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Leading the way in Children's Health

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4th September 2026

Improving help and child protection: revised framework (Department for Education)

RCPCH Response

Summary

1. Children's Rights and the Voice of the Child

The proposed emphasis on strengthening the voice of children and families within multi-agency safeguarding arrangements is welcome. The consultation recognises that children's wishes and feelings should be sought, heard and responded to at every stage of decision-making. We recommend that the framework moves beyond consultation and participation towards an explicit rights-based approach. Safeguarding partners should be required to demonstrate:

- How children's views have directly influenced strategic and operational decision-making.
- How children from the global majority (or seldom heard / marginalised groups) are engaged.
- How feedback is provided to children regarding actions taken in response to their views.
- How independent advocacy is made available to children involved in safeguarding processes.

Particular attention should be given to:

- Looked After Children (children in the care of the state).
- Care leavers.
- Disabled children.
- Unaccompanied children seeking asylum.
- Refugees.
- Children from the global majority / minority ethnic communities.
- Children experiencing exploitation.
- Children deprived of liberty or in secure settings.

Safeguarding systems frequently hear the voices of articulate and visible children whilst overlooking those who systems seldom hear. The revised framework should place a specific duty on safeguarding partners to evidence how under-represented children's voices (in a general sense – not just a spoken voice sense) have influenced local practice.

2. Child Health as a Core Safeguarding Responsibility

Health is currently recognised as an important safeguarding partner responsibility. The consultation specifically identifies health practitioners and integrated care boards as key partners and proposes a significant role for registered health professionals within MACPTs. We strongly support this approach but recommend greater prominence for child health throughout the framework. Child protection concerns frequently present first within healthcare settings. Paediatricians, health visitors, school nurses, general practitioners, mental health practitioners and allied health professionals often identify abuse, neglect, exploitation and unmet need before other agencies. The revised framework should therefore:

- Establish child health as a safeguarding outcome in its own right.
- Require safeguarding arrangements to assess the impact of abuse and neglect on children's physical and mental health.

- Require representation from appropriately qualified safeguarding health professionals in strategic and operational safeguarding arrangements.
- Require representation from appropriately senior paediatricians at strategy discussions when consideration is being given to whether a medical assessment of a child is required.
- Strengthen expectations regarding health assessments, developmental assessments and mental health assessments for vulnerable children.
- Include health inequality considerations within safeguarding planning.

The framework should recognise that abuse, neglect, exploitation, poverty and social exclusion are major determinants of lifelong health outcomes.

3. Multi-Agency Child Protection Teams

The establishment of MACPTs represents one of the most significant reforms proposed within the consultation and has considerable potential to improve the quality and consistency of child protection decision-making. We support the proposal and recommend additional safeguards. The required health representative should possess substantial safeguarding expertise. The consultation identifies senior safeguarding competencies and refers to health professional expertise within child protection. The Multi-agency Child Protection Team, when making decisions about a child's case, must have immediate access to Consultant Paediatrician(s) able to provide advice about the appropriateness, and if so the timing and location, of a child protection medical assessment. This advice must be available at the strategy meeting stage where a child protection medical assessment is being considered. The MACPT must also have immediate access to child and adolescent mental health specialists (where relevant) and the designated doctor and designated nurse for child protection when strategic issues are likely to arise regarding the management of a specific child's case. The framework must emphasise that MACPTs require not merely multi-agency representation but also multidisciplinary expertise capable of addressing the complex interaction between health, development, trauma, disability, exploitation and social adversity. This is essential so that the proposals actually improve the care and assessment of children and move significantly beyond the current arrangements which require health "representation" at strategy discussions and meetings (for example) and to health "expertise" (and that expertise including expertise of conducting child protection medical assessments including issues including timing, location, format, and indications) being a requirement within those discussions and meetings.

4. Vulnerable Children Requiring Specific Recognition

The revised framework would benefit from stronger recognition of children whose safeguarding risks are often overlooked.

Unaccompanied children seeking asylum and refugees

These children are at heightened risk of trafficking, exploitation, homelessness, adverse mental health and barriers to healthcare access. Safeguarding guidance should explicitly address their needs.

Disabled children

Disabled children remain disproportionately vulnerable to abuse and neglect yet frequently experience barriers to disclosure and access to protection. The framework should require disability-informed safeguarding practice.

