposals set out for how the CPA will have national oversight of the child protection system?

Yes

If No, please explain why::

10 How should the CPA advice government on systemic risks and emerging themes in child protection?

Please comment below::

The proposal to report to the Keeping Children Safe Ministerial Board is a good one, however, a concern is that the new Ministerial Board might be too focused on child sexual abuse and exploitation. The CPA should tackle the whole range of child protection concerns, and reassurance that the new Ministerial Board will do likewise is needed. The reports to the Board should be open and transparent.

11 Do you agree with the proposals set out for how the CPA will horizon scan?

No

If No, please explain why::

No, because too much emphasis is being put on horizon scanning. The concern is that focusing on horizon scanning will detract from addressing the work that we already know needs to be done regarding current threats. By focusing on improving the current system's understanding of the origins and responses to harm, then we will be better prepared to deal with whatever future mechanisms of harm arise.
It is also of concern that your list of those most vulnerable to harm currently suggests that there will be a focus on those who are already well into the safeguarding system. This risks a lack of focus on the many children who are at the child protection level / at ICC for the first time, such as those coming for NAI (non-accidental injury) assessments or CSA and those identified as experiencing neglect and emotional abuse secondary to DV. These are not necessarily straightforward situations, and the system needs to be robust for them too, not just those at risk of exploitation.
The concern is that children will lose out who are at the 'beginnings of their safeguarding journey', at a time when there is the most potential to put in positive support.

12 Do you agree that a national body should monitor diverse information sources to identify emerging threats to child protection?

Yes

If No, please explain why::

13 Do you agree with the proposals set out for how the CPA will build data and analytical expertise?

No

If No, please explain why::

Whilst there might be a lot of data related to child protection in general, there is certainly not a lot of data about the child protection medical assessments that are undertaken. As part of having a comprehensive oversight, the CPA needs to map who is doing the child protection work. From a health perspective, it will be important to map who/which named departments in which Trusts are responding to the statutory duty to assist the local authority when they request a medical assessment for potential non accidental injury/physical abuse, possible child sexual abuse or to a request regarding neglect? How health services organise their response to other concerns such as possible FII could also come into that mapping process, though would be harder to do.
In health, the RCPCH national child protection service delivery audit found it challenging to identify services who were undertaking CP medical assessments as there is no local or national mapping of this. There is no national list/register of named and designated doctors in England either, hence that potential source of information was unavailable. Providing CP medicals was not always conceptualised as a service to be managed and evaluated, hence no regional or national data collection or analysis of quality and effectiveness has been developed as yet.

14 Are the data sources set out the right ones for the CPA to identify risks and systemic issues?

No

If No, please explain why::

There need to be additional data sources, as there is a dearth of data from health.
A rolling audit programme of services which deliver child protection medical assessments, either for possible physical abuse or sexual abuse would help to identify and monitor the systemic risks. Significant unwanted variation in services was identified in the 2023 RCPCH national child protection service delivery audit (https://www.rcpch.ac.uk/work-we-do/clinical-audits/child-protection-service-delivery-standards). Due to non recurrent funding, that well received and informative audit was not repeated, however CPSIG believes that a similar audit should become a regular event.

Medical opinions are also requested by the local authority when there are concerns about possible neglect or FII (fabricated or induced illness). Services which support paediatricians to provide such opinions are also likely to be highly variable and would benefit from standards being developed to ensure an up to date, evidenced based approach to assessment and recommendations. Once such standards are in place, services adherence to these standards can then be audited as well. This would support more effective commissioning and funding of services to deliver medical assessments and opinions for children presenting both in and out of office hours.

15 How can the CPA ensure its data and intelligence work complements local efforts and avoids duplication with existing systems and responsibilities?

Please comment below::

16 What types of national reports, dashboards, or analytical products would be most useful to practitioners and policymakers?

