

# RCPCH Podcasts transcript

## Influencing the Children's Wellbeing and Schools Act

### **Andrew Rowland**

We know because paediatricians have told us, and we know because the academic evidence is clear, and we know because political and legislative evidence is clear from around the world that physical punishment harms children, harms their long term health.

### **Grace Hastie**

The common theme in terms of the Wellbeing Schools Bill or Act is that we've really tried to position ourselves as a source of expertise for civil service colleagues so they can come to us with their ideas, have an open discussion

### **Joanna Barrett**

The challenge was laid down to us to make the issue unavoidable, to really make a lot of noise about it, so that those who maybe hadn't thought about it before would start to think about it.

### **Elizabeth Collin**

So a lot of the parliamentarians that we worked with were new, new intake in 2024 and this was the first big bill that they were they were working on, so being able to bring that issue to them and develop some of those relationships that we can now go back to them on a range of child health issues, not just equal protection, for me, is really, really valuable.

### **Andrew Rowland**

Hello everybody. Thanks very much for joining us on this podcast, and welcome to this episode of RCPCH podcasts from the Royal College of Paediatrics and Child Health. I'm Professor Andrew Rowland, the RCPCH officer for child protection, and I'm a consultant paediatrician.

Today I'm going to be talking with colleagues about the Children's Wellbeing and Schools Act. This legislation, as it was introduced in 2024 by the government, intended to bring in a range of measures to strengthen safeguarding, to reform children's social care, to improve information sharing between services, and to raise standards and protections in schools. It's a really important piece of legislation for children, for young people and for professionals in England. So in this podcast, we're going to discuss what the Act contains and how the Royal College of Paediatrics and Child Health has gone about working on it as it has passed through Parliament over the last year or so.

So I'm very pleased to be joined by Elizabeth Collin and Joanna Barrett to talk about the work that RCPCH did on this legislation and our campaign on equal protection from assault. So you're very welcome to RCPCH podcasts, and I wondered if you might like to start by introducing yourselves. Elizabeth. Elizabeth, why don't you go first?

**Elizabeth Collin**

Hi, thanks, Andrew, yeah, great to be here today, I'm Elizabeth Collin. I'm the Public Affairs and Campaigns Manager at RCPCH, so I work with officers like Andrew and others in our policy team members to bring the voices of paediatricians into parliament and government and advocate for the policies that we need to support our workforce and improve child health.

**Andrew Rowland**

Great, I'm looking forward to our discussions. Elizabeth and welcome, Joanna. I wondered if you might like to introduce yourself as well.

**Joanna Barrett**

Thanks, Andrew. I'm delighted to be here. So I'm Joanna Barrett. I'm Associate Head of Policy at the NSPCC, and I cover policy in the devolved nations, so Scotland, Wales and Northern Ireland, but have looked to England on this bill for reasons that we'll come on to. So NSPCC is the big UK child protection charity, and we seek to influence policy and legislation to make sure that it's fit for purpose in protecting children from harm.

**Andrew Rowland**

Thanks very much, Joanna, and I'm absolutely sure that everyone listening is looking forward to hearing about the collaboration between RCPCH and NSPCC over a programme of work here. So before we get into our joint work on equal protection. Elizabeth, I wondered if you might like to talk a little bit about why this bill, as it was, was a really important opportunity for RCPCH.

**Elizabeth Collin**

So I think any child focused legislation is always going to be a really important opportunity for us as a college. And it was something that when we saw the Government's intention to bring forward this legislation, we were doing a lot of work to kind of figure out what might be in there, what opportunities we might have to influence it. And this bill, I think, is quite important that while it sits within the Department for Education and has a focus on schools, actually it being a children's well being bill as well, has lots of opportunities for us to work on things around children's social care, safeguarding, information sharing, which I know that Andrew will you'll get on to later on in the podcast, and also just around a kind of piece of legislation itself.

So the legislative process of having a bill go through Parliament presents lots of opportunities for us to influence. So there's lots of opportunities for us to kind of amend what the legislation has, try to get new things into the bill. It does present some challenges, in that sense, because we are one of many, many organisations that saw this bill as a really important opportunity. So it does sometimes become known as, what's what, what is known as a Christmas tree bill, where people want lots of things added to it, and the government has to try to minimize the changes to the bill and get it through. But I think what we identified was we had been doing work on equal protection for a while at this point, and we identified that this bill was an opportunity for us to secure, hopefully, some legal change through it, or at least to use it as an opportunity to raise the issue on the kind of political and national agenda.