Children living in poverty

The interaction between poverty, neglect, housing insecurity, food insecurity and poor health outcomes requires greater recognition. Practitioners must distinguish clearly between neglect and unmet need arising from structural deprivation.

Children subject to extra-familial harm

We support the proposals concerning extra-familial harm and the recognition that significant harm can occur inside the home, outside the home and online. The framework should adopt a contextual safeguarding approach that recognises community, social and environmental drivers of harm alongside family circumstances.

5. Safeguarding and Health Inequalities

The framework should explicitly acknowledge health inequalities as a safeguarding issue. Children experiencing abuse, neglect, exploitation, homelessness, poverty, migration, discrimination and care experience often suffer substantially worse health outcomes throughout childhood and adulthood. Local safeguarding arrangements should therefore routinely monitor the following for children:

- Health outcomes (both physical health and mental health).
- Access to healthcare.

- Educational outcomes.
- Indicators of inequality.
- Outcomes for children with protected characteristics (see Equality Act 2010) and marginalised groups.

This would strengthen accountability and ensure safeguarding systems contribute to reducing rather than perpetuating inequalities.

6. Learning, Evidence and Improvement

The proposed strengthening of independent scrutiny and accountability is welcome. The framework should require safeguarding partners routinely to review:

- Child deaths.
- Serious incidents.
- Near misses.
- Children's experiences of safeguarding interventions.
- Health outcomes following safeguarding involvement.

Learning systems should incorporate the voices of children, families, practitioners and communities alongside quantitative performance data.

Conclusion

The revised framework represents a significant opportunity to create a more integrated and effective safeguarding system. To maximise its impact, the final guidance should place children's rights, child health and health equity at its centre. Safeguarding should be understood as protecting children from immediate harm whilst also promoting their health, development, participation, wellbeing and life chances. A rights-based, health-informed safeguarding system is more likely to identify vulnerable children earlier, respond more effectively to harm, reduce inequalities, and improve outcomes across the life course.

Consultation questions and answers

Section 1: Voice of children and their families

1. **Do you agree that these proposals will strengthen the voice of children and families, including those who are under-represented or marginalised, in multi-agency safeguarding arrangements? (Strongly agree/ Agree / Neither agree nor disagree/ Disagree/ Strongly disagree)**

   Agree

   RCPCH supports the proposed strengthening of expectations around child and family voice within multi-agency safeguarding arrangements. Effective safeguarding requires children and young people to be heard, believed and meaningfully involved in decisions affecting their lives.

   We particularly welcome the emphasis on inclusive engagement and ensuring that the views of marginalised groups are reflected in local safeguarding arrangements. This should include disabled children, children with communication difficulties, children in care, children from minority ethnic communities and those experiencing exploitation or extra-familial harm. Children and families' views should be gathered in a way that is appropriate, accessible and informed by relevant guidance (Voice of the child - Intercollegiate document (2025) Safeguarding children and young people & children and young people in care: Competencies for health care staff, National standards for children and young people's engagement in health services | RCPCH).

   Safeguarding partners should be supported to demonstrate not only that children and families have been consulted, but also how their views have influenced decision-making, service design and practice improvement.

   References

   - Voice of the child - Intercollegiate document (2025) Safeguarding children and young people & children and young people in care: Competencies for health care staff
   - National standards for children and young people's engagement in health services | RCPCH
   - Youth Voices | Children's Commissioner for England

2. Is there anything else you would like to comment on in relation to child and family voice and how this is included or represented in the statutory framework for help, support and protection (Working Together and the National Framework)? [free text]

RCPCH would welcome greater emphasis within the statutory framework on ensuring that safeguarding processes are accessible to all children and young people, including those with disabilities, neurodevelopmental conditions, speech and language difficulties, and/or complex health needs.

The framework should explicitly recognise that some children require adapted communication methods, advocacy support, or additional time and expertise to participate meaningfully in safeguarding processes. Children's views should be sought directly wherever possible and given appropriate weight according to their age and understanding.

Early years

RCPCH strongly supports an approach to safeguarding that recognises that the "voice of the child" is broader than a child's spoken voice. For many children, particularly babies, younger children, disabled children, and those with communication difficulties, practitioners must understand a child's views, wishes, experiences and lived reality through observation, behaviour, developmental presentation, relationships and the perspectives of those who know the child well. The framework should emphasise that effective safeguarding requires professionals to actively seek, interpret and respond to children's experiences, not solely their verbal accounts.

