

<b>Document Type:</b>	<b>Standard Operating Procedure</b>	
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Title:	<b>Preparing Reports for Children's Court Proceedings SOP</b>	
Document Author:	Named Nurse for Safeguarding Children Safeguarding Nurse Practitioner	
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### 1. Purpose of Document

The purpose of this procedure is to highlight the process that should be followed for the completion of Court Reports and witness statements and the provision of records in relation to Child Protection and Safeguarding issues in accordance with Court proceedings. For all TSDFT staff working with children who maybe requested to write court reports and attend court.

### 2. Roles and Responsibilities

#### 2.1. Named Nurse Safeguarding Children

The Named Nurse for Safeguarding Children is responsible for:

- Proof reading documents to ensure the content addresses all concerns where the content is particularly sensitive or complex.
- Ensuring Court Orders are responded to within the allocated timescale.

#### 2.2. Torbay and South Devon NHS Foundation Trust

Safeguarding Children's Team is responsible for:

- co-ordinating the completion of Court Reports or the provision of records
- Allocating the completion of a Court Report or the provision of appropriate records to the correct individual.
- Providing advice and guidance for staff when completing documentation for submission to the Court.

### 2.3. Line Manager

Line managers are responsible for:

- Supporting staff with the provision of dedicated time to complete any reports.
- Supporting or signposting staff to the safeguarding children team for advice and guidance with court report process.

### 2.4. Staff Member

Staff members are responsible for:

- Ensuring Line manager and relevant staff are aware of a request for information being received and ensure timescales for responding have been clearly identified.
- Completing witness statements in a timely manner
- Ensuring any reports created are factually correct and are a true representation of events.
- Ensure report is completed in accordance with professional record keeping standards.
- Liaising with appropriate professionals to ensure the report has been reviewed and is approved by a relevant Lead.

### 2.5. The Data Access and Disclosure Office for TSDFT

This team are responsible for:

- Acting as a point of contact for Court requests
- Liaising with the Named Nurse / Safeguarding Childrens Team to ensure all requests are allocated appropriately
- Ensuring reports and records are provided in a safe and secure manner
- Proof reading documents to ensure the content addresses all concerns as appropriate and redact as required.

## 3. Writing Reports

### 3.1. Purpose

The purpose of a Court report is to provide an accurate summary of events to ensure decisions can be made to safeguard and protect individuals.

A report is not a reflection of the ability of the staff member and is not a critique of them as an individual.

Reports should be factual and relevant to the service user. A Court report should not be used as a forum to raise internal disputes or a critique of corporate bodies, other agencies or organisations.

### 3.2. Audience

It is important to consider who will be reading the report and the circumstances where it will be presented. Generally the report will not be being read by a medical professional so the terminology and language used

should be in plain English. Where terms are used, a glossary should be considered to provide clear explanations of the context.

The report will potentially be shared with both parties involved in a Court Hearing and therefore consideration should be applied to the content to ensure it is not subjective but provides a clear factual statement of events.

Where the author of the report is giving their opinion, this should be clearly highlighted as such and, where possible referenced to evidence.

### 3.3. Structure

When completing a report for Court Proceedings, the Trust template **must** be used (See Appendix 1 or 2).

- Where a copy of the clinical records **has not** been requested, then a health chronology will be required - Template Appendix 1.
- Where a copy of the clinical records **has** been requested, records can be referred to throughout the report - Template Appendix 2.
- The practitioner will be advised accordingly by the Safeguarding Children's Team.

The structure of the report should be written in accordance with the report writing guidance which is included in the Trust template.

Best practice recommends all reports are clear, intelligible and accurate. It is important to adhere with the following:

- All reports should be written in Arial font size 12.
- Paragraphs should be numbered sequentially.
- Avoid the use of terminology, or ensure terms used are defined as appropriate.
- Keep responses factual; where opinion is being stated clearly identify the section as such.
- Avoid the use of sweeping statements or generalisations.
- Highlight any limitations that influence your report, such as information not being available at the time of completion.

### 3.4. Proof reading

Before the report is submitted to the requester, **it is strongly advised to get the document proof read by the Named Nurse for Safeguarding or the Safeguarding Children's Team** to ensure the document addresses all the issues highlighted.

### 3.5. Allocation of time to complete

It is important that the Line Manager is notified in the first instance when a Court Report is received to ensure time is appropriately allocated to the staff member for its completion.

### 3.6. Record of Court requests received

A record of received Court Reports will be kept by the Safeguarding Childrens Team and the Data Access Office to ensure responses are sent within appropriate timescales.

## 4. Providing Records

It is the responsibility of the Data Access and Protection Office/Team for TSDFT to locate and review records and information requested.

Records will be collated, reviewed and any information not required will be redacted accordingly. The records will then be released to the requester within timescales and delivered securely. This will be completed by the Data Access and Disclosure Office TSDFT. ([dataprotection.tsdf@nhs.net](mailto:dataprotection.tsdf@nhs.net))

## 5. Attending a Court Hearing

When attending a Court Hearing it is important to consider what the purpose of the hearing is and what facts are trying to be established.

