



HM Government

Reporting and acting on child abuse and neglect

Summary of consultation responses and Government action

05 March 2018



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Introduction

All children are owed the right to be safe from harm. Keeping children safe is the responsibility of everyone who comes into contact with children and families, and we all have a role to play in protecting children and young people from child abuse and neglect.

1. We are absolutely clear that practitioners should make an immediate referral to local authority children's social care if they believe that a child has suffered harm or is likely to do so. This expectation is set out in the cross-sector *Working Together to Safeguard Children* statutory guidance. Approaching 650,000 referrals were made to local authority children's social care services in England in 2016–17.
2. We know, however, that despite the best efforts of practitioners working with children and families – across children's social care, the police, health, education, and the charity sector – some abuse and neglect has gone undetected by statutory agencies. This can happen for a variety of reasons, including failures to report or share information properly, and failures to perceive abuse or understand the nature and level of the risk of harm faced by children. In a small but important number of cases, there have been allegations of deliberate cover-ups or malpractice. The Government is clear no sector or organisation is above the need for robust safeguarding arrangements. We all have a responsibility to protect children from harm and abuse and a moral duty to report a crime.
3. In circumstances where frontline practitioners do fail to identify or fail to report the signs of abuse and neglect, the consequences can be catastrophic and leave a lasting and devastating impact on the lives of victims and their families.
4. Acknowledging the importance of these issues and the need to explore all options for improvement, on 21 July 2016, the Government launched a 12-week consultation on 'Reporting and acting on child abuse and neglect'. In particular, the Government's consultation document took a neutral stance in setting out possible options and recognised the strength of feeling amongst some survivors' groups and other voices in the sector that more needed to be done to change the way knowledge about children at risk of harm was shared, and that in particular, a mandatory reporting duty was often raised as the potential solution. It was essential to give these issues fair consideration with an unwavering focus on how we might be able to improve outcomes for children. The Government agreed on the need to consult widely due to the complexity and sensitivity of the issue, and the scale of the potential impact on practice across a wide range of professions. The consultation sought views on whether to introduce new statutory measures focused on reporting and acting on child abuse and neglect, in addition to our ongoing programme of wide-ranging reforms.
5. The headline question in the consultation asked which of the following three options was most preferable:
 - allowing the package of reform measures focused on improving how the whole system responds to child abuse and neglect to be implemented before considering the introduction of additional statutory measures;
 - the introduction of a duty to act, focused on taking appropriate action in relation to child abuse and neglect, with sanctions for deliberate and reckless failures; or
 - the introduction of a mandatory reporting duty focused on increasing the reporting of child abuse and neglect.
6. Copies of this document have been placed in the House Library and it is available via the gov.uk website [www.gov.uk].

Summary of responses and conclusions

7. The consultation opened on 21 July 2016 and closed on 13 October 2016, receiving 768 responses. In addition, the Government held a roundtable meeting chaired by the then Minister for Vulnerability, Safeguarding and Countering Extremism. The event was held in Rotherham and was attended by victim and survivor groups and key voluntary organisations. We are grateful to everyone who took the time to respond to the consultation and to provide views on these critical issues.
8. The majority of responses (609) were received via an online survey, with 97 survey responses received offline and another 62 submissions coming via email or post. Responses were received from a wide range of sources, representing different interests and perspectives. This included responses from organisations representing practitioners¹ and others in the local government, education, early years and healthcare sectors, as well as responses from the police, children's charities, survivors' groups and members of the public. A full breakdown can be found in the 'Analysis' section of this document. A list of organisations which responded can be found at Annex B.
9. The majority of respondents to the consultation (63%) were in favour of allowing the Government's existing programme of reforms time to be fully embedded. Only a quarter of respondents (25%) favoured introducing a duty to act, with less than half of that number (12%) favouring the introduction of mandatory reporting.
10. The consultation asked for feedback on the key issues within the **current child protection system**. The areas where respondents thought that improvement was most needed was in better joint working between different local agencies (93%), further work to encourage new and innovative practice (85%) and better training for practitioners (81%). These are clearly important areas for the Government to focus on in the next stage of our reform programme – how we intend to do so is set out in the 'Government action' section below.
11. The majority of respondents (51%) agreed that a **duty to act** would have an adverse impact on the child protection system (such as impacting recruitment and retention of staff, and negatively impacting the serious case review process). A quarter of respondents (25%) were attracted to the idea of the duty to act. Two-thirds of respondents (67%) agreed that a duty to act would strengthen accountability in the system. Over half of respondents (57%) agreed that it would be more likely to improve outcomes for children than a duty focused solely on reporting. A number of respondents suggested that further consultation would be required should such a duty be developed in future.
12. Respondents were more concerned about the potential negative impact of introducing a **mandatory reporting** regime. Over two-thirds of respondents (68%) agreed that such a duty would have an adverse impact on the child protection system. Eighty-five percent (85%) of respondents agreed that mandatory reporting would not ensure that appropriate action would be taken to protect children. Just over two-thirds of respondents (70%) agreed that a statutory mandatory reporting duty would generate more child abuse and neglect reports, but a similar proportion of respondents (66%) agreed that it could divert attention from the most serious child abuse and neglect cases.

¹ The term 'practitioners' was used throughout the consultation to refer to individuals who work with children in any capacity.

13. One argument made in individual responses to the consultation was for different forms of mandatory reporting based on reporting within 'closed institutions' or 'regulated activities'. These models, their rationale and the issues associated with them were described in annex B of the consultation materials.
14. A small number of individual respondents (including the Office of the Children's Commissioner and the NSPCC) raised the idea of a **concealment offence** in relation to child abuse and neglect. It was felt this might address scenarios where there is a conflict between reporting and the potential reputational damage to an institution.
15. Additional recent research evidence not included within the summary of research in the consultation materials was also submitted through the consultation process, as requested within the consultation document itself.² In formulating the Government response, all such material has been considered carefully.

² References at annex C.

Government response

This section sets out our assessment of responses to the consultation and the Government's own response, considering the evidence and the impact of the options on which we consulted. Whilst we have not found conclusive evidence to show that reporting and referrals are a current systemic issue, there are significant concerns by a clear majority should mandatory reporting be introduced. A mandatory reporting duty or duty to act brings with it a range of risks which are outlined here, including the impact on identifying abuse and neglect, on practitioners' professional judgement, and for children's outcomes.

16. The Government has considered the issues objectively and from the point of view of what would likely be best for children – informed by, but not bound by the result of the consultation. This includes the question of whether, given the Government's commitment to doing all it can to protect children from abuse and neglect, mandatory reporting or a duty to act would have a positive impact on keeping children safe.
17. Having considered all of the evidence and the views raised by the consultation, the Government believes that the case for a mandatory reporting duty or duty to act has not currently been made. **Therefore, we do not intend to introduce a mandatory reporting duty or duty to act at this time.** The following sections set out our assessment of the issues raised by the consultation, the most effective responses and how they will inform Government policy, and the importance of continuing to assess the evidence on mandatory reporting and how this might alter our understanding of what works best for children.
18. The key premise behind a mandatory reporting duty is the threat of sanctions that would then be imposed on those who choose not, or otherwise fail to report concerns about child abuse and neglect. This in turn would lower the threshold for practitioners choosing to report a concern, with a lower likelihood of being dissuaded from doing so – including in cases where, for example, they are unsure what they have seen, they are influenced by professional cautiousness, or they are fearful of the reputational damage that making a report may cause. Supporters of mandatory reporting argue that this reduces the risk that serious cases will pass unnoticed and therefore results in better protection for children.
19. The Government recognises the importance of these points – and the effect following the introduction of mandatory reporting in other countries such as Australia, suggests that referrals do indeed increase where mandatory reporting is in place. However, even compared to countries which have mandatory reporting systems, the rate of referrals is comparable or already higher here: 54.8 per 1,000 children in England (2016/17), compared to 53.2 per 1,000 children in the USA (2015), and 42.0 per 1,000 children in Australia (2015/16).
20. Our imperative is to ensure that the right children get the right support and protection, at the right time. But even with an increase in referrals associated with mandatory reporting, this would not necessarily lead to an increase in subsequent engagement with children brought into the child protection system. The increasing number of referrals rather risks creating a 'needle in a haystack' effect in which it is less likely, rather than more likely, that the social care system will identify key cases. Implementation of a mandatory reporting duty may also result in less consideration of the most appropriate stage for referrals, leading to a 'tick box' procedural approach – not only by social workers, but also those practitioners referring cases including in health, education and the police. Again, this would not help children's social care to identify key cases.