This is particularly important in the early years, reflecting RCPCH's wider commitment to giving infants and young children a voice within services and policy development, even where they are unable to articulate their experiences directly.

References

- RCPCH welcomes Health and Social Care Committee's report on early years | RCPCH
- Strong foundations | RCPCH
- Voice of the child - Intercollegiate document (2025) Safeguarding children and young people & children and young people in care: Competencies for health care staff, National standards for children and young people's engagement in health services | RCPCH

Section 2: Multi-agency safeguarding arrangements (MASA)

3. Do you agree that the proposed changes will improve independent scrutiny across partnerships, including how effectively it supports shared learning and continuous improvement in multi-agency child protection practice, while still allowing sufficient local flexibility? (Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree)

   Agree

4. Do you agree that a single statutory annual return would improve accountability and understanding of the impact and effectiveness of local safeguarding partner arrangements? (Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree)

   Agree

   A single statutory annual return could improve accountability and transparency, provided it is designed primarily as an outcomes framework rather than a process or compliance framework. The purpose of the return should be to assess whether safeguarding arrangements are improving outcomes for children and families and whether outcomes are changing over time for individual children and different groups of children, rather than simply recording whether statutory processes have been completed.

   These measures should include:

   - whether children report feeling safer and listened to;
   - whether identified risks of harm have reduced;
   - whether children receive timely health, mental health, developmental or therapeutic support;
   - whether repeat referrals, re-referrals or repeat child protection plans reduce where appropriate;

- whether children's physical and emotional health needs are identified and addressed; and
- whether outcomes improve for groups who may experience poorer safeguarding responses, including disabled children, babies and young children, children in care, children from minoritised communities, and children experiencing extra-familial harm.

While some process measures will be necessary to understand system performance, such as timeliness of strategy discussions, child protection conferences and information sharing, these should not be the primary measure of success. Process measures should be used only where they help explain whether children are receiving the right help and protection at the right time, and whether multi-agency arrangements are improving children's lived experiences and outcomes.

The annual return should also require partnerships to analyse outcomes by age, disability, ethnicity, care experience, type of harm and other relevant factors, so that changes can be assessed for specific groups of children and inequalities can be identified and addressed. This would help ensure the return supports learning and improvement, rather than becoming a compliance exercise.

5. **Do you agree that the proposed changes would improve the consistency and effectiveness of safeguarding responses to concerns about adults who work with children in any capacity? (Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/Strongly disagree)**

Disagree

RCPCH support proposals that strengthen consistency in safeguarding responses. The current proposed changes begin to address concerns we have previously highlighted over the variation in local interpretation and operation of the LADO function, including differences relating to case acceptance, the role and function of the LADO and the nature and scope of advice provided.

We advocate for a single national statutory procedure instead of local variation. Greater national consistency should improve safeguarding practice and help ensure that concerns about adults working with children are managed more effectively and equitably across England.

The exact role, function, duties, and responsibilities of the LADO must be made more clear within the guidance. Clarification must also be added to the guidance to reinforce that the LADO role provides oversight rather than decision-making and does not replace other statutory frameworks (for example, insofar as doctors are concerned, the statutory Maintaining High Professional Standards in the Modern NHS Framework). There must be a national LADO framework which must be consistently applied across the country setting out a) case acceptance criteria, b) a standard operating procedure for a LADO process including at what point a LADO outcome is given i.e. whether this is before or after an employer investigation or before or after a police investigation, c) timescales, and d) requirement for other agencies to cooperate in the LADO process. The distinction between local authority safeguarding functions, employer responsibilities and the LADO role must be made clear. In addition, the LADO process must set out clearly, in statutory guidance, how a LADO outcome does or does not affect other statutory processes including, for example, referral to the disclosure and barring service (DBS).

6. **Do you agree that this approach and proportionate LADO involvement would improve consistency and outcomes for children? (Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree)**

Disagree

We agree that a harms-led approach with proportionate LADO involvement could improve consistency and outcomes for children. We particularly welcome proposals to provide clearer indicators for decision-making and differentiated levels of LADO engagement based on risk and complexity. This should support more consistent professional judgement, reduce variation between areas and ensure that safeguarding responses are proportionate to the level of risk presented.

