RCGP response to the Home Office consultation on the mandatory reporting of child sexual abuse

August 2023

The Royal College of General Practitioners (RCGP) is submitting this narrative response to the Home Office consultation on the mandatory reporting of child sexual abuse instead of completing the formal consultation form. The consultation form does not include space for reflection on whether there is support for mandatory reporting and therefore is not an open consultation about mandatory reporting. This approach to consultation means that the questions are leading. This limits the validity and value of the consultation and does not create space for organisations to adequately reflect on concerns.

We would like to start by acknowledging the extensive and invaluable work done by IICSA in shining a much-needed light on child sexual abuse and for ensuring that the voice of victims and survivors of this abuse are heard. We would like to extend our appreciation and gratitude to all of those who shared their stories in the interest of helping others and contributing to learning about how to deliver improvements in care and care experiences. We are responding to this consultation with their testimony in mind.

As the RCGP, we set professional standards for GPs and are committed to play our part in preventing, identifying and responding to **all** forms of child abuse as well as supporting survivors life-long. In primary care, we care for individuals and families throughout their life courses, and our work in safeguarding is an essential and intrinsic part of the holistic care we support GPs in delivering. Safeguarding is an ever-evolving process and we acknowledge that systemic changes need to be made across all systems and professions to ensure all children are protected from any type of abuse or neglect.

EVIDENCE REVIEW

To inform the development of this consultation response, in partnership with Royal College of Paediatrics and Child Health (RCPCH), we have systematically searched for and reviewed the available evidence. See **Appendix One**.

INFORMATION FROM CENTRE OF EXPERTISE ON CHILD SEXUAL ABUSE

The extensive information available from the Home Office funded Centre of Expertise on child sexual abuse (https://www.csacentre.org.uk/) highlights the immense complexity of identifying and responding to child sexual abuse, that disclosure of child sexual abuse (CSA) is best understood as a 'process' that may evolve over an extended period of time and that there has been little research into professionals' experiences in recognising and receiving disclosures. Therefore, a critical concern for the introduction of any mandatory reporting process is in understanding how the threshold will be established and defined, and how professionals will be supported in navigating this. We note that the FGM mandatory reporting criterion require a first-hand personal disclosure or examination findings

that suggest FGM. The examination findings are less clear for other types of abuse, requiring more uncertainty and judgement. We note that examination should only be undertaken in specialist settings. We consider that reporting a first-hand disclosure of CSA is already covered by our existing GMC duty.

https://www.csacentre.org.uk/resources/key-messages/disclosures-csa/

It also highlights the current lack of understanding of 'effectiveness' in terms of responses to CSA, that there is a general shortage of services responding to CSA, a lack of funding and that more research and evidence of good practice in the field is needed.

https://www.csacentre.org.uk/documents/effectiveness-research-briefing/

RCGP CONCERNS ABOUT MANDTORY REPORTING OF CSA

We are therefore mindful, and need to be wary of, any proposed measures that over-simplify identification and responses to child sexual abuse, that do not take into account the complexity of this issue, nor the current significant constraints on resources and known barriers to reporting. Any measures implemented need to be robustly evaluated, for both intended and unintended outcomes and potential harms. This has not yet happened for the FGM mandatory reporting duty.

We would also like to highlight that as doctors, we already have professional duties we must adhere to regarding child abuse and neglect as set out by our regulator, the General Medical Council (GMC), in particular, their guidance *"Protecting children and young people: The responsibilities of all doctors"*.

At this present time, we do not support criminal sanctions for individual practitioners or GP practices for failure to report or disclose CSA when this is a highly complex issue, there are already professional duties that cover this should this be an issue and also when there are so many barriers for GPs to report safeguarding concerns.