**Andrew Rowland**

Thanks, Elizabeth and I wanted to pick up a bit on equal protection now, for a few minutes. We've deliberately at RCPCH used that term, equal protection, and not a ban on physical punishment or a smacking ban, because really, fundamentally, this is about giving children the same legal protection that adults have, and actually fundamentally, children in England and Northern Ireland, although I know this bill is an England bill, but children in Northern Ireland as well the same protection that children in Wales and Scotland have.

So Wales and Scotland have led the UK to introduce legislative change to give children the protection that they need from physical punishment, and that's why it was a really, really important issue for RCPCH to campaign on and to work on for England, as far as this bill is concerned, but also in Northern Ireland as well, because we can't have a situation in the UK where children in two countries of the UK have less protection than children in two other countries of the same country, the UK, that isn't right for their health. It's not right from a children's rights point of view, and it's also not right for services and professionals. We know because pediatricians have told us, and we know because the academic evidence is clear, and we know because political and legislative evidence is clear from around the world that physical punishment harms children, harms their long term health. That's physical health and mental health, and it creates poorer outcomes for children over the course of their childhood and potentially into their adult life as well. And that's why it's really important that the college worked on this area to try as best we can, to bring in legislative change in England, through this bill and Northern Ireland as well, through other processes, to give children the protections that they need, that they deserve, and frankly, that they're entitled to.

Now I know, Joanna, that equal protection is an issue that NSPCC has been working on for a very long time, and it really has been fantastic to have been able to partnership partner with your organization to work on this through this bill, and I know you've got some experience from Scotland of securing legislative change there, because I wondered if you might like to talk to us a little bit about how our joint work on this bill came about.

**Joanna Barrett**

Of course. Yeah. So ending physical punishment of children, as you say, has long been a priority for the NSPCC, and the reason for that is that the evidence is so clear that that it harms children, and that's something that we want to prevent. It carries with it a risk to more serious and injurious physical abuse, and that just shouldn't be something that's in the statute books in the 21st century. We shouldn't be tolerating it.

So yeah, as the accent might belie, I have influenced in a Scottish context, and was part of the campaign to end the physical punishment of children in Scotland. And there are huge parallels in the processes that we've gone through for this piece of legislation compared to what we did in Scotland, not least of which is, this is a long process, and there's a lot of winning hearts and minds. So we went from speaking to the Scottish Government in 2012 and then saying the things that the UK Government is saying now, like we don't support physical punishment, but we don't think it's the place of the state to be interfering and parenting decisions. So that was in 2012 and in 2019 the Scottish Parliament, with the support of Scottish Government, passing legislation to get rid of the reasonable punishment defense.

And I think that language that you spoke about about equal protection was really important, because smacking ban is all manner of incorrect, but smacking is a really minimizing term for what is ultimately a big person hitting a wee person, which shouldn't be happening. And so to present it as equal protection, we are asking for children to have the same protection that you and I have - rReally did help convince some politicians who were maybe sitting on the fence.

Critical to Scotland was the fact that it was a broad coalition of voices calling for the same thing. Because we are, you know, a children's charity, we will, it's to be expected that we will support or advocate for this kind of measure. When RCPCH and public health organisations got involved in Scotland, it did change the tone, because it moved from a moral or rights based argument, which is important, to something that was in the clinical sphere in practice, actual children being harmed, and professional seeing that. So the RCPCH voice was really valuable and really important to changing the dial there. So when we were wanting to influence in a Westminster context, it made perfect sense, again, to join forces with RCPCH to build that broad coalition in an England context. And like Elizabeth said, it was a Christmas tree bill, lots of people had different asks. If we had lots of people with the same ask, then hopefully that would lead to change. And we'll go into whether it did or not, I'm sure.

Thanks, Joanna. And now we've worked together for a long time on this particular area of work, and I know that you and the NSPCC have significant expertise in terms of campaigning and policy development. In the RCPCH, Elizabeth, we are really lucky to have such a fantastic parliamentary, Media and Public Affairs team with real expertise on trying to secure legislative change and developing policy at a national level.