21. Furthermore, mandatory reporting will not itself improve the quality of practitioners' judgement about whether what they are seeing is abuse or neglect, and how best to respond; this remains the ultimate focus for best supporting children at risk of harm. Many serious incidents occur with children already known to social care. Indeed, the triennial analysis of serious case reviews, in particular, demonstrates that in most cases the significant harm or death of children occurs despite their being known to children's social care. A mandatory reporting duty would have been of limited value for protecting children in those cases. It could, however, further undermine effective practice by instilling risk-averse behaviour driven by the fear of sanctions, rather empowering the workforce to make the right decisions.
22. This impact could be felt not only in children's social care, but by practitioners more widely across health, education and the police. If disproportionate attention is placed on referrals and reporting, it may deter organisations and agencies outside social care from working effectively with children on lower-level issues, engendering an attitude that once the report has been made, they have discharged their responsibilities. Beyond the risks associated with mandatory reporting, a broader duty to act does not itself support judgements about what action to take, and risks creating defensive barriers to effective decision-making rather than trust in practitioners to discharge the obligations to act that they already have.
23. If a mandatory reporting duty or duty to act were introduced, we must expect alongside the increase in referrals, an increase in the intervention in the lives of children and families. This may undermine confidentiality for those contemplating disclosure of abuse with victims more reluctant to make disclosures if they know that it will result in a record of their contact being made. The prospect of such contact may cause families to disengage with services. It is worth stating, however, that even if this important issue were to be discounted, the serious questions about the inherent effectiveness of a mandatory reporting duty for improving children's outcomes would remain.
24. Most fundamentally, the evidence and submissions received through the consultation has not demonstrated conclusively that the introduction of a mandatory reporting duty or a duty to act improves outcomes for children. This must be our guiding consideration when considering such a major reform of such a vital service.
25. What the consultation has shown us, together with serious case reviews and Ofsted inspections, is that professional experience and other evidence generally does not find reporting to be a key issue in cases where a child is failed. Whether a child is already known to social care or not, translating practitioners' knowledge of a child's ongoing needs into appropriate support can be the difference between life and death. Such evidence suggested that issues around information sharing, professional practice and decision making are more likely to be at the crux of incidents where children do not receive the protection they need.
26. What would ultimately be most effective is improved information sharing, supported by better multi-agency working, better assessments, better decision making and better working with children at all stages of their engagement with the safeguarding system. This is at the heart of the Government's reform programme, particularly focused around multi-agency cooperation and social work. We believe this programme, much of which is particularly focused on how local agencies effectively act on information already gathered about children at risk of harm, rather than being focused on the referral stage, is the more effective way to address the concern raised by proponents of mandatory reporting that children might be 'missed' by the system. If our reforms are effective, a mandatory reporting duty would not be needed, and these reforms will themselves work most effectively without the unintended consequences that may occur due to the introduction of a reporting duty.

Government action

This section sets out the targeted action that the Government is taking in response to issues raised by consultation. In particular, we will address four key issues around reporting and acting on child abuse. These include the importance of understanding and reporting abuse, information sharing between agencies that work with children, best practice and professional training, and continuing to assess the legal framework and evidence to ensure the approach we are taking is effective and adequate.

27. We have already overseen significant reforms to the child protection system, following the conclusion of the Munro Review of Child Protection in 2011, but we want to do more to deliver the best outcomes for children, and are doing so. The policy paper *Putting Children First* (2016) set out how we are transforming the children's social care system by delivering major reforms under key pillars:
- **people and leadership** – bringing the best into the profession and giving them the right knowledge and skills for the challenging but hugely rewarding work ahead, and developing leaders equipped to nurture practice excellence;
 - **practice and systems** – creating the right environment for excellent practice and innovation to flourish, learning from the very best practice, and learning from when things go wrong; and
 - **governance and accountability** – making sure that what we are doing is working, and developing innovative new organisational models with the potential to radically improve services.
28. We are already taking steps to deliver improvements in safeguarding and child protection which we expect will bring real benefits to children. We also recognise that there are more steps we can take to enhance the likelihood of abuse and neglect being recognised and reported at an earlier point so that the appropriate action can be taken.
29. We will address directly the issues raised by the consultation through a combination of these ongoing reforms and the following programme of action.

To ensure there is strong awareness of the risks and need to report abuse, we are:

30. **Launching a further phase of our communications campaign, *Together, we can tackle child abuse*.** The third phase of the campaign continues to raise awareness, improve understanding and normalise reporting behaviour in communities so that more children can be kept safe from harm. The campaign builds public understanding of how to interpret and act on concerns, educating individuals about the signs of abuse and neglect, and encouraging reporting. Through the campaign we will also engage with local authorities and practitioners in areas such as police, health and education, to reinforce existing professional duties to take action if they have concerns about a child's welfare, where reporting a concern is more important than protecting the reputation of an individual or organisation.
31. **Making Relationships Education and Relationships and Sex Education (RSE) mandatory in all schools.** Given the increasing concerns around child sexual abuse and exploitation and the growing risks associated with growing up in a digital world, there is a particularly compelling case to act so that children are better equipped to protect themselves. That is why we are legislating to make the subjects of Relationships Education mandatory in all primary schools and RSE mandatory in all secondary schools. Whilst we are clear that the most pressing safeguarding concerns relate to Relationships Education and RSE, it is evident

that wider concerns about child safety and wellbeing relate to the core knowledge these subjects can teach, such as understanding of the risks of drugs and alcohol, and safeguarding physical and mental health. We therefore think it is important that we have the ability to make Personal, Social, Health and Economic Education (PSHE) mandatory as well, subject to the outcome of thorough consideration of the subject. The Department for Education has conducted a thorough engagement process on the scope and content of Relationships Education and RSE, including further consideration of PSHE. This process involved engagement with stakeholders and a public call for evidence, and will be followed by a formal consultation on the resulting regulations and guidance. Elsewhere the Government has also provided £2.3 million funding for the second phase of the successful 'Disrespect Nobody' campaign, which raises young people's awareness of healthy relationships and safe choices.

32. **Increasing the effectiveness of *Keeping Children Safe in Education (KCSIE)* guidance.** We plan to update this guidance for education professionals to reflect current safeguarding concerns and understanding of good practice, including an already strong focus on the importance of referrals and information sharing. We published a public consultation into proposed revisions to KCSIE on 14 December 2017, the consultation closing on 22 February 2018. The intention is to publish revised guidance, for information, in the summer term 2018 to be effective from September 2018.
33. **Targeting support for areas where abuse concerns are emerging, including in sport.** In response to allegations of non-recent child sexual abuse that surfaced in late 2016, the Department for Digital, Culture, Media and Sport is working with other government departments and the sport sector to ensure that sports clubs and organisations have strong processes in place for dealing with any allegations of non-recent abuse and to ensure that current arrangements for safeguarding children and young people in sports environments are as robust as possible. Our *Together, we can tackle child abuse* communications campaign aims to reach practitioners and volunteers across a broad range of sectors and communities, including those not part of traditional child protection arrangements, and in both regulated and non-regulated professions and settings.
34. **Creating a safe space for whistle-blowers.** We have established a whistleblowing helpline for practitioners to raise concerns about their organisation's ability to protect children from abuse and neglect. Such measures are vitally important to counter the sort of behaviour where it appears the imperative to report and act on child abuse is wrongly counterbalanced, or even outweighed, by a desire to safeguard personal status, institutional reputation or profitability.