- The Safeguarding Children's Team are available to provide staff support prior to attending a Court Hearing. This will inform the staff member of the structure and process of court.
- The staff member will have dedicated time with a member from the safeguarding children's team so that staff are fully prepared and feel supported for their attendance at court.
- A copy of the TSDFT Court Package guidelines will be provided to staff members who are attending court, to support their understanding of the court process and what is required of them as a witness. (Appendix 3)

### 5.1 What questions are you likely to face?

Generally the Court will ask for further information regarding the submitted Court Report and to provide clarity and perspective regarding the issues raised. The staff member may be asked for their professional opinion and what they believe are the best interests of the service user.

It is perfectly acceptable for the staff member to confirm that they are not able to answer specific questions if they are not in a position to do so, or by being asked questions that may be considered as conjecture. This could be for example that they are not familiar with specific events that have taken place prior to their involvement with the service user or that the subject matter falls outside of their area of expertise.

Conjecture means to form an opinion or supposition about an event on the basis of incomplete or assumed information.

## 6. Support and Guidance

- TSDFT Safeguarding Children's Team, the line manager and the legal team will support members of staff that need to attend court.
- Court training is available as required following contact and consideration by Named Nurse Safeguarding Children.

Sources of further information include:

- Named Nurse for Safeguarding Children
- Data Protection and Disclosure Office email:dataprotection.tsdft@nhs.net
- Professional bodies
- ICON pages
  - o [Data Protection and Disclosure Office /Team](#)
  - o [Children Protection](#)
  - o [School Nursing and Health Visiting](#)

## 7. Appendices

[Appendix 1. Court report Health Proforma Template \*\*with\*\* Chronology](#)

[Appendix 2. Court report Health Proforma Template \*\*without\*\* Chronology](#)

[Appendix 3 Court attendance information \(guidance and support for TSDFT staff\)](#)

[Appendix 4. Flow Chart when receiving a court request.](#)

[Appendix 5. Safeguarding Children Team – staff support process for Court.](#)

**Appendix 1.**

**Court Report**

**THIS STATEMENT IS CONFIDENTIAL AND MUST NOT BE DISCLOSED WITHOUT THE  
CONSENT OF THE COURT**

Name of Child		Date of Birth	
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This report has been prepared by			
Job Title			
Work Address			
Signed		Date	

*This section details the clinicians' qualifications and experience*

<b>1.</b>	<b>Description of Employment Experience</b>
1.1	Insert description of current employment experience i.e. with whom, how long and in what role and previous relevant employment.
<b>2.</b>	<b>Qualifications of Practitioner</b>
2.1	Insert description of qualifications pertinent to current employment role.

*This section details the clinicians' involvement with the case*

<b>3.</b>	<b>Summary of Case Allocation</b>
3.1	Provide a summary of how long you have been professionally allocated to the family in question or detail their involvement with the service previously (current and historic).

*This section sets out names and dates of birth for relevant family members*

<b>4.</b>	<b>Family Composition</b>			
	Name of Family Member(s)	Date of Birth	Relationship to Client	Comments

*This section details any individuals mentioned to the practitioner relevant to the case or other family members and/or friends with whom practitioner has had contact*

**5. Significant Others**

Name of Significant Other(s)	Date of Birth	Relationship to Client	Comments

**6. Historic Involvement**

6.1	Provide chronology of records before the author of the statement became involved or if a case with a long history i.e. more than 2 years. The more outdated information should be detailed here and move on to recent events in the next section.
6.2	Overwrite here – delete if not needed.
6.3	Overwrite here – delete if not needed.
6.4	Overwrite here – delete if not needed.
6.5	Overwrite here – delete if not needed.
6.6	Overwrite here – delete if not needed.
6.7	Overwrite here – delete if not needed.
6.8	Overwrite here – delete if not needed.
6.9	Overwrite here – delete if not needed.
6.10	Overwrite here – delete if not needed.



<i>This section details what involvement health services have had with the family to date</i>	
<b>7.</b>	<b>Current Involvement</b>
7.1	The first point of contact with the family;
7.2	If author of the statement was not involved from the beginning set that out here detailing what involvement the previous practitioner had and any concerns arising and any action taken in terms of referrals etc.;
7.3	Comment throughout on the level of engagement by the family, their ability to take on advice and to implement it (if appropriate
7.4	Comment on the presentation of the parents and the children and anybody else relevant – if home visits have been undertaken please detail anything relevant about the home environment i.e. evidence of alcohol use, drug paraphernalia observed, cluttered/unhygienic or perhaps noted to be fine.
7.5	Set out any specific details given to the Author in relation to the family either by professionals or by the family which led to any subsequent referrals or concerns.
7.6	Detail any specific health concerns in relation to each individual child.
7.7	Detail any referrals made and any known outcome/any further information awaited.
7.8	Detail any strengths and positives in relation to the family in terms of any matters in terms of health/welfare they have progressed.
7.9	Concerns held by health services in relation to the health/welfare in respect of each child and ensure you clearly set out the reasons for the concerns held.