Many people who are listening to this podcast will be likely to be pediatricians working in clinical or academic practice, and they may wonder how this kind of level of influencing can really affect them at a clinical level. And they also may think, Well, what happens in Parliament can be a bit opaque, and we are lucky to have experts such as you within the college who understand this inside out. But I wondered if perhaps you might want to explain a little bit for those people who are pediatricians working in clinical practice or academics about really what's involved in trying to secure legislative policy and parliamentary change?

### **Elizabeth Collin**

Absolutely and, yeah, you're absolutely right. Andrew, I think parliamentary processes can be really complex. Can really feel quite far away from what's happening on the ground, as it were, and then our role in the organisation is twofold, is to kind of influence that process, but also then to understand how that then relates back to our pediatricians and their practice and ensure that what's decided at a government level has a kind of real world impact.

So thinking about how a bill influencing works, how influencing a bill works. So there's lots of stages, as I said, that a bill can go through both in the Commons and then in the Lords. And at each stage, MPs and Peers in the House of Lords can propose changes to the bill, have debates on the measures, including the bill, and take votes on amendments. And essentially, what the government is trying to do is to get this legislation passed through Parliament as kind of quickly and as easily as possible and as close to the original bill that they've put forward.

But what we can do through that process is identify areas of the bill that we potentially want strengthened, or, in the case of equal protection, look at where we could seek to get an amendment to the bill to bring in a specific piece of law change. So to do that, the first thing is that we need to find parliamentarians who will champion this for us. We cannot go in ourselves and do that work. So in this context, we approached an MP called Jess Asato. She's the MP for Lowestoft, and she is somebody who, in a previous life, worked at Barnardo's, is another organisation that we worked closely on this and was a real supporter of securing equal protection.

So at the start of this process, ourselves, NSPCC and Barnardo has approached Jess to work with us on this bill and also then to help us gather parliamentary support. So in practice, that meant briefing Jess to speak to this in the second reading of the bill in Parliament and share all of the evidence that yourself and Joanna have already talked to, we've then got to write an amendment, which can be quite a technical, technical job to do to make sure that we can affect write something that is effective and accurate to change the law, and then getting other MPs to support that amendment. So we did lots of work jointly to go out to different MPs and to convince them to sign up to support that amendment, whether that is in by email or we hosted a drop-in session for MPs and peers to come and learn about the campaign. And it was really nice to see, I think we had over 30 MPs that, at various stages, added their name in support of that amendment, and across the kind of political spectrum, people coming out in support.

And similarly - so as the bill progressed through Parliament and went into the House of Lords, we worked with Baroness Finlay, who is a cross bench peer, a doctor who we've worked with on previous legislation at the college, tabled similar amendments and did similar debates, speaking to the amendment in Parliament to really continue to get this issue talked about and try to secure change. I think also it's important to say that a lot of our work is around the debates, briefing MPs, briefing parliamentarians.

But as Joanna has alluded to, so, much of this as well is that wider campaigning. It's showing the breadth of support for something. So we worked with an SBC and Barnardo's to gather, I think, around 25 organisations who signed up to our briefings to support the campaign. Those were organisations that work on human rights, children's health, public health, all manner of things, social workers, to show that this is an issue that is supported across the sector, and then using those organisations to go out to their own networks, to go out to parliamentarians and gather their support.

### **Elizabeth Collin**

And similarly, we also needed to kind of keep this topic on the agenda more broadly, so thinking about how we can utilize some of our other channels and techniques to raise awareness. So writing directly to Ministers. We had paediatricians in Scotland and Wales write directly to Ministers about the issue, and we also did lots of media work to kind of keep this really, really visible and keep pressure on as the bill went through Parliament and on that, I think Joanna one of the things that really stands out to me as a highlight of the work is the day of action that NSPCC organised, which I think really showcased the kind of power of that kind of collective group of organisations working on this.

Yeah, so we organized a day of action in October last year. And as Elizabeth said, it was really to kind of manifest, make real the breadth and depth of support across different parts of civic society, really, because I think the more that we were speaking to ministers and speaking to MPs and peers, the more we realised that, I think that there's those who support, there's those who opposed, and then there's a large group in the middle who maybe aren't aware of it as a debate or haven't really engaged in the evidence. So they are persuadable, ultimately.