To improve information sharing, we are:

35. **Improving multi-agency working, in particular local information sharing.** Following the passage of the Children and Social Work Act 2017, we will introduce, during the current parliament, new multi-agency safeguarding arrangements to ensure shared and strengthened ownership of local safeguarding, replacing Local Safeguarding Children Boards. This is a major reform of the fundamental workings of local child protection. By supporting local areas to develop stronger, bespoke working arrangements between local authorities, health and the police, we expect to see a step change in the quality of inter-agency work to safeguard children. The new arrangements will provide additional powers to secure effective participation from key agencies and agree plans to strengthen information sharing. We know that the best multi-agency arrangements are those which enshrine consistent and effective information sharing arrangements. These improvements to the system of multi-agency working at a local level will be coupled with new arrangements for reviewing serious child safeguarding cases at both the local and national level, as well as new child death review arrangements.

36. In support, a public consultation was launched last autumn on the related secondary legislation and revised statutory guidance (*Working Together to Safeguard Children*) which closed on 31 December 2017. We are preparing for formal commencement of the new arrangements, and publication of the updated guidance later in 2018.
37. **Tackling the barriers to information sharing**, including considering legislative improvements to support more effective information sharing for safeguarding purposes between practitioners. We will also look again at the Government's information sharing practice guidance to examine what more can be done to break down common barriers to sharing information. We will also look to strengthen the forthcoming update of the NHS Confidentiality Code to make it clear when information about vulnerable children and young people should be shared.
38. **Supporting the Child Protection Information Sharing project.** This NHS Digital-led IT system links information on looked after children and children on child protection plans between local authorities and unscheduled health settings (such as emergency departments or walk-in centres), in order to help practitioners make decisions about how to keep children safe. We are investing in an accelerator fund to support local authorities and health settings to implement the system.
39. **Expanding and strengthening the information sharing requirements in *Working Together to Safeguard Children*.** As part of our revisions we have strengthened and consolidated existing guidance for practitioners on sharing information, including the guidance for practitioners on referring concerns to local authority children's social care. The guidance, incorporated from practice guidance now into statutory guidance, makes clear that where there are concerns about the safety and welfare of children all practitioners should share information without hesitation or concern for their individual or organisational reputation. *Working Together* is now also clear that action should be taken by employers against practitioners whose conduct and/or practice falls below acceptable standards.

To improve practice and decision-making, we are:

40. **Improving the skills and confidence of practitioners** so that they can better safeguard and promote the welfare of children. A national assessment and accreditation system for social work will introduce a new practice-focused assessment to establish the knowledge and skills that child and family social workers need. Amongst other social work workforce reforms set out in our *Putting Children First* paper³, we are establishing through provisions in the Children and Social Work Act 2017, a new specialist regulator for social workers in England. Over time, the regulator, Social Work England, will drive up standards in social work education, training and practice and operate a quality assurance system for continuous professional development ensuring all social workers remain fit to practice. We will also consider how statutory guidance supporting the new multi-agency safeguarding arrangements could support the provision of effective multi-agency safeguarding training within local areas. Separately, we are also committed to improving training for the police and health service providers in the context of tackling child sexual abuse. The Home Office has made £1.9m available to the College of Policing to deliver a package of specialist training for vulnerability, essentially introducing a 'licence to practise' regime.
41. **Increasing accountability in the child protection system.** We have put in place a new system of joint targeted area inspections by Ofsted, the Care Quality Commission, HMI Constabulary and HMI Probation, as part of strengthening local authority children's services inspections more widely.

³ <https://www.gov.uk/government/publications/putting-children-first-our-vision-for-childrens-social-care>

42. **Introducing a new Child Safeguarding Practice Review Panel.** Implementing the changes in the Children and Social Work Act 2017, a new system of national and local reviews will create a national framework for considering the lessons of the tragic events where a child is seriously harmed or dies. Despite changes to improve serious case reviews over a number of years, a systemic suspicion persists that their main purpose is to apportion blame. The new system of child safeguarding practice reviews will be supported by tighter regulation and guidance. This will lead to a national learning framework predicated on high quality, published, local and national learning inquiries, with the clear purpose of identifying improvements both locally and nationally.
43. **Building our knowledge of best practice in child protection.** We have a comprehensive programme of work which by 2020 will create a new national learning system for children's social care. This will see the strengthening of the evidence base via the Children' Social Care Innovation Programme and Partners in Practice, along with practice improvements identified through a new Child Safeguarding Practice Review Panel and a What Works Centre for Children's Social Care. We also need to do more to properly understand the nature of child sexual abuse and how best to address it. To this end, we launched a new Centre of Expertise on Child Sexual Abuse with £7.5m of long term funding, which aims to identify, generate and share high quality evidence of what works to prevent and tackle child sexual abuse and exploitation to inform policy and practice.
44. **Delivering a focused programme of reforms to tackle child sexual abuse.** In February 2017, the Government published its *Tackling Child Sexual Exploitation: Progress Report* and announced a £40m package of measures to protect children and young people from sexual abuse, exploitation and trafficking and to bring offenders to justice.
45. We have prioritised child sexual abuse as a national policing threat and are investing in specialist policing capability to ensure children are better protected. We provided significant extra investment to transform the police approach to child sexual exploitation (CSE), through our Police Transformation Fund, and the National Crime Agency has also received additional funding which will help it to tackle online child sexual exploitation even more effectively. The NCA's CEOP Command leads the law enforcement response to online child sexual exploitation and abuse and works with law enforcement agencies in the UK and overseas, to identify victims and pursue offenders engaged in grooming children on the internet. Specifically, £20 million has been provided to help combat child sexual exploitation and significantly increase our capability to target the online grooming of children.
46. The new Centre of Expertise on Child Sexual Abuse will also assess UK and international evidence on prevalence, responses and what works in tackling child sexual abuse and exploitation.

To ensure the action we are taking is effective and adequate, we are:

47. **Assessing whether the current legislative framework is able to deal appropriately with concerns about concealment of child abuse and neglect.** As noted above, a small number of organisations that responded to the consultation suggested that a specific criminal offence in this area should be introduced. We will commit to scoping this issue fully and identify whether there are any gaps in the current statutory framework during the current Parliament, including working with representative organisations such as the NSPCC and the Office of the Children's Commissioner. An appropriate offence would constitute the strongest response in terms of deterring and criminalising intentional cover-ups, such as those that advocates of mandatory reporting have pointed to in closed institutions. Such an offence may allow us to set a clearer bar in terms of targeting the most wilful and egregious behaviour. This may provide the strongest and most targeted response to address cases where child abuse is not reported due to a desire to protect personal position or institutional position.

48. It should also be noted that the Independent Inquiry on Child Sexual Abuse (IICSA) is looking at a range of settings in which there may have been institutional failings and high-profile instances of child sexual abuse being covered up. The Inquiry is hearing evidence currently and will present its recommendations in due course, which we will use to inform our future considerations.
49. **Continuing to monitor and evaluate the evidence.** Notwithstanding all of the arguments and existing evidence set out in this response, the Government remains committed to taking whatever action is necessary to protect the safety of every child. We recognise past failures where children have been let down, and the progress still needed to realise our vision of services which always deliver the support children need at the time they need it. It has been valuable to explore these issues and to give proposed new statutory measures thorough consideration. However it is evident that there is not generally a demand for this proposal from those working in the sector or more generally from those responding to our consultation. We have also considered the effectiveness of the proposal under an assumption that greater resources could be made available, for instance for more social workers working at the front door of social care, or to fund assessment of a greater number of children. Even approached this way, at the current time, the case for a mandatory reporting duty has not been made, but we will remain open-minded should an emerging body of evidence or a new policy landscape change that.
50. We will continue to evaluate whether our reform programme is having the intended impact once fully implemented, in addition to continuing to assess any new or different evidence on mandatory reporting. The new Child Safeguarding Practice Review Panel will identify consistent and systemic errors in how children are protected, including any recurring issues around reporting, and this will be valuable to our ongoing assessment. We will also in particular be interested to understand evidence emerging from the recent introduction of a mandatory reporting duty in Wales placed at an organisational level, and any other new international evidence, to consider whether this alters the conclusions we have drawn from the current evidence. The same applies to the mandatory reporting duty for female genital mutilation, which came into force in 2015, informed by monitoring the impact this has had in practice. If the evidence strongly suggested that a mandatory reporting duty was likely to improve outcomes for children, whether now or at a future time, the Government would not hesitate to act to make the reforms necessary.