7.10	Detail what, if anything, needs to happen (in terms of health/welfare) as a result of any concerns held in relation to the child/children in terms of accessing further health services.
7.11	Detail your opinion as to the need for any further health investigations which should be undertaken.
7.12	Detail any limitations to accessing such services i.e. current failure by the parents to engage with health or to act upon advice etc.
7.13	Detail any consultation you have had with other services i.e. Children's Services, school, paediatricians, physiotherapists etc.

<b>8.</b>	<b>Points of Consideration</b>
8.1	<b>Areas of Improvement</b> Based upon engagements, what actions or observations indicate a positive family relationship.
8.2	<b>Areas of Concern</b> Based upon engagements, actions or observations indicate any concerns that presently remain.
8.3	<b>Summary of Observations</b> Do you believe that in your professional opinion the family environment is safe and steps are being taken to improve the wellbeing of the child?

#### Disclaimer

- *This report has been created to share with the Court for the purposes of safeguarding children.*
- *This report is classed as NHS confidential and should not be shared unless specifically ordered to do so at the Courts discretion.*
- *A copy of this report will be retained by the document author and included within the child record.*
- *A copy of this report will be retained by the Data Protection Team TSDFT, and the Children's Safeguarding Team.*

Signed:

Date:

**Appendix 2.**

**Court Report**

**THIS STATEMENT IS CONFIDENTIAL AND MUST NOT BE DISCLOSED WITHOUT THE  
CONSENT OF THE COURT**

Name of Child		Date of Birth	
---------------	--	---------------	--

This report has been prepared by			
Job Title			
Work Address			
Signed		Date	

*This section details the clinicians' qualifications and experience*

<b>1.</b>	<b>Description of Employment Experience</b>
1.1	Insert description of current employment experience i.e. with whom, how long and in what role and previous relevant employment.
<b>2.</b>	<b>Qualifications of Practitioner</b>
2.1	Insert description of qualifications pertinent to current employment role.

*This section sets out names and dates of birth for relevant family members*

<b>3.</b>	<b>Family Composition</b>			
	Name of Family Member(s)	Date of Birth	Relationship to Client	Comments

*This section details any individuals mentioned to the practitioner relevant to the case or other family members and/or friends with whom practitioner has had contact*

<b>4.</b>	<b>Significant Others</b>			
	Name of Significant Other(s)	Date of Birth	Relationship to Client	Comments

*This section details what involvement health services have had with the family to date*

<b>5.</b>	<b>Current Involvement</b>
5.1	The first point of contact with the family;
5.2	If author of the statement was not involved from the beginning set that out here detailing what involvement the previous practitioner had and any concerns arising and any action taken in terms of referrals etc.;
5.3	Comment throughout on the level of engagement by the family, their ability to take on advice and to implement it (if appropriate);
5.4	Comment on the presentation of the parents and the children and anybody else relevant – if home visits have been undertaken please detail anything relevant about the home environment i.e. evidence of alcohol use, drug paraphernalia observed, cluttered/unhygienic or perhaps noted to be fine.
5.5	Set out any specific details given to the Author in relation to the family either by professionals or by the family which led to any subsequent referrals or concerns.
5.6	Detail any specific health concerns in relation to each individual child.
5.7	Detail any referrals made and any known outcome/any further information awaited.
5.8	Detail any strengths and positives in relation to the family in terms of any matters in terms of health/welfare they have progressed.
5.9	Concerns held by health services in relation to the health/welfare in respect of each child and ensure you clearly set out the reasons for the concerns held.
5.10	Detail what, if anything, needs to happen (in terms of health/welfare) as a result of any concerns held in relation to the child/children in terms of accessing further health services.

5.11	Detail your opinion as to the need for any further health investigations which should be undertaken.
5.12	Detail any limitations to accessing such services i.e. current failure by the parents to engage with health or to act upon advice etc.
5.13	Detail any consultation you have had with other services i.e. Children's Services, school, paediatricians, physiotherapists etc.

<b>6.</b>	<b>Points of Consideration</b>
6.1	<b>Areas of Improvement</b> Based upon engagements, what actions or observations indicate a positive family relationship.
6.2	<b>Areas of Concern</b> Based upon engagements, actions or observations indicate any concerns that presently remain.
6.3	<b>Summary of Observations</b> Do you believe that in your professional opinion the family environment is safe and steps are being taken to improve the wellbeing of the child?

*Disclaimer*

- *This report has been created to share with the Court for the purposes of safeguarding children.*
- *This report is classed as NHS confidential and should not be shared unless specifically ordered to do so at the Courts discretion.*
- *A copy of this report will be retained by the Data Protection Team TSDFT, and the Children's Safeguarding Team.*

Signed:

Date:

Appendix 3.