However, there is currently a lack of national standardisation regarding referral thresholds, case acceptance criteria, professional regulatory interfaces and reporting responsibilities including DBS referrals. All of this must be clarified through a consistent national framework that reduces local variation and improves safeguarding practice. Without this national framework in place then we do not agree that consistency and outcomes for children will be improved.

7. Is there anything else you would like to comment on in relation to MASAs or the role of the LADO? [free text]

   The LADO role must be strengthened, nationally standardised, and more clearly defined. Guidance must make explicit that the LADO provides oversight and advice rather than making operational or employment decisions. Referral thresholds, case acceptance criteria, professional regulatory interfaces and reporting responsibilities should all be clarified through a consistent national framework that reduces local variation and improves safeguarding practice.

   We have previously highlighted variation in how the LADO function is interpreted and delivered across local authorities and support measures that improve national consistency. In particular, we welcome greater clarity regarding role boundaries, oversight responsibilities, challenge and escalation processes, and expectations around information sharing and timeliness.

   We would welcome further consideration of a nationally standardised approach to LADO operating procedures, including case acceptance criteria and the nature and scope of advice provided, to help minimise variation between local areas.

   Consideration should also be given to how LADO arrangements interact with other statutory and professional regulatory frameworks to ensure roles and responsibilities remain clear.

   We support the proposal for a more proportionate and harms-led approach to LADO involvement, provided this is underpinned by clear national guidance and robust professional judgement. At the present time, however, that clear national guidance does not appear to robustly exist and therefore this must be put in place urgently so that the proposed LADO changes and the additional measures we have set out in this response, can be operationalised.

Section 3: Help and Support

8. Omitted
9. Omitted
10. Omitted
11. Omitted
12. Do you agree that we should explore requiring local authorities to provide a support plan for children returning home on a supervision order? (Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree)

    Strongly Agree

13. Omitted

Section 4: Protection

14. Should the following MACPT functions be prescribed in regulations? (Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree):
    - provide advice and consultation for practitioners who need MACPT expertise - Strongly Agree
    - determine whether the significant harm threshold has been met - Strongly Agree
    - convene and chair strategy meetings - Strongly Agree
    - lead or oversee multi-agency investigations (as required) - Strongly Agree
    - convene and chair child protection conferences - Strongly Agree
    - oversee the development and delivery of child protection plans, and keep these plans under review - Strongly Agree
    - decide whether to move into pre-proceedings for care and supervision orders and the Public Law Outline (PLO) process - Strongly Agree
    - provide relevant evidence for Emergency Protection Orders, Child Assessment Orders, care and supervision order - Strongly Agree
    - maintain knowledge of all children who are the subject of section 47 enquiries or on a child protection plan - Strongly Agree
    - contribute to reporting requirements aligned with statutory safeguarding partner duties to prepare and publish reports on local safeguarding arrangements - Strongly Agree

15. Do you agree that statutory guidance should set out that MACPTs should have an agreed local multi-agency practice framework or approach aligned to the National Framework? (Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree)

    Strongly agree

16. Do you agree that statutory guidance should include an expectation that:
    - LCPPs chair strategy meetings – strongly agree
    - MACPT members ensure appropriate partner agency expertise is represented in strategy meetings – strongly agree
    - MACPTs record whether the threshold decision has been met, alongside the reasons for the decision – strongly agree

17. Do you agree that regulations should prescribe that, within five days of the strategy discussion at which section 47 enquiries were initiated, the MACPT (Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree):
    - reviews the progress of the section 47 enquiry – strongly agree
    - sets a timeframe for the initial child protection conference, where an extension to the 15-day timeframe is needed – strongly agree
    - records the decision and reasons for that timeframe – strongly agree
    - agrees and documents a clear interim safety plan for the child – strongly agree

    There needs to be clarity about whether this is five working days (and, if so, given the 24/7, 365/265 nature of health care, how "working" days is defined) or five calendar days.