Analysis of consultation responses

The consultation approach

51. On 21 July 2016, the Government launched a 12-week public consultation exercise to seek views on the key issues in the current system and whether to introduce new statutory measures focused on reporting and acting on child abuse and neglect, in addition to our ongoing programme of wide-ranging reforms.
52. The consultation closed on 13 October 2016 and we received 768 responses. In addition, we held a roundtable meeting chaired by the then Parliamentary Under Secretary of State for Vulnerability, Safeguarding and Countering Extremism, Sarah Newton MP. The event was held in Rotherham and was attended by victim and survivor groups and key voluntary organisations. We are grateful to everyone who took the time to respond to the consultation and to provide their views on these critical issues.
53. The majority of responses (609) were received via an online survey, with 97 survey responses received offline and another 62 submissions coming via email or post. Responses were received from a wide range of sources, representing different interests and perspectives. This included responses from organisations representing practitioners and others in the local government, education, early years and healthcare sectors, as well as responses from the police, children's charities, survivors' groups and members of the public. A list of organisations which responded can be found at Annex B.

Summary of responses and main findings

54. The headline question in the consultation asked which of the following three options was most preferable:
 - allowing the package of reform measures focused on improving how the whole system responds to child abuse and neglect to be implemented before considering the introduction of additional statutory measures;
 - the introduction of a duty to act, focused on taking appropriate action in relation to child abuse and neglect, with sanctions for deliberate and reckless failures; or
 - the introduction of a mandatory reporting duty focused on increasing the reporting of child abuse and neglect.
55. The majority of respondents to the consultation (63%) were in favour of allowing the Government's existing programme of reforms time to be implemented. Only a quarter of respondents (25%) favoured introducing a duty to act, with less than half of that number (12%) favouring the introduction of mandatory reporting.
56. The consultation asked for feedback on the key issues within the **current child protection system**. The areas where respondents thought that improvement was most needed was in better joint working between different local agencies (93%), further work to encourage new and innovative practice (85%) and better training for practitioners (81%).
57. The majority of respondents (51%) agreed that a **duty to act** would have an adverse impact on the child protection system (e.g. impacting recruitment and retention of staff, and negatively impacting the serious case review process). A quarter of respondents (25%) were attracted to the idea of the duty to act. Two-thirds of respondents (67%) agreed that a duty to act would strengthen accountability in the system. Over half of respondents (57%) agreed that it would be more likely to improve outcomes for children than a duty focused solely on reporting. A

number of respondents suggested that further consultation would be required should such a duty be developed in future.

58. Respondents were more concerned about the potential negative impact of introducing a **mandatory reporting** regime. Over two-thirds of respondents (68%) agreed that such a duty would have an adverse impact on the child protection system (e.g. impacting recruitment and retention of staff, and negatively impacting the serious case review process). Eighty-five percent (85%) of respondents agreed that mandatory reporting would not ensure that appropriate action would be taken to protect children. Just over two-thirds of respondents (70%) agreed that a statutory mandatory reporting duty would generate more child abuse and neglect reports, but a similar proportion of respondents (66%) agreed that it could divert attention from the most serious child abuse and neglect cases.
59. A small number of respondents to the consultation argued in favour of different forms of mandatory reporting based on reporting within 'closed institutions' or 'regulated activities'. These models, their rationale and the issues associated with them were described in annex B of the consultation materials.
60. A small number of respondents raised the idea of a **concealment offence** in relation to child abuse and neglect. They felt this might address scenarios where there is a conflict between reporting and the potential reputational damage to an institution.
61. Additional recent research evidence not included within the summary of research in the consultation materials was also submitted through the consultation process, as requested within the consultation document itself.⁴ In formulating the Government response, all such material has been considered carefully.

Expanded analysis of results

62. Of those who responded to the consultation, 337 self-reported their professional sector. Those who responded by letter or email and who did not report their professional sector, were assigned one on the basis of other information in their response, wherever possible. The highest proportion of responses were from the education sector (18%) and the health sector (14%) A full breakdown of responses by sector is below.
63. While all responses have been considered carefully, we have not attempted to include in this document every point raised by respondents.
64. Unless otherwise stated, the percentages reported are based on the number of people responding to each question, rather than the number of people responding to the consultation as a whole. Percentages have been rounded to the nearest whole number.
65. The consultation adheres to the consultation principles issued by the Cabinet Office in July 2012 and updated in January 2016.
66. Questions 1–3 asked for information about each respondent (whether an individual or an organisation, name of organisation and sector). These three questions were introduced to the online survey response tool after the consultation had been launched. In effect, this meant that the first 47 online respondents did not address these questions. Looking across all the questions, the main categories of respondent were from the education, health and local authority sectors. To avoid repetition, we have not provided separate breakdowns by sector for every question.

⁴ References at annex C.

Questions 1–3 Information about each respondent:

| Category | Number of respondents | Percentage |
|--------------------------|------------------------------|-------------------|
| Unspecified | 272 | 35% |
| Education sector | 137 | 18% |
| Health sector | 111 | 14% |
| Local authority services | 69 | 9% |
| A member of the public | 51 | 7% |
| Voluntary sector | 30 | 4% |
| Children's social care | 27 | 4% |
| Other | 23 | 3% |
| Early years sector | 16 | 2% |
| Criminal justice sector | 11 | 1% |
| Policing | 11 | 1% |
| Adult social care | 7 | 1% |
| Fire service | 3 | <1% |
| Total responses: | 768 | 100% |

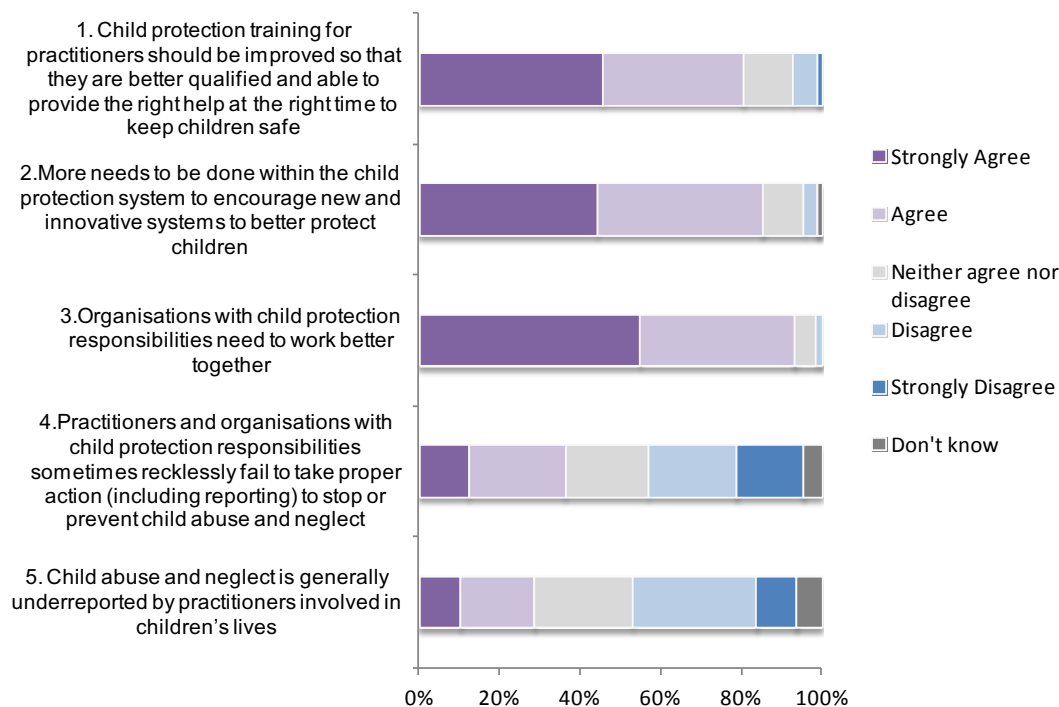
67. Questions 4–20 related to the issues discussed in the consultation paper. We have not been able to report on two of those questions: question 17 which asked where accountability should rest for any new statutory measure, and question 18 which asked what type of sanction there should be for any new statutory measure. This is because some respondents chose more than one of the options provided, which made it impossible to categorise the responses to this question accurately.