**COURT ATTENDANCE INFORMATION**  
**FOR TORBAY AND SOUTH DEVON NHS FOUNDATION  
TRUST STAFF WORKING WITH CHILDREN**



*This information has been produced by the Safeguarding Children Team for Torbay and South Devon Foundation Trust (TSDT). Preparation of this information has been supported by TSDFT legal department and Data Access Office.*

**Introduction**

Few people have first-hand experience of the various types of courts that operate across the UK. Attending court for the first time can be a stressful and daunting experience. The best way of approaching your court appearance is to gain as much information about the type of court you will be in and what will be expected of you.

It can be useful for health professionals to understand the legal background as to why they are attending court; ordinarily it will be to give evidence either at an interim stage of the case or the final hearing.

**There are three types of court you may be called to attend:**

- **Magistrates' Court** hears the vast majority of court cases in the UK
- **Crown Court** hears more serious cases
- **Youth Court** deals with young people.

You will usually find that the *Magistrates' Court* and the *Youth Court* are in the same building.

## The Magistrates' Court

In this type of court a case can be heard by up to three *Magistrates*. They can sometimes be called *Justices of the Peace*.

In front of the magistrate will sit the *Clerk of the Court*. The clerks give the magistrates' legal advice, as in many cases magistrates' are not trained lawyers.

It is rare for anyone in these courts to wear wigs, but the court usher may wear a gown.

Magistrates' courts sit without a *jury*. Due to the type of offence within this court, cases are usually dealt with in a single day.

The court is also open to the public who can sit and watch the cases being heard.

## The Crown Court

The layout of a *Crown Court* will be familiar to you as this kind of court is often used in television programs that feature a court case.

A *Judge* will sit on a raised platform –*the Bench* at one end of the courtroom. When the judge enters the courtroom everyone stands.

The *clerk of the court* sits in front of the bench facing the court. The clerk is usually the only person that can pass messages from the jury to the judge. The clerk is also in contact with other parts of the court building.

The court will also include a sound *recordist*. All Crown Court cases are recorded just in case the trial goes to appeal.

The court will also have a *reporter*. This isn't a member of the press, but the person that usually operates the stenograph to make a written recording of everything that is said in the courtroom.

A *Court Usher* will also be in the courtroom. It is their job to pass any documents around the court. The *Barristers* for the prosecution and the defence will also be in the courtroom. They stand whenever they are addressing the courtroom in general, the judge or the jury.

Behind the Barristers will sit any supporting solicitors. These could be from the *Crown Prosecution Service* or police officers that are involved with the case. The jury for the trial sits in a specific area usually near the defending barrister. Opposite the jury is the *witness box*.

The defendants sit in a dock with a custody officer near them. Behind the defendant is usually a small area for the public. Journalists must sit in a designated area especially for them. Outside of the courtroom is a smaller room where the jury retire to consider their verdict.



There are 3 main types of court hearings that health professionals may be required to attend

- **Family Court**
- **Coroners Court**
- **Criminal Court**

### **The Coroners' Court hearing**

This type of court investigates sudden, unexpected, unexplained or violent deaths. The cases that *coroners' courts* handle are called *inquests*. The *Coroner* can be a lawyer, a doctor or even both. They will call witnesses when this is appropriate to give evidence about the case; this is particularly relevant for ambulance staff and medical/nursing practitioners who may occasionally be summonsed to give evidence. The coroner investigates to establish who has died, and how, when, and where they died. The coroner will ask you questions first and you may have your statement in front of you. The Coroner may ask you to read your statement out loud. After the Coroner has asked you questions it will be the turn of other lawyers or family members, if they have no legal representation.

The coroner will take all the evidence that is presented to them and give their verdict. Once the verdict is given the *Coroner's Office* can release the Death Certificate.

### **The Criminal Court hearing**

A *Criminal Court* is a public court presided over by a Judge and Jury.

In a criminal court you will be expected to give evidence without your statement or report in front of you, although you may be allowed to refresh your memory from your statement or report before you enter the witness box. The barristers may ask you to read and comment on copies of documentation from medical records that are arranged in files (or bundles) in the court.

For a jury to find a defendant guilty they must be satisfied of his/her guilt '*beyond reasonable doubt*'.

### **The Family Court hearing**

The following information focuses on giving evidence in the Family Court, as this is the most likely court health professionals and staff will be called to appear in in the court arena. The *Family Court* deals with a variety of family issues including *Care Proceedings*.

*Care proceedings* happen when the state intervenes in the right of the parent to look after his or her child/ren.

These proceedings are heard in the Family Court, which can either be in the Magistrates Court or in the County Court.

It is important to understand that you are likely to be giving evidence at a hearing on whether to remove a child from its parents on a permanent or temporary basis.