18. Do you agree that statutory guidance should set out that initial child protection conferences should take place as close to the 15 day-timeframe as possible, unless there are exceptional circumstances agreed and recorded by the MACPT? (Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree)

    Strongly agree

19. Do you agree with introducing statutory guidance that Lead Child Protection Practitioners embedded in the MACPT should chair child protection conferences? (Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree)

    Strongly agree

20. Do you agree that regulations should prescribe that MACPTs (Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree):
    - record decisions to discharge a child protection plan – strongly agree
    - identify ongoing support after discharge, including where proceedings begin – strongly agree
    - record input sought and obtained from all practitioners involved with the child – strongly agree
    - notify all relevant agencies of the decision– strongly agree
    - notify parents and carers who were invited to the initial child protection conference of the decision– strongly agree
    - inform decisions about and support transitions into pre-proceedings and the Public Law Outline, care proceedings, reunification and wider Family Help, early help or universal services? – strongly agree

21. Do you agree that statutory guidance should continue to support local flexibility in assigning pre-proceedings and court work? (Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree)

    Strongly agree

22. Do you agree that regulations should state that nominated MACPT members must, as a minimum: (Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree)
    - have in-depth expertise and a working understanding of the statutory child protection framework – strongly agree
    - have an applied understanding of what constitutes actual or likely significant harm in all contexts (including inside and outside the home, and online) and across all age ranges (from unborn babies to teenager – strongly agree
    - contribute effectively to assessment of needs, understanding the indicators and drivers of abuse, neglect and exploitation – strongly agree
    - build an accurate and comprehensive understanding of the child's daily life to establish the likelihood of significant harm – strongly agree
    - act inclusively and foster anti-discriminatory environments in which it is safe to challenge and respond to the needs and experiences of children and families of different ethnic, cultural and religious backgrounds – strongly agree
    - possess the ability to assess information for timely, effective and reliable multi-agency decision-making – strongly agree
    - respect and constructively challenge multi-agency perspectives to reach the best intervention and outcome for the child – strongly agree
    - ensure interventions are prompt, evidence-based and tailored to the child – strongly agree
    - listen and take into consideration what children tell them (verbally or non-verbally) to help them and their family – strongly agree

23. Please provide any further views on how regulations and statutory guidance should be aligned with existing national competency and skill frameworks, to support effective child protection practice. [free text]

    We welcome the proposed revisions to Working Together to Safeguard Children, the Children's Social Care National Framework, and the development of Multi-Agency Child Protection Teams (MACPTs). The consultation reflects a positive commitment to strengthening multi-agency safeguarding, enhancing earlier intervention, improving accountability, and ensuring that the voices of children and families are more effectively represented within safeguarding systems. However, the revised framework would be strengthened by a more explicit integration of child health, children's rights, health inequalities, and the needs of particularly vulnerable groups of children. Safeguarding should be understood not simply as protection from abuse and neglect, but as the fulfilment of a child's right to survival, development, protection and participation as articulated within the United Nations Convention on the Rights of the Child (UNCRC). Children's health and wellbeing should therefore be more clearly embedded throughout the framework as core safeguarding objectives rather than secondary considerations. The MACPT must have immediate access to a consultant paediatrician (at the strategy meeting stage) where a child protection medical assessment of a child is being considered and must commission such provision and functions locally.

    Regarding Q17 above, there needs to be clarity about whether this is five working days (and, if so, given the 24/7, 365/265 nature of health care, how "working" days is defined) or five calendar days.

24. Do you agree that the eight relevant agencies that we have listed should be specified in regulations as in scope to enter into co-operation memorandums with the MACPT? (select all that apply)
    ☒Probation Service
    ☒Youth Offending Teams (YOTs), secure colleges, training centres, young offender institutions
    ☒British Transport Police (BTP)
    ☒Charities working with children and/or their families
    ☒Religious organisations
    ☒Schools and further education institutions
    ☒Pupil Referral Units (PRUs) and alternative provision
    ☒NHS trusts and foundation trusts

25. Is there anything else you would like to comment on in relation to multi-agency child protection teams? [free text]

    In relation to the above options, all police forces should be covered, not just BTP. In every case where a child protection medical assessment is being considered the MACPT must be set up to require, through regulations, the presence at a strategy meeting of a consultant paediatrician (with expertise in child protection clinical

work) on 100% of occasions where a child protection medical assessment is being discussed or considered. The Regulations therefore need to ensure that MACPTs are required to do this **and** NHS health organisations in the area covered by the MACPT are required to co-operate with the MACPT to ensure this is operationalised.