68. This section sets out an analysis of the responses we received.

Current child protection system

69. The consultation paper set out how the current child protection system operates and sought views about where the main issues with the current system lie.

Question 4: To what extent do you agree or disagree with the following statements about the current child protection system?



| Response | Q 4.1 | | Q 4.2 | | Q 4.3 | | Q 4.4 | | Q 4.5 | |
|----------------------------|------------|-------------|------------|-------------|------------|-------------|------------|-------------|------------|-------------|
| Strongly agree | 311 | 46% | 303 | 44% | 374 | 55% | 83 | 12% | 70 | 10% |
| Agree | 239 | 35% | 280 | 41% | 260 | 38% | 162 | 24% | 125 | 18% |
| Neither agree nor disagree | 85 | 12% | 71 | 10% | 37 | 5% | 139 | 21% | 165 | 24% |
| Disagree | 42 | 6% | 23 | 3% | 8 | 1% | 148 | 22% | 207 | 31% |
| Strongly disagree | 4 | 1% | 1 | <1% | 0 | 0% | 112 | 17% | 68 | 10% |
| Don't know | 2 | <1% | 6 | 1% | 2 | <1% | 30 | 4% | 42 | 6% |
| Total responses: | 683 | 100% | 684 | 100% | 681 | 100% | 674 | 100% | 677 | 100% |

70. Some clear views were identified by respondents who answered this question. 93% agreed with the statement that organisations with child protection responsibilities need to work better together. 85% agreed with the statement that more needs to be done to encourage new and innovative systems to better protect children and 81% agreed with the statement that there needs to be better training for practitioners.

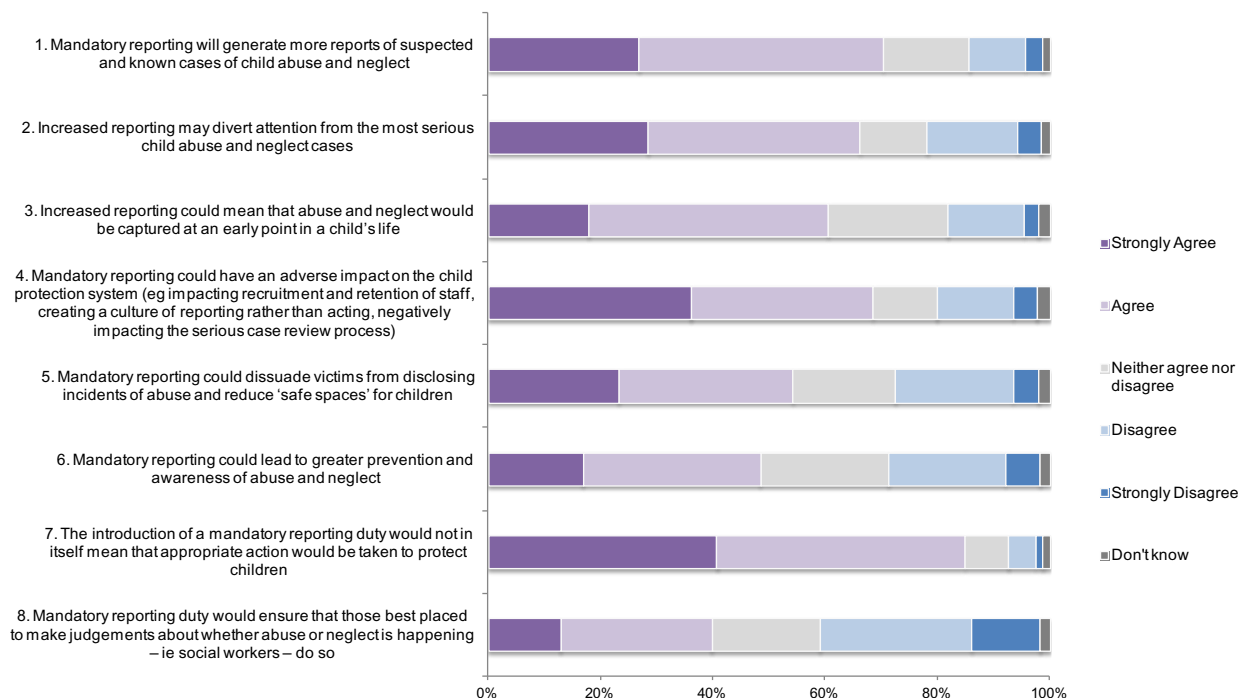
71. More respondents (41%) disagreed with the statement that child abuse and neglect are generally under-reported by practitioners, than those who agreed with it (28%). A greater number of respondents (39%) also disagreed with the statement that practitioners and organisations with child protection responsibilities sometimes recklessly fail to take proper action (including reporting) to stop or prevent child abuse or neglect, than those who agreed with it (36%).

Other measures that could be introduced

Mandatory Reporting

72. The consultation paper sought views on the possible introduction of a statutory mandatory reporting duty, which would require specified practitioners or organisations to report child abuse or neglect if they knew or had reasonable cause to suspect it was taking place, with sanctions for failure to report. The consultation paper provided information on how mandatory reporting operates in other countries and how a system might be implemented in England. Respondents were asked for their views on a series of statements about the benefits and risks of mandatory reporting.

Question 5: To what extent do you agree or disagree with the following statements?



| Response | Q 5.1 | | Q 5.2 | | Q 5.3 | | Q 5.4 | | Q 5.5 | | Q 5.6 | | Q 5.7 | | Q 5.8 | |
|----------------------------|------------|-------------|------------|-------------|------------|-------------|------------|-------------|------------|-------------|------------|-------------|------------|-------------|------------|-------------|
| Strongly Agree | 183 | 27% | 195 | 28% | 122 | 18% | 247 | 36% | 158 | 23% | 114 | 17% | 278 | 41% | 87 | 13% |
| Agree | 296 | 43% | 259 | 38% | 290 | 43% | 222 | 32% | 211 | 31% | 213 | 32% | 301 | 44% | 182 | 27% |
| Neither agree nor disagree | 105 | 15% | 82 | 12% | 145 | 21% | 78 | 11% | 124 | 18% | 154 | 23% | 53 | 8% | 130 | 19% |
| Disagree | 68 | 10% | 110 | 16% | 92 | 14% | 93 | 14% | 142 | 21% | 140 | 21% | 33 | 5% | 182 | 27% |
| Strongly Disagree | 21 | 3% | 29 | 4% | 18 | 3% | 29 | 4% | 31 | 5% | 42 | 6% | 9 | 1% | 82 | 12% |
| Don't know | 9 | 1% | 11 | 2% | 14 | 2% | 16 | 2% | 14 | 2% | 12 | 2% | 9 | 1% | 12 | 2% |
| Total responses: | 682 | 100% | 686 | 100% | 681 | 100% | 685 | 100% | 680 | 100% | 675 | 100% | 683 | 100% | 675 | 100% |