The significant barriers for primary care to effectively safeguard children from abuse include:

- GPs have a unique role in safeguarding in knowing and caring for individuals and families impacted by safeguarding concerns and needs. Their strength in this is the longitudinal therapeutic relationships and trust they develop through knowing and working with their patients. This relationship-based continuity of care is threatened by needless bureaucracy and high workloads. We suggest that tackling this would improve GPs ability to support vulnerable individuals and families. It is not clear to us how a mandatory duty would support this, and our concern is that it could in fact risk the opposite impact.
- Difficulty in retention of GPs due to unmanageable pressures in primary care – one of the biggest threats to safeguarding in primary care is lack of GPs and staff.
- Lack of response from Local Authorities to safeguarding referrals made by primary care. Thresholds for acceptance of referrals are now so high that children and families often have to hit crisis point before they receive any help or intervention which leaves GPs holding unacceptable levels of risk without multi-agency involvement and support.
- Referrals for suspected child sexual abuse not being progressed by Local Authorities and Police because "there is no disclosure from the child".

- Parental consent being required before Local Authorities take any action when there are safeguarding concerns that don't reach their high thresholds.
- Lack of robust and routine information sharing from Local Authorities to primary care.
- Decimation of budgets for Health Visitors and School Nurses who are pivotal in supporting families, building relationships, carrying out prevention work and being able to spot early signs of families struggling.

In light of the above, we are currently not able to recommend mandatory reporting for child sexual abuse and call on the Government to commit to the following:

1) Ensure the rights of all children are at the forefront of any policy decisions
2) Ensure that they listen to the voice of all victims and survivors of child abuse so there is no hierarchy of abuse – all children who have experienced abuse deserve the same response
3) Commit to a full impact assessment of services (including, but not limited to, social care, health, education and police) on how any changes to the current safeguarding and child protection system, including mandatory reporting, will impact outcomes for children and young people including negative and detrimental impacts which may have been unintended.
4) Commit to a full impact assessment of how any changes to the current safeguarding and child protection system, including mandatory reporting, will impact GPs and primary care services including negative and detrimental impacts
5) Commit to a full and academic evaluation of the current FGM mandatory reporting system to ensure lessons are learnt including unintended harms, before any further mandatory systems are introduced
6) Commit to full and adequate funding of all services any changes will impact which includes:
    a. funding for training of all frontline staff expected to implement any changes
    b. funding to ensure services have adequate staff numbers to be able to carry out their safeguarding duties
    c. funding for holistic and cohesive lifelong support for all victims and survivors of any type of child abuse or neglect
    d. funding to ensure perpetrators of child sexual abuse are brought to justice as well as funding for perpetrator programmes which aim to prevent further abusive behaviour
7) Reciprocal duty for Local Authorities and Police to:
    a. Adequately respond to all referrals regarding concerns about child abuse and neglect
    b. lower thresholds for acceptance of referrals so that children and families do not have to reach crisis point before they receive any effective help or intervention
    c. remove barriers around parental consent before any assessments are carried out
    d. commit to robust and routine information sharing with statutory safeguarding partners as well as education

RCGP COMMITMENT

The RCGP has published a statement setting out our position on mandatory reporting, which can be found on our website: rcgp.org.uk/representing-you/policy-areas/mandatory-reporting-of-child-abuse

As a College, we have already started education about CSA and the learning from IICSA. We are currently delivering teaching on these issues in our RCGP Level 3 safeguarding training course in 2023. Within the course there is a session entitled 'Child Sexual Abuse. How do we identify possible child sexual abuse in primary care and how should we respond?'. The session is based on a quote from the NSPCC: "Knowing the signs of sexual abuse can help give a voice to children" https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/child-sexual-abuse/ and includes learning points from IICSA and practical advice from the Centre of Expertise on child sexual abuse as well as the NSPCC.

Going forward we also commit to:

- Updating the RCGP child safeguarding toolkit in light of IICSA so that we are strengthening the advice and guidance we provide to GPs. Our toolkits are free for anyone to use and are a frequently used resource.
- We are currently developing new RCGP safeguarding standards as one strand of the intercollegiate revision and update of the Intercollegiate documents: *Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff* and *Adult Safeguarding: Roles and Competencies for Health Care Staff*. Within our new standards we will include learning from IICSA.
- Our annual conference (RCGPAC) is being held this year in October 2023 in Glasgow. Every year we run child safeguarding sessions – this year we will be covering CSA and learning from IICSA

We want to work constructively with Government to ensure the best outcomes for all children and young people and welcome further discussions.