This should be positioned as part of the wider purpose and function of MACPTs and neighbourhood-based arrangements. MACPTs should not replicate or reinforce separate social care, health and police silos; instead, they should operate as genuinely integrated multi-agency teams with immediate access to the relevant specialist expertise needed to make timely decisions for children. Ensuring consultant paediatrician input at the point when a child protection medical assessment is being considered would support more efficient decision-making, reduce duplication and delay, and help demonstrate through the DfE consultation how the proposed arrangements could deliver a more coordinated, effective and child-centred safeguarding system.

26. Do you agree that statutory guidance should set out the elements below, to drive consistent and effective protective action for children suffering or likely to suffer significant extra-familial harm? (list with tick option for yes, no, don't know against each statement)

- Situating parents/carers as partners alongside practitioners, where safe to do so – Yes
- Supporting parents, both those who do and do not have wider vulnerabilities requiring a children's social care response, to ensure they can continue to support their child(ren) – Yes
- Working with the child so they can engage and participate in the process, ensuring the outcomes meet their needs (including previously unidentified or unmet needs) and make them feel and be safer – Yes

- Consistent application of the existing Section 47 thresholds for likely or actual significant harm to extra-familial harms – Yes
- A focus on the contextual drivers of harm in all outcomes – Yes
- The role of MACPTs in co-ordinating partners who can create safety, or risk, in extra-familial context – Yes
- Clarity on the appropriate escalation process when the primary harm is extra-familial and action is needed from agencies and services rather than families, meaning e.g. care proceedings are an ineffective escalation – Yes
- A requirement for clear and accountable actions for professionals responsible for places where children are harmed (for example, community areas, businesses, public spaces, online) – Yes
- Consistent participation in disruption activity – dont know

27. Do you agree that statutory guidance should set out the following expectations: (Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree)
    - consistent use of strategy discussions, section 47 enquiries and child protection conferences for looked after children – strongly agree
    - multi-agency input into child protection responses and care planning through the multi-agency child protection team and the LCPP role – strongly agree
    - clarity of roles, responsibility and lines of accountability of different practitioners in the team around the child – strongly agree
    - alignment of care planning and child protection processes including reviews and integrated plans – strongly agree

28. Omitted
29. Omitted

30. Do you think that DfE should update (Yes/No/Don't know):

- the definition of children sexual exploitation - Yes
- the accompanying guidance - Yes

RCPCH would support DfE reviewing the definition to include online grooming and any accompanying guidance to ensure terminology is clear, consistent and aligned across statutory guidance, policy documents and operational materials.

RCPCH also welcomes the inclusion of a definition of Group-Based Child Sexual Exploitation in Working Together to Safeguard Children (2026). Different Government publications use different terminology, including 'Group-Based Child Sexual Exploitation' and 'Group-Based Child Sexual Exploitation and Abuse'. We recommend the adoption of one clear, consistent definition across statutory guidance, policy documents, research publications and operational materials.

31. Child sexual exploitation is a form of child sexual abuse. Which of the following are core aspects of child sexual exploitation (Yes/No/Don't know):
    - it occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity - Yes
    - it could be in exchange for something the victim needs or wants - Yes
    - it could be for the financial advantage or increased status of the perpetrator or facilitator - Yes
    - apparent consent is irrelevant, the victim may have been sexually exploited even if the sexual activity appears consensual - Yes
    - child sexual exploitation does not always involve physical contact; it can also occur through the use of technology - Yes

32. Do you agree these other features should also be included? (Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree)
    - child sexual exploitation can occur where a child or young person under 18 is controlled, coerced, manipulated or deceived through the use of, or threat of, violence to engage in sexual activity. This violence and intimidation may be directed at any person and it only matters if the victim perceives this to be real - Strongly agree
    - child sexual exploitation can occur for sexual gratification – Strongly agree
    - Other [free text]

      RCPCH would emphasise the importance of clear and consistent terminology across statutory guidance, policy documents, research publications and operational materials. Any updated definition or guidance should avoid creating a hierarchy of abuse and should recognise that CSE may occur in a range of contexts, including group-based exploitation, extra-familial harm, trafficking, online harms and situations involving coercion, grooming, intimidation or barriers to disclosure. Guidance should also support trauma-informed practice, timely information sharing and effective multi-agency safeguarding responses.