73. A majority of respondents who answered this question agreed with the statement that mandatory reporting would generate more reports of suspected and known cases of child abuse and neglect (70%), and 61% agreed with the statement that increased reporting could mean that abuse and neglect would be captured at an early point in a child's life. 40% agreed with the statement that mandatory reporting would ensure that those best placed to make judgements about whether abuse or neglect is happening do so, and 39% disagreed.
74. Significant concerns were identified about a mandatory reporting duty. 66% agreed with the statement that increased reporting might divert attention from the most serious child abuse and neglect cases and 54% agreed with the statement that mandatory reporting could dissuade victims from disclosing incidents of abuse and reduce 'safe spaces' for children. 49% agreed with the statement that mandatory reporting could lead to greater prevention and awareness of abuse and neglect, and 27% disagreed.
75. 68% agreed with the statement that mandatory reporting could have an adverse impact on the child protection system. 85% agreed with the statement that mandatory reporting would not in itself mean that appropriate action would be taken to protect children.
76. These concerns were reflected in answers to the next question, which asked respondents the extent to which they thought mandatory reporting would improve outcomes for children.

Question 6: To what extent do you agree that the introduction of a mandatory reporting duty would directly improve outcomes for children?

| Response | Number of respondents | Percentage |
|----------------------------|-----------------------|-------------|
| Strongly Agree | 84 | 13% |
| Agree | 146 | 22% |
| Neither agree nor disagree | 131 | 20% |
| Disagree | 183 | 28% |
| Strongly Disagree | 109 | 17% |
| Total responses: | 653 | 100% |

77. While 35% of respondents agreed that mandatory reporting would directly improve outcomes for children, there was a larger proportion (45%) who disagreed. Respondents were then invited to outline any other benefits, risks or issues in relation to mandatory reporting which had not been identified in the consultation paper.

Question 7: Please outline any risks or benefits regarding the introduction of a mandatory reporting duty that haven't been articulated in the consultation.

| Key word | | Number of responses | Percentage |
|-----------------------------------|---|---------------------|------------|
| Risks | Over reporting | 175 | 41% |
| | Resource pressures | 123 | 29% |
| | Detract from taking action | 75 | 17% |
| | Staff Morale | 55 | 13% |
| | Reduced disclosure from victims and abusers | 53 | 12% |
| | Increased training burden | 29 | 7% |
| | Would require culture change | 29 | 7% |
| | Deter offenders from seeking help | 17 | 4% |
| Benefits | Increased reporting | 34 | 8% |
| | Increased confidence | 15 | 3% |
| | Better training | 11 | 3% |
| | Better protection for professionals | 9 | 2% |
| | Increase resources | 7 | 2% |
| Other | | 62 | 14% |
| Not Relevant | | 15 | 3% |
| Thresholds would need to be clear | | 10 | 2% |
| Better information sharing needed | | 5 | 1% |
| Single reporting system needed | | 3 | 1% |

Table note.

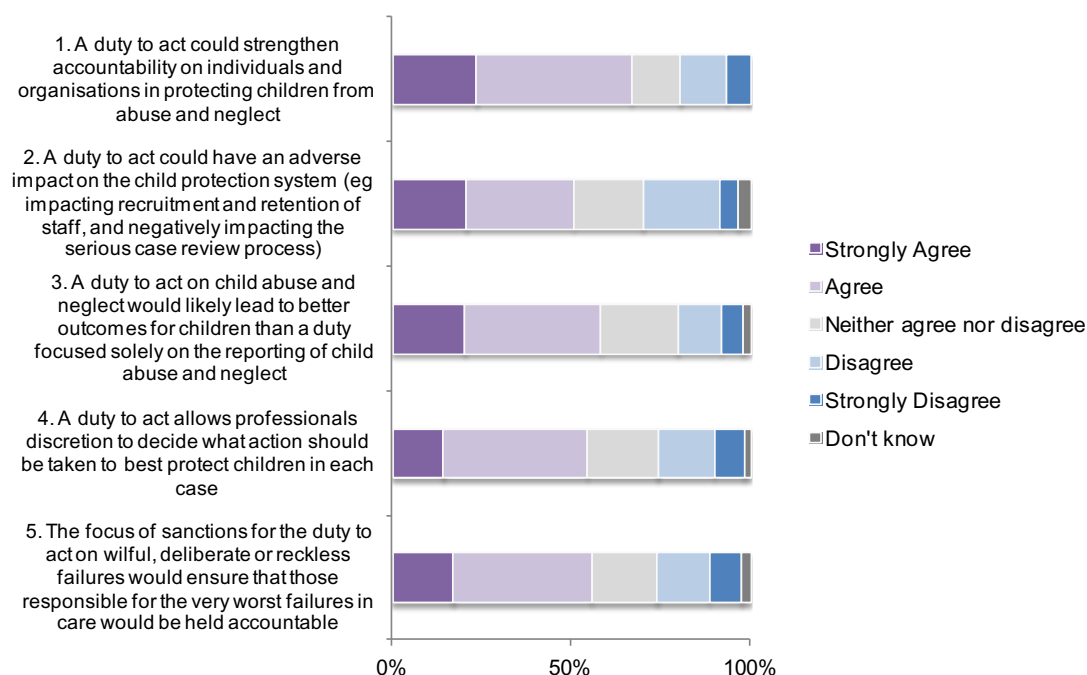
Responses to this open question have been coded using content analysis and grouped into broad themes. There were 429 respondents to this question. Percentages are calculated by dividing the response count for each code by the number of respondents (429) and will not add up to 100%.

78. The main benefit of mandatory reporting identified by respondents to this question was an increased level of reporting (8%).
79. Respondents identified over-reporting as the main risk (41%), suggesting that mandatory reporting could overwhelm the child protection system. Connected to this, respondents were also concerned about the increased pressure on resources (29%). Another main risk identified was that a focus on reporting would replace the need for professionals to take effective action (17%).
80. The views expressed in written submissions followed a similar pattern: increased reporting was seen as the biggest benefit, while the main risks were over-reporting, increased pressure on resources and concerns that a focus on reporting would detract from taking effective action.
81. A number of written responses also suggested particular specific forms of mandatory reporting (in 'closed institutions' or 'regulated activities'), as noted in the summary of responses and main findings section. Some respondents to the consultation proposed an alternative definition of 'regulated activities' to the one outlined in the consultation materials, with an expanded and more detailed list of activities within scope.

Duty to act

82. The consultation sought views on the possible introduction of a statutory duty to act. The introduction of a duty to act would impose a legal requirement on specified groups, professionals or organisations to take appropriate action where they knew or suspected that a child was suffering, or was at risk of suffering, abuse or neglect. This option was developed following consideration of an extension of the existing wilful neglect offences, which currently apply in relation to healthcare and adult social care, to child abuse and neglect.
83. Respondents were asked for their views on a series of statements about the benefits and risks of introducing a duty to act.

Question 8: To what extent do you agree or disagree with the following statements?



| Response | Q 8.1 | Q 8.2 | Q 8.3 | Q 8.4 | Q 8.5 |
|----------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Strongly Agree | 160 24% | 141 21% | 137 20% | 97 14% | 114 17% |
| Agree | 293 43% | 205 30% | 257 38% | 273 40% | 259 39% |
| Neither agree nor disagree | 94 14% | 132 19% | 146 22% | 135 20% | 124 18% |
| Disagree | 88 13% | 147 22% | 83 12% | 107 16% | 97 14% |
| Strongly Disagree | 42 6% | 35 5% | 41 6% | 57 8% | 61 9% |
| Don't know | 3 <1% | 23 3% | 14 2% | 12 2% | 17 3% |
| Total responses: | 680 100% | 683 100% | 678 100% | 681 100% | 672 100% |

84. 58% of respondents who answered this question agreed with the statement that a duty to act would likely lead to better outcomes for children than a duty focussed solely on the reporting of child abuse and neglect. A majority of respondents (54%) also agreed that a duty to act would allow professionals discretion to decide what action should be taken to best protect children in each case. Most of the respondents (56%) agreed that the focus of sanctions for breach of the duty to act on wilful, deliberate or reckless failures would ensure that those responsible for the very worst failures would be held accountable. The strongest result was in relation to accountability, where two thirds of respondents (67%) agreed that a duty to act

could strengthen the accountability on individuals and organisations in protecting children from abuse and neglect.