So the challenge was laid down to us to make the issue unavoidable, to really make a lot of noise about it, so that those who maybe hadn't thought about it before would start to think about it. So yeah, in October, we had a day of action which had various different components. We had an open letter to the Prime Minister calling for action, which was signed by a whole range of celebrity ambassadors, CEOs of different sector organisations, really, really helpfully, hundreds of paediatricians. So RCPCH members signed that, and we submitted that. We handed that into number 10 Downing Street.

We had a bit of a rally outside the Palace of Westminster with media there to get a lot of press coverage, which there was, again, just making loads of noise. We had Digivans driving about Westminster, and then we had a drop in session for parliamentarians. And we did get people that we hadn't really engaged before, dropping in to find out more. And I think that was really successful in just creating a bit of a buzz. And we have heard through different channels and sources that it did lead to pretty senior conversations within government about about what the position was. So, yeah, I think making because, you know, emails and petitions, the written word, you know, people's bandwidth is quite limited for that, you can get lost. I think making it real and making it live and making it physical was, was really, really powerful.

It's really interesting Joanna, because, you know, when I took up my officer role, I couldn't ever have imagined that I would have been involved with our expert public affairs, media, parliamentary team and the NSPCC in actually writing a draft amendment. Legislation, handing something in with the NSPCC at Downing Street and really campaigning on an issue that's so important for children's health and so important to paediatricians to try and achieve the change that that children, the system and professionals need, but most importantly, that the children need, and for me, that has been a really interesting learning curve.

And from a professional development point of view as well, it's really showed me the importance of having clinical input into some of these policy discussions that we're having, some of these policy decisions that we're making, and I think it's through working in partnership between people who are experts in their particular profession and with other organisations that we've got the most chance of success. And that's a general point, really. It's not just about equal protection in this particular bill, but that can apply to all sorts of different policy parliamentary campaigns or policy, or parliamentary or legislative changes that people need to happen for the benefits of children in the future.

### **Andrew Rowland**

But I think one of the other really striking things about this particular process has been just how broad the support for change has been from parliamentarians, from professionals and so many organizations and individuals, but at the same time, Elizabeth, going back to some of the points that

you made earlier, it has shown that you can have a really, really good idea that needs to happen for the benefit of children, but unless you have the government support to get that idea into legislation, it can be really difficult to achieve the legislative change that really you need to happen. So I'd really be interested in your reflections before we end this section of the podcast on where we are now and what comes next for equal protection from assault. I don't know if you want to go first, Elizabeth.

### **Elizabeth Collin**

Absolutely. Andrew, I think this bill, we always knew it was going to be an uphill battle to get change through it. We've got all of this support. We secured lots of parliamentary support, lots of public support for it. But at the end of the day, this is a government bill with a large, actually government majority, so trying to get any non-government amendment through on a bill like that is really difficult. And looking to other organisations that have worked on campaigns through this bill that we've been supportive of, whether that's on children's rights impact assessments child poverty, they've all come up against the same challenge, which is, yes, there's broad support for the issue, but there's not the kind of political impetus for the government to take that on at the moment.

### **Andrew Rowland**

But I think when we look back at the work that we've done on things like this, it's important to, as Joanna mentioned, put it, in the context of a long campaigning process where you're going kind of to change hearts and minds over a long period of time, there's a case to be made about the importance of bringing an issue to light in the consciousness of parliamentarians and the public.

### **Elizabeth Collin**

So a lot of the parliamentarians that we've worked with were new, new intake in 2024 and this was kind of first big bill that they were they were working on, so being able to bring that issue to them and develop some of those relationships that we can now go back to them on a range of child health issues, not just equal protection for me, is really, really valuable. And then also similarly developing our relationships with the department on this issue, and really talking about, we've got a goal here that we want to see the end of physical punishment of children across the UK, and we've set out us all about what we think needs to happen, but we've kind of created a bit of a dialog there, and said, Look, this legislative opportunity has gone, but there are going to be future ones. So what can we do now with you to get us there, and that's something that we will continue to do, whether we're advocating in parliament for it, or talking to civil servants or continuing to work with organizations like the NSPCC and Barnardo's and others to keep issues like this on the agenda and work towards our ultimate goal.

So for me, while I am disappointed, obviously we didn't see the legal change here. I'm heartened that we're in a better position for the next opportunity to secure change.