The local authority can only remove a child from the care of its parents (if parents do not agree) with a *Court Order*. The local authority need to satisfy a court that a child is suffering or is likely to suffer significant harm.

The police can remove a child from the care of its parents against their wishes for a maximum of 72 hours with a *Police Protection Ord (PPO)* and only need to have 'reasonable cause to believe that a child would be likely to suffer significant harm if he is not removed to suitable accommodation'.

An *Emergency Protection Order (EPO)* can be obtained through a judge via the courts- if an EPO is granted it remains valid for 8 days whilst further investigations are completed with regards to the safety and wellbeing of a child.

### **When might you need to go to Court?**

The court will often want to hear evidence from health professionals who know the family on the ground that they have worked with them over a longer period of time.

No single professional can have a full picture of the child and family circumstances and the evidence from different professionals/witnesses can be pivotal in the outcome.

In ***Civil and Public Law Care*** proceedings, in the Family Court you may be called:

- as a witness for the local authority
- as a witness of fact
- as an expert witness
- occasionally at the request of the parents or other family members

The Judge or Magistrate will decide on the outcome of the case on the evidence given to them. There is no Jury.

Ordinarily you will give evidence either at an interim stage of the case where you can be asked to give evidence to help the court decide to keep the child in foster care pending the evidence gathering process or at a final hearing when the final decisions are made for a child. In some circumstances you may need to give evidence at a *Finding of Facts hearing*.

Care proceedings are ordinarily heard in private with no press or public allowed, and can often last for 26 weeks from start to finish. The reasons cases take as long as 26 weeks is that local authority often need to prepare full parenting assessments to satisfy the court about the ability or inability of the parents to care for their children.

Expert reports such as specialist medical or psychological assessments are often commissioned for the court which can take months to prepare.

## Finding of fact hearing

A **Finding of Fact Hearing** is a court hearing that considers the evidence surrounding allegations, and where a decision is reached as to whether alleged incidents did or did not happen. Most commonly, these allegations concern domestic abuse or child abuse. Evidence is heard which will normally include parties being cross-examined by representing lawyers.

Sometimes there is a factual dispute about what has happened in the past that is so important that the court needs to decide who is telling the truth before working out what to do next – this often happens where someone alleges domestic violence or child abuse which is denied by the other person.

In such cases the court may hold a separate trial to deal with those allegations first, before going on to think about what is best for the children. The judge will decide on the balance of probabilities whether something did or did not happen.



## Giving evidence

- When required to give evidence in court you will need to prepare a court report or court statement from health notes or records.
- This request from the court will be made by the requesting barrister/lawyer representative to the Health Trusts legal department.
- Once the request is received by health the request is then forwarded to the trusts children's safeguarding teams who will then liaise with the individual practitioner whom needs to provide the report/statement and advise the practitioners' line manager.
- The Trusts' court report template will be sent to you via email along with the direction of the court for the court report and/or court attendance.
- The children's safeguarding teams can offer support in completing the requested reports. It is pertinent that the completion of such report is prioritised over other work to ensure the report can be submitted to the children's' safeguarding team in a timely manner to allow for it to be formatted to the trusts standard court template, reviewed by the trusts Legal team and forward to requesting legal representative to be submitted to the court.
- A copy of the health records may also be requested by order of the court and will need to be provided to the trusts legal team for scanning, copying and release.



## **Preparation for court**

- It is important to prepare for court attendance. A member of the children's safeguarding team can arrange a preparation session with you prior to the day of the court attendance.
- Additionally you can ask for a member of the children's safeguarding team to accompany you to court to offer pre court support, supervision, reassurance and de-brief support.
- Always read your statement before attending court and bring a copy with you.
- Look at your health notes and records.
- Avoid booking other appointments on the day of the set court date. You may have to wait to be called into the court to give your evidence. Court hearings may not start on time as the judge may be requested to hear other cases considered more urgent. Parents may become overwhelmed resulting in adjournment or breaks resulting in the hearing taking longer.
- Bring your work diary in case the court hearing is adjourned.
- Arrive in plenty of time. Allow time for travel delays and other holdups.
- Ensure you know which court you are attending and how to get there. Also plan where you are going to park if travelling by car and ensure you have sufficient monies for parking fees. Remember to keep parking receipts.
- Bring refreshments with you as you may be waiting around to be called into court, also bring a book or similar as it can be a timely wait.
- Dress appropriately for court – smart dress is required – suit and tie for men, equivalent smart clothing for women. The courts preference is dark clothing. The court will make up its mind about you in the first few minutes and a professional appearance will ensure a good first impression. You are not required to wear uniform. Remember you are representing the Torbay and South Devon NHS Foundation Trust and your specific profession.