33. Do you agree that Working Together and the National Framework currently reflect good practice in responding to potential extreme violence by children? (Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree)

    Agree

34. In which areas could Working Together and the National Framework better reflect best practice in responding to extreme violence by children? (select all that apply)

☒the role and responsibilities of children's social care

☒ the role and responsibilities of local partners

☒ information sharing

☒ working with child mental health and special educational needs

☒ signposting to services and interventions

☒ children's online activities

☒ working with families affected

☒ other [free text]

Working Together and the National Framework should better recognise violence as child-to-child, child-to-adult and adult-to-child, and as direct and indirect harm (as recognised within domestic abuse). Responses must consider a range of factors including age, development, neurodevelopmental conditions, capacity and/or competence, and/or mental health needs. Greater focus is needed on online and societal drivers of violence,

including bullying, hate speech and harmful content, as well as child-on-child sexual violence, gender-based violence, and violence towards professionals.

35. What expectations should there be across Working Together and the National Framework for how local authorities work with their multi-agency partners to respond to extreme violence and risks posed by children to others? [free text]

Local authorities and partners should take a coordinated, child-centred approach that recognises the links between safeguarding, exploitation, mental health, neurodevelopmental needs, education, community safety and online harm. Responses should consider both the risks posed by a child and the factors driving those risks, including vulnerability, developmental stage and exploitation. Meaningful involvement from health, education, police and social care is essential, but arrangements should avoid duplication and support frontline practice. The framework should recognise workforce and capacity pressures, particularly in specialist health services. It should also provide guidance where children decline support, drawing on lessons from Prevent, and help professionals balance children's views with safeguarding responsibilities when risks are significant and may not be fully recognised by the child or family.

36. Is there anything else you want to tell us about responding to extra familial harm, protecting looked after children and those in kinship care, or the children's social care response to extreme violence? [free text]

Increasing the influence of children, young people and families in decision-making is welcome, but professional judgement must remain central where there are safeguarding concerns, exploitation or serious violence. Children and families may not recognise or accept risks linked to exploitation, harmful online influences, misogyny, sexual and gender-based violence or other harmful ideologies. A child's developmental stage, vulnerabilities or additional needs may also affect their ability to make safe decisions. The framework should better recognise the evolving and often hidden drivers of serious violence, including online communities and harmful attitudes, and provide practical guidance and interventions for frontline practitioners. Reforms should strengthen collaboration across agencies without creating additional silos or bureaucracy, ensuring multi-agency arrangements inherently support effective practice and better outcomes for children at risk of violence or exploitation.

Section 5: Improving outcomes (Omitted)

37. Omitted

38. Omitted

39. Omitted

40. Omitted

41. Do you have any overall comments about the potential impact, whether positive or negative, of our proposed changes on those who share protected characteristics under the Equality Act 2010? Where you identify any negative impacts, we would also welcome suggestions of how you think these might be mitigated [free text]

RCPCH welcomes the consultation's recognition of the need to strengthen help, support and protection for children and families. The proposed changes have the potential to positively impact children who share protected characteristics under the Equality Act 2010, particularly where they improve earlier identification of need, strengthen multi-agency working, support more consistent decision-making, and ensure that children's voices are heard and acted upon.

The framework must be implemented in a way that explicitly recognises the different barriers experienced by particular groups of children. This includes disabled children, children with communication needs including babies and young children, children from minoritised ethnic communities, children with particular religious or cultural needs, children and young people who are LGBTQ+, children in care, care leavers, unaccompanied children seeking asylum, refugees and children experiencing extra-familial harm or exploitation.

The framework should make clear that the 'voice of the child' is broader than verbal communication. For babies, young children, disabled children and children with communication difficulties, practitioners must be supported adequately.

To mitigate potential negative impacts, safeguarding partners and MACPTs should be required to demonstrate how they will embed equality, diversity and inclusion in local safeguarding arrangements. This should include accessible and age-appropriate communication, access to independent advocacy where needed, culturally competent and anti-discriminatory practice, disability-informed safeguarding and clear expectations that

practitioners take account of age, disability, ethnicity, religion or belief, sex and other relevant characteristics when assessing risk, need and protective factors.

The proposed single statutory annual return should include measures that enable local and national partners to understand whether safeguarding outcomes are improving for children with protected characteristics and other marginalised groups. This should include analysis by age, disability, ethnicity, care experience, type of harm and other relevant factors, so that inequalities can be identified and addressed. The framework should make clear that effective safeguarding requires not only consistency of process, but equitable access to help, protection, specialist health input and advocacy for all children.