Please comment below::

From a health/paediatrician's perspective, we need reports which relate to our work in child protection medical assessments, covering the range of concerns that we are asked to provide an opinion upon; including physical and sexual abuse, but also neglect and other issues including FII.
There are likely to be two main types of report, firstly operational, in terms of infrastructure that the service has available, and secondly from a more clinical perspective including reports showing patterns of abuse and emerging themes. In 2023 RCPCH funded an audit Child Protection Service Delivery Standards Audit - report | RCPCH which was operational, highlighting significant unwanted diversity of service provision, including some services not

having access to photo-documentation or chaperones. This audit and report was welcomed by paediatricians working on the ground as well as by Trusts and allowed services to argue for local improvements. Due to lack of further funding the audit was not repeated. HQIP funds health audits, however, the vast majority relate to adult health care (https://www.hqip.org.uk/a-z-of-nca/). There are 3 paediatric audits that RCPCH deliver on HQIP's behalf, namely diabetes, epilepsy and neonatal care, which help to drive up clinical standards in these areas (https://www.rcpch.ac.uk/work-we-do/clinical-audits). It would be helpful if the new CPA were to fund a recurrent child protection audit programme from an operational perspective, as well as developing one from a more clinical perspective, which should also include a measure of the clarity of the paediatric opinion in reports.
It would be helpful to understand more about how many children are seen for CP medicals in different areas of the country, including rates per 10,000 local child population. This would enable comparison with statistical neighbours and to consider reasons for differences in rates, if such are found to exist. There is a huge amount of basic data that is not being collected with respect to the paediatric contribution to safeguarding children, and paediatricians would welcome the ability to benchmark the services that they work so hard to deliver.
With respect to all reports about data, there needs to be careful interpretation of the findings. For example, it is not necessarily good that the number of children on a CP plan are coming down, nor that an area has a low rate of CP medicals taking place. To enable comparisons across social care departments, more standardisation of terminology would be helpful.
It would be beneficial to look at health involvement in strategy discussions and especially if they are involved when decisions are being made about whether a child protection medical assessment should be conducted.
Clinical data regarding non-mobile babies with fractures, and how many of these are receiving child protection assessments would be helpful. Similarly, information from burns units.

17 Do you agree with the proposals set out for how the CPA will identify and address evidence gaps?

Yes

If No, please explain why::

System learning and support

18 Do you agree with the proposals set out for how the CPA will promote and embed good practice?

Yes

If No, please explain why::

19 How can the CPA work collaboratively with your organisation to promote learning, innovation and continuous improvement in child protection?

Please comment below::

CPSIG would welcome interaction with the CPA in the future from a range of perspectives.

20 Do you agree with the proposals set out for how the CPA will support research and evidence?

Yes

If No, please explain why::

21 How should the CPA prioritise research topics, particularly in collaboration with existing What Works Centre and research bodies?

Please comment below::

There needs to be a strong health voice when prioritising research, including a range of consultant paediatricians with expertise in various clinical areas including but not limited to abusive head trauma, child sexual abuse assessment, bruising, neglect and neurodevelopmental conditions. Children and families who are experiencing the impact of neurodivergent conditions appear to be over-represented in all areas of safeguarding, including assessments for NAI. Child and Adolescent Psychiatrists, Psychologists and Psychotherapists should also be involved from the perspective of researching the assessment and support needed for children and young people who have experienced significant emotional harm and trauma. Enhanced research may also support clinicians who provide expert opinions which is an area of work where there are significant delays due to lack of experts being available and this is impacting on the time taken for legal cases to be heard which impacts significantly on the children affected.

22 How can the CPA ensure that commissioned research is accessible, relevant, and used effectively by practitioners?

Please comment below::

The evidence base needs to be monitored and transformed into 'go-to' resources that are easily accessible to practitioners. There are a range of ways this is currently done, but it is a scattered approach, and bringing them together would help, instead of practitioners needing to know where to look online. In paediatrics, RCPCH have a helpful child protection microsite which contains a range of resources for us to go to. In particular the regularly updated 'Child Protection Evidence' reviews of the literature, looking at topics such as bruising patterns and bites etc. producing accessible summaries of the current evidence.