## **Procedures in court**

- When you arrive at the court you will need to give your name to the court usher or clerk, who will advise the lawyer or barrister that requested you attend that you have arrived. The requesting solicitor should come and introduce themselves and explain the reason for you being called to attend.
- They must be careful when speaking to you that they do not try to influence your evidence in anyway. It is permissible for them to ask you to look at other documentation such as health records, body maps etc. that may be pertinent for you to refer to in court.
- Remember to ask either the Barrister, court usher or clerk how you need to address the Judge. You need to address them with this on every occasion that they speak to you.
- You will be allowed to read your statement through before you come into court and in the family court you will be allowed to look at your report in court.

You will be asked to state your full name, job title, area of work, experience, qualifications and duration of time in the role. You will also be asked to either swear your oath either on the holy bible or confirm an affirmation.

### **Oath**

*I swear by almighty God that the evidence I shall give shall be the truth, the whole truth and nothing but the truth.*

### **Affirmation**

*I do truly declare and affirm that the evidence I shall give shall be the truth, the whole truth, and nothing but the truth.*

The court room can have several barristers and lawyers present, representing individual members of the family. Children are separately represented by a Child's Guardian and solicitor for the child.

You will be asked questions first by the barrister representing the persons requesting you in court, this is usually the local authority, however sometimes this can be the parents that have requested you to be in court.

The barrister who first asks you questions is **NOT** allowed to ask you 'leading questions'. This is a question that suggests an answer.

An example of this would be – **“the children were filthy weren't they?”**

The appropriate way to ask for this information would be –**“how were the children presented? – “describe their clothing for the court” ....etc.**

The Barristers that ask questions next will be cross-examining you and can questions in any way they like.

Examples of this would be -**“you can't be sure when this was, can you?”**

**“The house wasn't that bad was it?”**

It is important to remember you must tell the truth at all times and that your duty of witness is to the court not to the representative that has called you to court.

The judge is the person who decides the case and is the most important person in the court room.

You should try to look at the judge at all times and make eye contact where possible. You must remember to look at and address the judge when answering the questions you have been asked by the Barristers. It can help to stand with your feet directed towards the judge; turn your body to face the barrister asking questions, turn back to face the judge when you give your answer.

Bear in mind that the judge or magistrate/s has to keep a note of all that is said, either manually or electronically, so try not talk too fast or you may be asked to repeat your answers.

It is important to be clear and as definite as you can whilst giving evidence.

You should not simply agree with the questions put to you – **if you disagree –say so!!**

Just because the questioner may be polite does not mean you should agree with them. **Think through what is being asked.**

Remember that some of the questioners will be trying to get you to agree to a scenario or version of events that suits their client- questioners can often be subtle and extremely skilful.

Give a balanced response to the question – do not become argumentative.

**Think carefully before answering the questions asked.**

Expect to be asked questions out of chronological order

Short answers can be fine if they get to the point.

Remember that your evidence is only a small part of the overall picture for the court.

Do not deliberately leave out information.

Try not to use medical jargon.

Don't answer a question with a question.

If you don't understand a question ask for it to be repeated or rephrased, ***don't be afraid to ask for clarification.***

Remember to speak up!

Expect to be asked to recall the order of events, times and dates.

Admit any mistakes.

Request or accept a drink of water for whilst you are in the stand – if you need to take a sip before you answer a question- this allows you time to think.

### ***Take your time.***

You may also be asked your opinion – you should make it clear that is your opinion based on your professional knowledge, judgement and experience.

People worry about giving opinions in court, however as long as you are qualified to give an opinion you should do so.

If asked for your opinion on a subject that is out of your professional remit you must advise the court of this, for example specialist medical or psychological evidence is to be left to a specialist within that particular field.

**It is important to be aware that whilst attending court you are NOT permitted to talk to anyone with regards to the particular case – this includes parents, carers, colleagues and other witnesses that are attending the court to give evidence also.**



### **After court**

Once you have given your evidence the Barrister/solicitor that requested your attendance will request that the court for formal permission to release you. You are unable to leave the court building until this permission has been given. Once you have been released this will end your involvement.

You may ask the Barrister or solicitor who has requested your attendance to let you know the outcome of the case and provide you with feedback on your performance as a witness. The safeguarding team will offer a debrief session upon completion of your court attendance

***If you require any further information or support please do not hesitate to contact the children's safeguarding team***

**Phillipa Hiles** – Named Nurse

**Sharon Marland** – Safeguarding Nurse Practitioner

**Lynette Halling** – Safeguarding Nurse Practitioner

**Rose Ford** – Safeguarding Nurse Practitioner

**Emma Sidebottom** –Safeguarding Nurse Practitioner

Email: [safeguardingchildren.tct@nhs.net](mailto:safeguardingchildren.tct@nhs.net)

Telephone: 01803 208659 (Tor Hill House)

**Dr Richard Tozer** – Named Doctor

**Dr Jonathan Graham** – Named Doctor

Telephone: 01803 655801 (Amanda Roberts – Safeguarding Admin Lead - Torbay Hospital)

**Helen Saad**–Named Midwife for Safeguarding Children

**Debbie Lambert** –Safeguarding Children Midwife

Email: [safeguardingmidwife@nhs.net](mailto:safeguardingmidwife@nhs.net)