### **Andrew Rowland**

But Elizabeth, just because we didn't get the legislative change. Now I know that this has been an issue that has been alive for so many people, and really there will be other opportunities in the future where all of the groundwork is now done. And Joanna, one of the things that is really clear about the way that the NSPCC work is that if you have found something that is a good idea and needs to happen to change things for the better for children, you don't let that go.

**Andrew Rowland**

And the NSPCC has a really long term view here, so I'd be really interested in your reflections about what's next for the NSPCC in this area.

Yeah. I mean, we do have the bit between our teeth on this. We're not going to let it go, and I think we don't have a live legislative opportunity. So then the onus is on organisations like ours and RCPCH to keep it alive. So that's what we're going to be doing. We have the King speech coming up. We will be looking at that with interest to see if there are more legislative vehicles where we could keep this conversation going. And we know that Wales are going to publish an implementation report on their change in 2027 and we will be looking to the UK Government to say, Okay, on the basis that that shows that the sky hasn't fallen in, when are we going to change the law in England?

But I think the ask has always been, in my mind, kind of tripartite. You need to change the law. You need to tell people about the change in the law, and you need to support parents and a lot of what the government were deflecting the legal change on the basis of was that we will be given information to parents through family hubs and that kind of thing. So while we are waiting for the legislative opportunity, I think we also need to keep the pressure up on, okay, well, how are you supporting parents so that they know different tactics in terms of positive parenting.

Because the change, we want to see the legislation as the vehicle to stop children being physically punished. So we're both going to pursue the legal change, but also pursue government to say, how are you making sure that parents can be the best parents that they want to be for their children?

**Andrew Rowland**

Thanks very much, Joanna, and thanks also, Elizabeth, that's been a really interesting discussion about how people with clinical ideas or things that need to change for the better for children can turn from small ideas into big campaigns to potential legislative change and to a coalition of organisations and individuals surrounding an idea. It's been really great to work with you both on this issue, and I absolutely know not just based on this discussion, but with all of the work that's that's been going on, this isn't the end of it, and paediatricians should look out for more in the future. So thanks very much for joining me on this RCPCH podcast.

So to talk about some different aspects of the Children's Wellbeing in Schools Act, I'm now joined by one of our policy managers at RCPCH who works in our expert policy team. Grace, you're very welcome to RCPCH Podcasts, and I wondered if you might want to introduce yourself.

Thank you, Andrew. So yeah, I'm Grace hasty, so I'm the college's Policy Manager for child protection and ethics. So Andrew, as you will well know we work very closely together on all sorts of child protection work here at RCPCH, and of course, that includes the Children's Wellbeing and Schools Bill.

**Andrew Rowland**

Grace, thanks very much. You're one of our experts in the policy team at RCPCH, and paediatricians should know that RCPCH has a team of real experts in achieving policy change to improve children's health and also the working lives of paediatricians, and it's really great that we've been able to work together on this and other issues.

**Andrew Rowland**

So I know that pediatricians will be interested in your reflections on how things that are clinically and academically important to them, can find themselves achieving policy change at a national level. So I've been speaking to Elizabeth Collin and to Joanna Barrett from the NSPCC about some high profile work RCPCH has done on the Children's Wellbeing and Schools Act, particularly like our equal protection campaign. But you and I have worked together on some behind the scenes, long term engagement and policy work. I wonder if you wanted to tell us a little bit about that.

**Grace Hastie**

Yeah, exactly. Thanks, Andrew. So I suppose you could say that I'm on the less glamorous side of things, right, compared to the people you've already spoken to. An example from this bill or act would probably be in terms of the long term policy call the single unique identifier for children, or the SUI is kind of the acronym that we've taken to calling it. It's something RCPCH has been calling for for a really long time.

And essentially, very, very simply, it's one number allocated to each child or young person that should make it a lot easier for different services and different agencies to kind of communicate, I suppose, and collaborate around a single child. And then the idea is that emerging risks to that child can be identified much, much earlier, like I say, it's one that RCPCH has been campaigning on for a long time now. So if you go to our website and you search consistent child identifier or CCI, it's the exact same thing, but you will find RCPCH policy calls and documents, you know, dating from a few years back. So it's really brilliant that we're finally seeing the foundation of a single, unique identifier for children and young people actually enshrined into legislation.

**Andrew Rowland**

And that's a really great example, isn't it? About how something which pediatricians have raised can become RCPCH policy and then lead to national policy and legislative change. So what's now for the single unique identifier is that, is that it off the list, or is there anything more that pediatricians need to be aware of?