23 How can we ensure that the CPA has the evidence-base embedded in the child protection system?

Please comment below::

As per the answer to question 22. Plus, inspections and accreditation activities should look for evidence of services being aware of up to date research.

24 What risks or challenges do you foresee in establishing a national body to synthesise and advise on child protection learning?

Please comment below::

It's a huge topic, so there is a risk of being overwhelmed. The CPA needs to avoid duplication, such as for the centres of expertise, and should coordinate with them to cover specific areas.

25 What content, features, or formats would make a national learning platform most useful for improving child protection practice in your local context?

Please comment below::

In addition to a learning repository, it would be helpful to have a national repository of approved resources. To have 'off the shelf' leaflets or weblinks that have a generic section to explain the issue, for example 'what is a child protection medical?', and a second local section to insert the local phone numbers, location and map of venue, car parking etc. so each local area doesn't have to reinvent the wheel. Similarly, resources that explain expectations of roles and responsibilities for health, social care, education and parents in complex neglect situations. Local areas would be welcome to produce new resources, but it would be good to have an accreditation system of such, so that high quality can be maintained.
It would be helpful to ensure any learning takes into account local variations in population demographics, culture, socio-economic disadvantage etc and is tailored to local need.

26 Do you agree with the proposals set out on how the CPA can support workforce and training?

Yes

If No, please explain why::

27 Do you support the CPA working with regulators and professional bodies, and national government, to promote consistent training standards across safeguarding partners?

Yes

If No, please explain why::

Driving System Improvement in the Child Protection System

28 Do you agree with the proposals set out for the CPA to support multi-agency learning and improvements?

Yes

If No, please explain why::

29 Do you believe your sector would benefit from additional support from the CPA when implementing recommendations and improvements?

Yes

If No, please explain why::

30 What do you think are the most persistent barriers to implementing recommendations from local and national reviews effectively?

Please comment below::

31 How do you think the CPA could best monitor the implementation of recommendations from reviews?

Please comment below::

32 Do you agree with the proposals set out for how the CPA will address persistent failings (powers to compel information sharing, powers to convene partners, powers to advise inspectorates on activity)?

Yes

If No, please explain why::

33 In what circumstances should the CPA escalate its concerns to inspectorates?

Please comment below::

34 How can the CPA ensure that its approach is both proportionate and effective?

Please comment below::

Any escalation should be made in consideration of local circumstances and recognition of the systems rather than scapegoating individuals or agencies as that can produce fear and unwillingness to be involved in child protection work. It would be better to promote good practice that everyone can learn from, rather than focusing on poor practice.

35 Where significant failings are identified, including persistent lack of action against recommendations, what additional actions or powers should the CPA be able to take to hold organisations to account?

Please comment below::

System Effectiveness; structure and engagement with other bodies

36 Do you believe these are the correct criteria by which to determine what type of public body the CPA should take?

Not Answered

If No, please explain why::

37 What types of professional expertise and backgrounds should be represented within the CPA to ensure it can respond effectively to child protection challenges? Are there any specific roles or disciplines you believe are essential?

Please comment below::

It will be important to have a range of health professionals at a high level in the CPA, including paediatricians who have expertise in acute paediatrics and paediatricians who have expertise in community based paediatrics. Senior clinicians from CAMHS services would also be helpful, given that a frequent outcome for children is trauma that impacts on their mental health.

38 How can the CPA engage children, young people, and victims/survivors?

Please comment below::

They could work with children and families from a range of backgrounds and could look at areas of the country where there are young scrutineers and build on their work. It would be important to consider the voices and behaviours of children who may not be able to communicate effectively e.g. babies and those with communication or language needs.