Telephone: 01803 654811

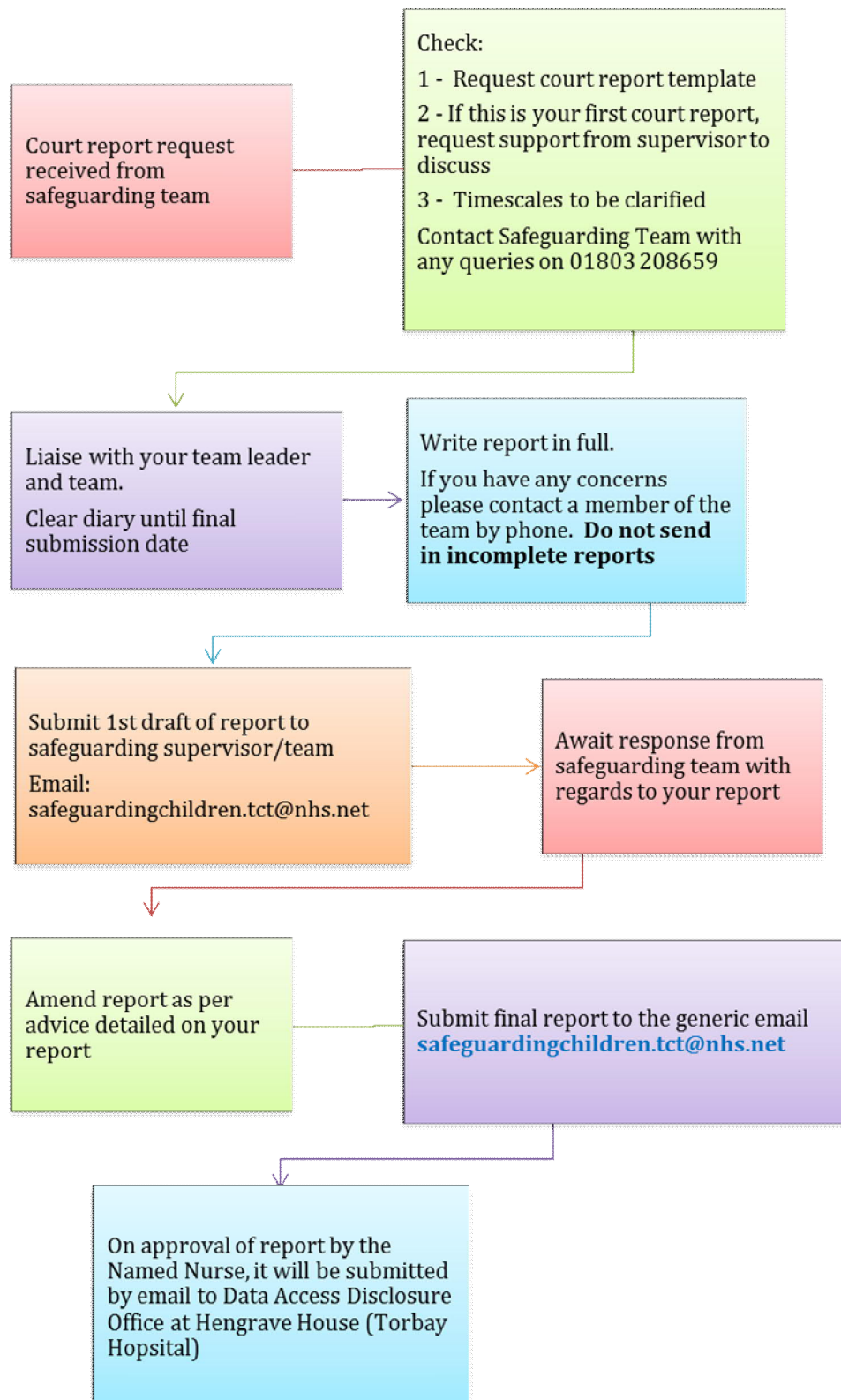




## Appendix 4

### Flowchart when receiving Court request

**NOTE:** if a request is sent direct to staff member by a Legal Team; staff member should reply stating that the request **must** be sent to the Data Access Team in order for the request to be facilitated (Email: [Dataprotection.tsdf@nhs.net](mailto:Dataprotection.tsdf@nhs.net))



## Appendix 5

### Safeguarding Children Team – staff support process for Court

- Email to be sent out to the identified member of staff and their Line Manger informing of the requested court attendance and date. Invitation made to member of staff offering to book a court preparation session with a Safeguarding Nurse Practitioner via Safeguarding Children's Team Administrator Tel 01803-208659
- Email the practitioner a copy of the Court training package and a copy of their final report for their perusal prior to their booked Court Preparation session
- Prior to the session Named Nurse / Safeguarding Nurse Practitioner's to prepare for the session and review the court report prior to seeing and preparing the member of staff for their court attendance
- At the court preparation session the Named Nurse/ Safeguarding Nurse Practitioner will go through the report, discuss court process and ensure member of staff is prepared of what is expected of them within their role.
- The Named Nurse/ Safeguarding Nurse Practitioner and member of staff will plan travel arrangements and identify supporter on the day. This can be a member of the Safeguarding Children's Team / member of staff's line manager / or an appropriate colleague of the same banding and discipline.