85. Less positively, 51% of respondents agreed with the statement that a duty to act could have an adverse impact on the child protection system (e.g., by impacting the recruitment and retention of staff, and negatively impacting the serious case review process).
86. Respondents were then asked the extent to which they thought a duty to act would improve outcomes for children.

Question 9: To what extent do you agree that the introduction of a duty to act would directly improve outcomes for children?

| Response | Number of respondents | Percentage |
|----------------------------|-----------------------|-------------|
| Strongly Agree | 113 | 17% |
| Agree | 213 | 32% |
| Neither agree nor disagree | 147 | 22% |
| Disagree | 104 | 16% |
| Strongly Disagree | 81 | 12% |
| Total responses: | 658 | 100% |

87. Of those respondents who answered this question, nearly half (49%) agreed with the statement that a duty to act would directly improve outcomes for children. 28% of respondents disagreed and 22% neither agreed nor disagreed.
88. Respondents were invited to outline any other benefits, risks and issues in relation to a duty to act which had not been identified in the consultation paper.

Question 10: Please outline any risks or benefits regarding the introduction of a duty to act that haven't been articulated in the consultation.

| Key word | Number of responses | Percentage |
|---|---|------------|
| Risks | Complicated judgements involved | 72 23% |
| | Resource pressures | 68 21% |
| | Fear of being reported for not acting | 52 16% |
| | Impact on staff morale | 42 13% |
| | Poor management of children's social care | 18 6% |
| | Timing of intervention important | 15 5% |
| | Increased intrusion into families | 6 2% |
| | Risk from duty being discretionary | 4 1% |
| Benefits | Processes would be safer and more robust | 25 8% |
| | Improved professional standards | 16 5% |
| Other | 55 17% | |
| Not relevant | 19 6% | |
| Training/guidance | 11 3% | |
| Definitions and clarifications of thresholds needed | 9 3% | |

Table note.

Base: 318 responses to this question. Note: percentages are calculated by dividing the response count for each code by the number of respondents (318) and will not add up to 100%.

89. Respondents suggested that the main benefit of a duty to act would be safer, more robust processes (8%).
90. The main additional risks identified by respondents were that a duty to act would not recognise the complicated judgements required by practitioners (23%) and that it would increase pressure on resources (21%).
91. The written submissions we received identified the main benefits as improved professional standards as well as safer, more robust processes. The main risks were that a duty to act would not recognise the complicated judgements required by practitioners and a fear of being reported for not acting.

Respondents' preferred approach

92. Having considered all the issues and previous questions, respondents were asked to express a preference between the three approaches set out in the consultation:
- allow the ongoing package of reform to be implemented before considering the introduction of additional statutory measures;
 - introduction of a mandatory reporting duty; or
 - introduction of a duty to act.

Question 11: Having considered the issues outlined in the consultation and your answers above, which of the following would be most preferable?

| Response | Number of respondents | Percentage |
|--|-----------------------|-------------|
| Allowing the package of reform measures focused on improving how the whole system responds to child abuse and neglect to be implemented before considering the introduction of additional statutory measures | 457 | 63% |
| The introduction of a mandatory reporting duty focused on increasing the reporting of child abuse and neglect | 85 | 12% |
| The introduction of a duty to act, focused on taking appropriate action in relation to child abuse and neglect, with sanctions for deliberate and reckless failures | 182 | 25% |
| Total responses: | 724 | 100% |

Table note.

For this question only, responses to the online and offline survey have been combined with the written submissions to provide an overall picture to the main question.

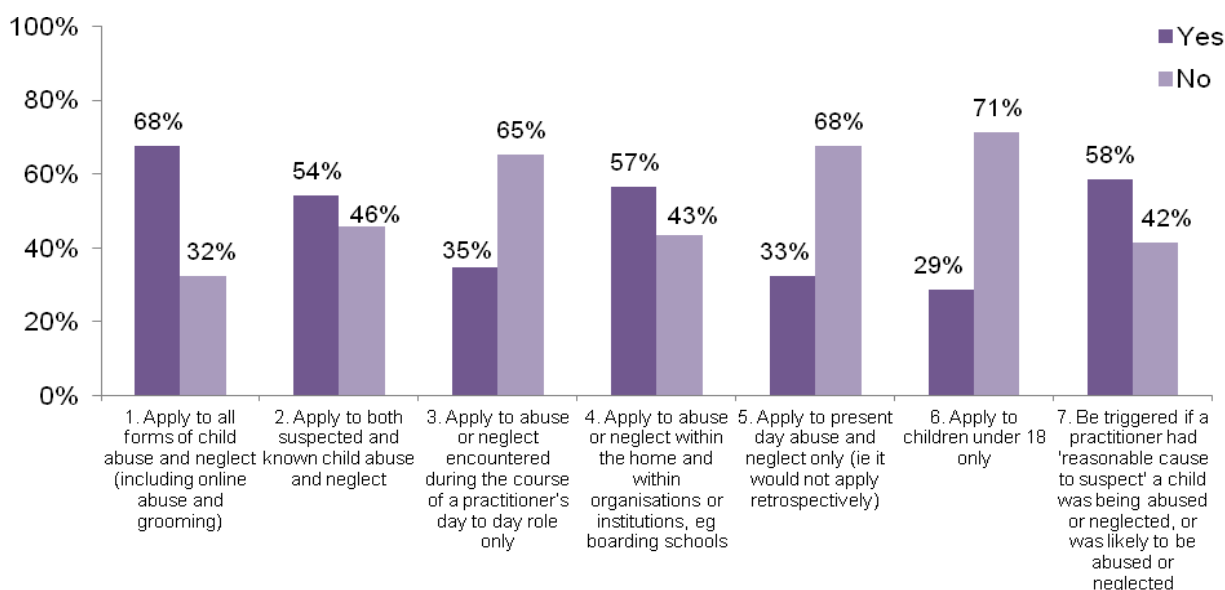
93. Responses to this question produced a clear majority of 63% of respondents preferring the option of allowing the existing Government reform programme time to be implemented before considering additional statutory measures of the type outlined in the consultation. Of respondents who provided information about their professional sector, the largest categories of responder supporting this option were from the education, health and local authority sectors.
94. Just over a quarter of respondents (25%) preferred the introduction of a duty to act. The largest categories of responder supporting this option were from the education sector, members of the public and the health sector.
95. Only 12% of respondents supported the introduction of mandatory reporting. The largest categories of responder preferring this option were from the education sector, health sector and members of the public.

Scope, accountability and sanctions

96. The consultation considered issues relating to the scope, accountability and sanctions which would apply to either mandatory reporting or a duty to act, in the event that one of them was introduced.

97. Respondents were asked for views on a range of issues relating to aspects of child abuse and neglect that a new duty might cover.

Question 12: If a new statutory measure is introduced, do you agree with the following elements of the proposed scope?



98. A clear majority of respondents who answered this question (68%) agreed that any new statutory duty should apply to all forms of child abuse and neglect (including online abuse and grooming), 71% disagreed that a new duty should apply to children under 18 only and 68% disagreed that it should apply to present day abuse and neglect only. 65% disagreed that it should apply to abuse and neglect encountered during the course of a practitioner's day to day role only.

