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Independent Inquiry into Child Sexual Abuse Call for evidence

RCM response

Questions:

1. Please outline the steps your organisation has taken since 2015 to prevent children from being sexually abused in healthcare settings.

The Royal College of Midwives has not run professional development programmes that are directly related to prevention of sexual abuse of children in health care settings. The nature of the midwife's practice means that she may rarely need to provide care for children. However, there are circumstances where the midwife may be caring for a child (under 18) who is pregnant. The emphasis then will be about establishing the circumstances of the pregnancy and visiting the pregnant young person to assess her home/social situation and involvement of the safeguarding lead professional. These children will have special one-to-one care by the midwife and depending on the circumstances; social worker involvement will be sought.

The RCM frequently reiterates this as good practice through seminars and good practice guides which highlight information sharing and the benefits of a multi-agency approach. Over past two years the RCM have organised joint seminars with the Department of Health and NHS on safeguarding children from abuse.

In 2014, the RCM successfully campaigned with partners and urged the government o treat FGM as child abuse (adopted last year by the UN) and for the reporting of cases of FGM in under 18s to be made a Mandatory Duty for all health, education and social care professionals. These calls were made in our *Intercollegiate Recommendations for identifying, recording and reporting FGM in the UK*. This is in addition to our successful push for the introduction of protection orders for girls at risk of FGM. We also published a Q&A to enable midwives and others to understand their Mandatory Reporting Duty.

The RCM has also campaigned on issues relating to safeguarding children, such as urging that PSHE and SRE are taught in schools and signposting midwives to critical campaigns such as the NSPCC "talk pants" campaign.

We know that there are pockets of good practice where lessons learned from working and supporting vulnerable adults can be put to use with working for children. For example, award-winning midwives in Manchester have built a relationship with police and social services to identify, protect, and rescue victims of modern slavery and trafficking. However, we are of course aware of the recent cases of grooming and abuse suffered by vulnerable girls who were repeatedly failed by health professionals.

2. How well does the current legislative framework prevent the sexual abuse of children within healthcare settings?

We are not able to answer this question in its entirety as we have no evidence of effectiveness. However, we receive feed-back and concerns from midwives that it is difficult to get some social workers to act when they have suspicions or are worried about a child at risk of abuse. The issues they communicate to us are primarily about thresholds for referrals and the stress of thinking that someone is not acting in the interest of the child.

3. To what extent do the sanctions available to regulatory bodies ensure that children receiving health care and treatment are protected from sexual abuse? This includes the regulators of both:

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a) organisations providing healthcare services; and

b) professionals delivering care and treatment.

This is probably a question for the Regulator – the Nursing and Midwifery Council - as this is not within the remit of the Royal College of Midwives.

4. Are health professionals and health sector leaders provided with adequate training, support and guidance on the issue?

In many NHS Trusts, there is safeguarding training within the induction programme, and a yearly mandatory update. In some localities part of this training is available via e-learning. The RCM is in the process of developing unique safeguarding e-learning modules on our online training platform RCM iLearn, which are shorter than the long form of current e-learning training on safeguarding. There will be 8 modules on safeguarding for FGM and child sexual exploitation/abuse. These are designed to trigger the midwife to think about the child that is in front of her/him. What is happening, what to do, and who to call/ask for further advice. These are being written by safeguarding experts, including the police and barristers. Completing these ilearn modules count towards Revalidation of the midwife's registration.

5. How effectively are organisations and people held to account for the effective prevention of child sexual abuse in healthcare settings?

The RCM is unable to answer this question as we have not commissioned research/evaluation in this area. However, it may be worth considering a Mandatory Duty to report and act on suspicions/cases of CSA for all those Registrants who work with children and young people. The current checks on individuals who work with children may not be as robust or sufficient to protect children from sexual abuse. Consideration could be given to additional measures such as collaboration between internet service providers - a potential abuser within the children's workforce may not have had any criminal convictions, but may have engaged in related activities online.

6. To what extent do the responsibilities of health sector organisations to work with partner agencies help to prevent child sexual abuse in healthcare settings?

Protecting children against sexual abuse is everybody's business The RCM advises midwives to work within a multidisciplinary context. We also continue to urge employers to maintain the role of the named midwife for safeguarding including considering midwives as the designated safeguarding lead.

7. What impact (if any) have reforms of the health sector in England and Wales over recent years had on the effective prevention of child sexual abuse in healthcare settings?

The constant reorganisation in the NHS/maternity services especially the change/downgrading of roles may have had an impact, as community services are sacrificed to cope with pressures in the acute sector. For example, pressures on postnatal care mean many women received only one home visit or even none. This makes it difficult for professionals to see the woman and her baby within their own homes and communities. The continued underfunding of postnatal care, public health and overall maternity care means there is less opportunity for midwives to work with women and to make appropriate decisions about any need for referral or further support.

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8. What do you see as being the major opportunities for organisations in the health sector to prevent the sexual abuse of children in healthcare settings?

- We need to train the children's workforce specifically about child sexual abuse, not just general safeguarding of children - many health professionals (who are part of society) may have been victims of sexual abuse themselves. Employers must be obliged to provide support counselling/guidance for staff members who disclose history of sexual abuse.
- Perhaps pre-employment checks for the children's workforce need a rethink
- Improved collaboration between internet service providers and the police and severe penalties for those who are reluctant to support measures to protect children.

9. What needs to happen to ensure that organisations in the health sector best protect children receiving health care and treatment from being sexually abused?

Provide clear consistent guidelines; these guidelines must cover areas such as staff recruitment and continuous development which should be monitored against the standards. These must be accompanied with severe penalties for organisations who fail to comply/act.

10. Please describe the whistleblowing measures you have in place and how you assess their effectiveness.

The RCM developed guidance for midwives and offer regular support through our regional officers to midwives who want to disclose wrong doing in their place of employment, although this is not specifically about child abuse. Please see RCM Standing up for High Standards, RCM Raising Concerns, and the NMC guidance.

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