**Grace Hastie**

Yeah, not quite ticked off the list for us. It's really brilliant that the sort of foundation the legislation is contained there. But as you can imagine, for something that's going to link up across England all of these agencies and services and apply to every single child or young person, the devil's in the detail, right? And how's it actually going to be implemented in practice? So we are currently part of a lot of government working groups about information sharing, and our role in these groups is to really make sure that these new, really important policies and processes are actually going to work for children and young people and for our members as well, right? It's really important as clinicians that a single unique identifier actually makes your life easier as well to support children and young people.

**Grace Hastie**

So there's still lots of important work for us and loads of other stakeholders and colleges to do yet to support that implementation and to make sure that things I suppose work as they should.

**Andrew Rowland**

I know because we work together every single week, together with other members of the team that you're really busy, that this isn't the only area that you're working on, that you have a huge portfolio of policy work. So I wondered if you might want to talk to us a little bit more about some of the other things that that you have been doing, that you think have been influencing policy, or have been priorities for the College?

**Grace Hastie**

Yeah, I think our work on multi agency child protection teams, that's something that's really been at the forefront of our engagement with government. It's something that we were really pleased to see introduced in the bill. But actually, Andrew, I wonder, as a practicing clinician, whether you'd kind of like to describe what we hope that these multi agency child protection teams are going to kind of, I suppose, achieve in practice.

**Andrew Rowland**

Thanks, Grace. From a child health point of view and from a paediatric point of view, this is something that RCPCH has been passionate about and we've worked in real collaboration behind the scenes with government on the development of the multi agency child protection team idea. Really, we have a once in a generation opportunity through this Children's Wellbeing and Schools Act and through the introduction of multi agency child protection teams to co-design, co-create and co-locate a multi agency team surrounding a child's child protection journey, where we have all of the professionals working together who might need to intervene in that child's journey through that system, or through that team, co-located together, able to communicate with each other in a way that hasn't been easily possible before, and all aligned to deliver the best possible outcomes for that child.

**Andrew Rowland**

Really, we're talking about children's advocacy centres here with a front door where children can receive healthcare services, and behind the scenes, either physically co-located, or some co-located and some electronically co-located, or a core team of people surrounding that child's child protection journey who were able to ensure that the child receives the assessments, the care, the services that they need, in a streamlined and efficient way, rather than what has happened previously, with lots of different teams who are not necessarily based together, who don't necessarily work together on a day to day basis, trying to intervene. In a fragmented way. So this is a really positive development for children. And what I'm looking forward to going forwards, and I know that the colleges as well, is how multi agency child protection teams go from a concept in legislation to a practical blueprint in reality.

**Grace Hastie**

Yeah. And I think, speaking of that idea of kind of the concept in legislation, to the reality that almost echoes the journey we've been on as a college in terms of our thinking, and how that's evolved from when, you know, in 2024 the bill was published up until now. Andrew, do you want to describe a bit kind of the journey we've been on in terms of our thinking?

**Andrew Rowland**

Well, the, I think the that many paediatricians who were listening to this, their instant thought would be, that's great we have to have a senior paediatrician as a core member of that multi agency child protection team. If we had an unlimited number of senior paediatricians ready right now in our workforce now, that would probably be able to be realised, but the reality is in clinical practice that we don't and paediatricians are very busy. People have other roles to play as well, and our thinking about where paediatric involvement into these multi agency child protection teams has changed the more that we discuss this with other key stakeholders.

I think that's one good example of how an initial thought of a paediatrician has to be there right at the start, as a core member of the team, can modify over time, and now I think it's more likely that a senior paediatrician will need to be immediately available to that team, and that will be a core part of the team to be called on when their input is needed into a particular child's case. And that really what the team will need to do is to set up those strategic relationships with other organisations that have paediatricians in them to ensure that services are developed so that that paediatric input upstream in a child's journey through a child protection case can be provided, because we know that, and we're absolutely certain that providing that paediatric input upstream is likely to be better for that child, is likely to result in better outcomes for that child in the short, medium and long term, and it's also likely to realise the efficiency savings downstream, because senior paediatric decision making has been able to be inputted and has taken place right at the start of that journey.

So it's not just about those multi agency child protection teams, though, Grace, isn't it? There are other aspects of what's now the Act that we've really tried to work on. Perhaps you tell us a bit about that.