## Document Control Information

*This is a controlled document and should not be altered in any way without the express permission of the author or their representative.*

*Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.*

*If printed, this document is only valid for the day of printing.*

*This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.*

<b>Ref No:</b>	1838		
<b>Document title:</b>	Preparing Reports for Children's Court Proceedings		
<b>Purpose of document:</b>	The purpose of this procedure is to highlight the process that should be followed for the completion of Court Reports and witness statements and the provision of records in relation to Child Protection and Safeguarding issues in accordance with Court proceedings. For all TSDFT staff working with children who maybe requested to write court reports and attend court.		
<b>Date of issue:</b>	25 October 2019	<b>Next review date:</b>	25 October 2022
<b>Version:</b>	3	<b>Last review date:</b>	
<b>Author:</b>	Named Nurse, Safeguarding Children Safeguarding Nurse Practitioner		
<b>Directorate:</b>	Child Health		
<b>Equality Impact:</b>	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
<b>Committee(s) approving the document:</b>	Safeguarding Children Operational Group (SCOG)		
<b>Date approved:</b>	4 September 2019		
<b>Links or overlaps with other policies:</b>	Requests for Info Procedure Safeguarding Adults Policy Child Protection Policy Data Protection Policy		

<b>Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.</b>	Yes <input type="checkbox"/>	
	<i>Please select</i> Yes                  No	
<b>Does this document have implications regarding the Care Act?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Does this document have training implications?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this document have financial implications?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Is this document a direct replacement for another?</b> <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input type="checkbox"/>

### Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
	1		Kevin Pointer
February 2015	2	Review of documents based upon feedback from Care and Clinical Group	Kevin Pointer
January 2018	2	Review date extended	Care and Clinical Policies Group
25 October 2019	3	Revised	Safeguarding Children Operational Group (SCOG)

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## The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

**“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)**

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

[http://icare/Operations/mental\\_capacity\\_act/Pages/default.aspx](http://icare/Operations/mental_capacity_act/Pages/default.aspx)

## Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

### Rapid (E)quality Impact Assessment (EqIA) *(for use when writing policies)*

Policy Title (and number)		Version and Date	
Policy Author			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
Who may be affected by this document?			
Patients/ Service Users	<input type="checkbox"/>	Staff	<input type="checkbox"/>
Other, please state...		<input type="checkbox"/>	
Could the policy treat people from protected groups less favourably than the general population? <b>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</b>			
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Orientation			Yes <input type="checkbox"/> No <input type="checkbox"/>
Religion/Belief (non)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Marriage/ Civil Partnership			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers <sup>1</sup> ; travellers <sup>2</sup> ; homeless <sup>3</sup> ; convictions; social isolation <sup>4</sup> ; refugees)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
<b>VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion</b>			
Is inclusive language <sup>5</sup> used throughout?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible <sup>6</sup> ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy <sup>7</sup> ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
<b>EXTERNAL FACTORS</b>			
Is the policy a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
Who was consulted when drafting this policy?			
Patients/ Service Users	<input type="checkbox"/>	Trade Unions	<input type="checkbox"/>
Protected Groups (including Trust Equality Groups)		<input type="checkbox"/>	
Staff	<input type="checkbox"/>	General Public	<input type="checkbox"/>
Other, please state...		<input type="checkbox"/>	
What were the recommendations/suggestions?			
Does this document require a service redesign or substantial amendments to an existing process? <b>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>ACTION PLAN: Please list all actions identified to address any impacts</b>			
Action	Person responsible	Completion date	
<b>AUTHORISATION:</b>			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form		Signature	
Validated by (line manager)		Signature	

**Please contact the Equalities team for guidance:**

For South Devon & Torbay CCG, please call 01803 652476 or email [marisa.cockfield@nhs.net](mailto:marisa.cockfield@nhs.net)

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email [pf.d.sdhct@nhs.net](mailto:pf.d.sdhct@nhs.net)

**This form should be published with the policy and a signed copy sent to your relevant organisation**

Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

<sup>2</sup> Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

<sup>3</sup> Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

<sup>4</sup> Consider how someone will be aware of (or access) a service if socially or geographically isolated

<sup>5</sup> Language must be relevant and appropriate, for example referring to partners, not husbands or wives

<sup>6</sup> Consider both physical access to services and how information/ communication is available in an accessible format

<sup>7</sup> Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

## Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes  No

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](#) page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on [dataprotection.tsdf@nhs.net](mailto:dataprotection.tsdf@nhs.net),
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [Data Protection](#) site on the public internet.