APPENDIX ONE

The evidence we have identified is heterogeneous, utilising a range of methods and from a range of settings. We identified very little empirical evidence from the UK. There is little reporting of the background requirements on health staff to report abuse, making it difficult to compare the introduction of local policies against or in addition to the existing UK GMC professional duty for medical professionals to report child abuse, including professional sanctions against professionals who do not, which can vary between settings.

Heterogeneity includes the definition and inclusion of who are mandated reporters, to whom reports are made, and the consequences for not reporting also vary. This complicates making direct comparisons or conclusions.

There is evidence that suggests that a mandatory reporting duty increases the number of referrals to services. This results in a significant initial burden of work for services (although evidence from other settings suggests this increase plateaus after an initial period, which we consider warrants exploration). Services therefore need to be prepared and resourced to meet the needs to support all of those referred in and to investigate and support children and families promptly. While unsubstantiated reports seem to increase more than substantiated reports, we note that substantiated reported do also increase, although interestingly the relative proportion increase for substantiated reports is lower for doctors. There is an ethical prerogative to ensure that resource and system capacity to respond appropriately and adequately to all reports are in place before the introduction of a mandatory reporting duty, as the evidence is consistent that the number of reports will initially increase. The number of reports is used as a measure of policy effectiveness, but there is a lack of evidence about child-centred outcomes or family centred outcomes. The IICSA report highlights that a service such as police or social care knowing about a child does not equate to them being adequately supported or protected. There are well-documented barriers to making safeguarding referrals, including a lack of recognition that abuse is occurring, a lack of confidence in making a report, a lack of agreement or understanding about thresholds for referral, uncertainty about making a referral, previous negative experiences of making referrals and what that meant for children and families and for professional relationships. We identified no evidence that a mandatory reporting duty is effective in mitigating against these barriers. Understanding how and what could support professionals to reduce and manage these challenges is critical, and evidence suggests that education and peer support are likely to be important components of this. This aligns with the College commitment to developing and delivering safeguarding education, training, and support materials for primary care.

There is evidence of unintended potential harmful impacts experienced by professionals and children working and living in the context of mandatory reporting regulations. The question of thresholds is significant. We note a systematic review finding reviewing the evidence supporting screening tools for child abuse which found low evidence and raised concerns that these tools have significant risks of both missing abuse and falsely indicating abuse. There is vignette-based evidence that suggests that the presence of a mandatory reporting duty acts as a deterrent for young people in disclosing abuse, which represents a pivotal concern that such a duty may become a barrier to safeguarding, rather than an enabler.

England and Wales have an existing mandatory reporting duty for FGM. There is UK evidence from FGM affected communities that mandatory reporting is perceived as a barrier to accessing health care

and can be experienced as discriminatory. This is vital to consider but is potentially complicated by being a single legislated issue in the UK, making FGM different effectively in legal terms from other types of child abuse. There is evidence that GPs find the mandatory reporting duty difficult to navigate in consultations, with significant fears about the impact on positive therapeutic relationships and trust (essential for ongoing support and ongoing safeguarding). We are aware of anecdotal reports of young people waiting until they are 18 to present for FGM related care, to avoid the FGM mandatory reporting duty. These delays represent both missed care for the young person and missed opportunities for safeguarding. While not robustly evidenced, these concerns highlight the urgent need to evaluate the existing mandatory reporting duty, for both intended and unintended consequences, before introducing a further duty. Despite repeated calls, including from this College, for an evaluation of this duty, this has not been done.

Therefore, while there is evidence of a need to understand how to improve and support child safeguarding, it is not clear that there is consensus/clear evidence that suggests that mandatory reporting would improve outcomes for children. The balance between benefits and risks for children and families, professionals, and organisations would need to be carefully considered, and the resources would need to be in place, including expanded social care provision, support for victims and families, and education, guidance and support for professionals, before such a duty could be ethically introduced.