**Grace Hastie**

The common theme in terms of the Wellbeing and Schools Bill, or Act, is that we've really tried to position ourselves as a source of expertise for civil service colleagues so they can come to us with their ideas, have an open discussion, and it's kind of, you know, a no silly questions sort of space, right? And I think, as a colleague you know, I have the enormous privilege of speaking to you pretty much every day. Andrew, I don't know if you'd see it that way, but I certainly do!

I think it's easy for us to honestly forget the real importance of having that medical voice and that expertise from practicing clinicians. For civil servants, I have been in so many meetings throughout the course of working on this bill with civil servants, where you know Andrew, you'll say something that you see in your clinic, and it feels like a real penny drop moment for those colleagues that we have. So I think in terms of working on the bill, that would certainly be a reflection of mind throughout everything, whether it's information sharing, whether it's equal protection, like you spoke about earlier, whether it's multi agency child protection teams having that colleague and that medical voice, I think, has just been something that you know, hopefully Department for Education would agree that has been a really sort of valuable input of ours. But always as well, I think, keeping the focus on children and young people and always bringing it back to them and how we can best support them. You know, a Children's Wellbeing and Schools Bill, something focused on children and well being, it doesn't, you know, it doesn't come along every day. So I think it's been a really important opportunity for us to kind of grab with both hands and have those open and safe

conversations with our colleagues in government to make sure it all works as intended for children, for young people, and for paediatricians as well.

**Andrew Rowland**

And I think one of the, you know, really key things you said there, Grace, is that this is about partnership, working between people who are focused on clinical or academic pediatrics and people whose profession is policy, people whose profession is media and public affairs, people whose profession is parliamentary work. The College has a really fantastic team working there who are real experts and members of our College should really understand that their clinical ideas, that they have, their clinical ideas, or their academic ideas, have a team in the College that can help to turn those ideas into policy, potential legislation, ways of working between other organisations and government in a way that clinicians or academics could not do alone.

So I very much enjoy my work as an officer with with all of the members of the policy team, and it is fair to say, Grace we do speak most days. And your input into all of this on behalf of children's health and paediatricians has been real expertise that I've really enjoyed working with you on.

So one of the things that I think we need to harness going forwards is to recognise that although the Children's Wellbeing and Schools Act is a piece of legislation, that isn't the end of it, it's unlikely that piece of legislation will write in it, it can't write in it the level of detail that we need to operationalise some of these new teams going forwards. So we'll have plenty of opportunity to work collaboratively with other organisations to lobby on things such as the creation of regulations, future statutory guidance or operating models around these teams. So we've got a lot of work to continue, but I'm absolutely looking forward to continuing that journey with you.

**Grace Hastie**

Yeah, exactly, you know, while we've now got the legal foundation for a bunch of different policy calls, we've been asking for for ages, and we were so excited to see in the bill back in 2024, it's the detail around implementation that's really, you know, going to make or break all of this and determine whether it is actually useful for those who work with really vulnerable and every single child and young person in England. So while you know it's kind of at the end of its journey through Parliament, I think as a College, we will still be working on aspects of the Children's Wellbeing and Schools Bill, or Act, for a little while yet, safe to say.

**Andrew Rowland**

Grace, thanks very much for coming to join us to talk about your area of your profession, your expertise, and I'm really pleased to continue that work with you.

**Grace Hastie**

Thank you.

**Andrew Rowland**

So I want to give a huge thanks to Joanna, to Elizabeth and to Grace for joining me to talk about the Children's Wellbeing and Schools Act. I really hope that's been a helpful episode to be able to explain some of the main things that were covered by the bill as it was and now an act, and to lift the curtain a little bit on how the RCPCH engages with draft legislation as it passes through Parliament.

If this podcast has sparked your interest in our policy and our campaigns, we'd really like to encourage you to get involved, whether you want to stay informed about what the RCPCH is doing in Parliament, to take part in our campaigns or to help shape our policy work through one of our committees. There's lots of ways to contribute. You can find out more, and you can find out how to sign up via the link in the shownotes.

So I think the only thing that's left for me to say is thank you very much to you all for joining us today. I hope you've enjoyed our discussion. I hope it's contributed to your professional development, and hope you've enjoyed learning a little bit more about our work on the Children's Wellbeing and Schools Act. Thank you very much.