99. Views were more balanced in respect of the remaining statements. 54% agreed that any new duty should apply to both suspected and known child abuse and neglect; 57% agreed that a new duty should apply to abuse or neglect within the home and within organisations or institutions (e.g. boarding schools); and 58% agreed that it should be triggered if a practitioner had 'reasonable cause to suspect' a child was being abused or neglected, or was likely to be abused or neglected.

100. The consultation then invited respondents to provide any further information on the proposed scope of the duties.

Question 13: Are there aspects of the proposed scope that you disagree with, or you would like to provide further information to support your answer to question 12?

| Key word | | Count | Percentage |
|--|--|-------|------------|
| Too wide | Measures won't be effective/detract from actions | 16 | 8% |
| | Suspected abuse too broad | 16 | 8% |
| | Clearer definition/scope needed | 12 | 6% |
| | Don't include all vulnerable adults/all roles | 7 | 4% |
| | Existing legal framework/arrangements satisfactory | 6 | 3% |
| | Will affect morale/deter practitioners | 4 | 2% |
| | Not historic abuse | 4 | 2% |
| | Limit to when professionals are on duty | 1 | 1% |
| Not wide enough | Wider age range | 28 | 15% |
| | Should cover historic abuse | 16 | 8% |
| | Extend to wider age range/care leavers/other roles | 12 | 6% |
| | Apply to all professions with frequent contact with children | 12 | 6% |
| | Extend to other abuse/risks | 6 | 3% |
| | Wider time scope | 5 | 3% |
| | Apply to youth organisations | 4 | 2% |
| | Should apply to all staff within an organisation covered by duty | 4 | 2% |
| Apply to religious institutions | 2 | 1% | |
| Not relevant | | 38 | 20% |
| Other | | 14 | 7% |
| Need better information sharing/record keeping | | 3 | 2% |

Table note.

Base: 192 total respondents. Percentages are calculated by dividing the response count for each code by the number of respondents (192) and will not add up to 100%.

101. Responses to this question were split on whether the suggested scope of a new duty was too wide or not wide enough. 8% commented that it should not cover suspicion of abuse or neglect, feeling that evidence would be needed. Of those respondents who felt that the suggested scope was not wide enough, 15% thought that a new duty should cover a wider age range than just children aged under 18 and 8% felt it should cover historic abuse.

102. The main themes from the written submissions we received were that the scope of any new duty should not extend to adults but that any new duty should cover all professions.

103. Where respondents felt that any new statutory measure should extend to adults, they were invited to provide further information, taking into account the existing wilful neglect offence.

Question 14: If you believe new statutory measures should extend to adults, please provide further information, taking into account the existing wilful neglect offence.

| Key word | Number of responses | Percentage |
|------------------------------------|---------------------|------------|
| Vulnerable adults | 100 | 47% |
| 0–25 disabled/SEN | 30 | 14% |
| Should not apply to adults | 22 | 10% |
| All vulnerable groups | 22 | 10% |
| Not relevant | 18 | 8% |
| Other | 8 | 4% |
| More research/consideration needed | 7 | 3% |

| Key word | Number of responses | Percentage |
|------------------------|---------------------|------------|
| Historic adult reports | 6 | 3% |
| Other forms of abuse | 6 | 3% |
| Extend wilful neglect | 3 | 1% |
| In care | 3 | 1% |
| Care leavers | 3 | 1% |

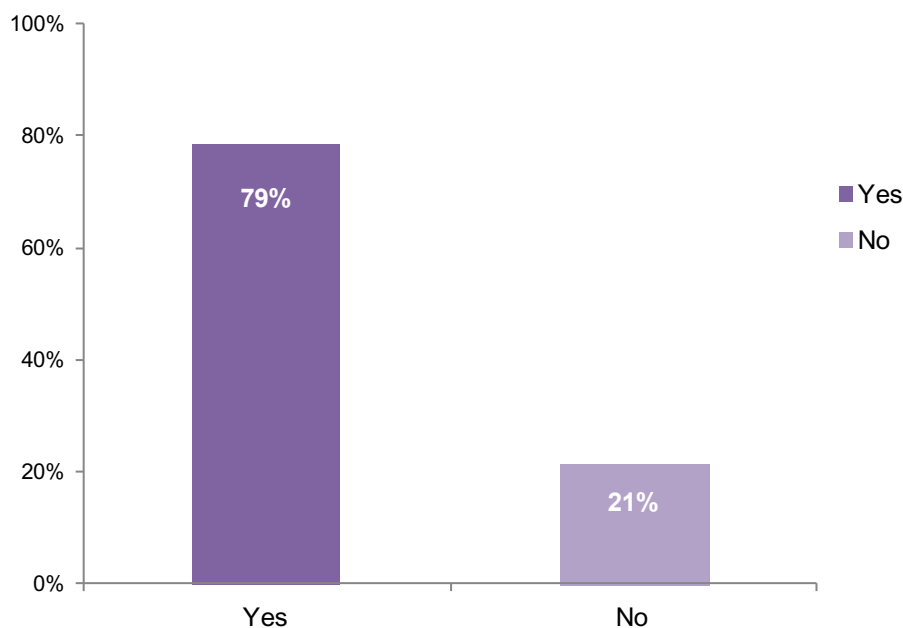
Table note.

Base: 213 respondents for this question. Percentages are calculated by dividing the response count for each code by the number of respondents (213) and will not add up to 100%.

104. Nearly half of respondents who answered this question (47%) felt that any new duty should cover vulnerable adults as well as children and 10% of respondents felt it should extend to all vulnerable groups. 14% thought it should cover children and young people aged 0–25 who have special educational needs or disabilities.

105. The consultation paper suggested that any new duty should apply to all practitioners or organisations who undertake activities which bring them into close and frequent contact with children because they are well placed to recognise risk factors, triggers of concern and signs of abuse or neglect. The consultation paper sought respondents’ views on whether these activities or others should be included if a new statutory duty were to be introduced.

Question 15: Should the proposed activities outlined in the consultation be included if a new statutory measure were to be introduced?



106. A clear majority of respondents to this question (79%) agreed that any new duty should apply to the activities set out in the consultation paper.

107. The consultation paper went on to invite further views on what activities should be covered by any new duty.

Question 16: Please provide your views, noting if any activities listed should be removed, and if there any other activities that should be included.

| Key word | | Number of responses | Percentage |
|--------------|----------------------------|---------------------|------------|
| Add | Safeguarding | 34 | 22% |
| | Voluntary | 33 | 21% |
| | Religious | 30 | 19% |
| | All school staff | 11 | 7% |
| | Play areas | 9 | 6% |
| | Sports clubs | 7 | 5% |
| | Youth groups/youth workers | 5 | 3% |
| | Scouts/guides/brownies | 3 | 2% |
| | Managers | 1 | 1% |
| Exclude | Admin/support roles | 8 | 5% |
| Other | | 40 | 26% |
| Not relevant | | 21 | 14% |

Table note.

Base: 154 respondents to this question. Percentages are calculated by dividing the response count for each code by the number of respondents (154) and will not add up to 100%.

108. There was a wide range of suggestions in response to this question but those with the largest support were to add safeguarding roles (22%), the voluntary sector (21%) and religious institutions (19%).

109. Respondents were invited to provide any further information about the reasons for their answers to the above questions on scope, accountability and sanctions.

Question 19: Please provide further information about the reasons for your answers to the above questions on scope, accountability and sanctions, if you would like to do so.

| Key word | | Number of responses | Percentage |
|---|--|---------------------|------------|
| More severe | Criminal sanctions | 29 | 13% |
| | DBS review | 16 | 7% |
| | Apply to public | 9 | 4% |
| | Publically accountable | 8 | 3% |
| | General support for sanctions | 2 | 1% |
| Less severe | Not too severe | 39 | 17% |
| | Not criminal | 36 | 16% |
| | Organisation level | 31 | 13% |
| | Professional body | 21 | 9% |
| | Blames/criminalises staff for actions beyond their control | 12 | 5% |
| | Not DBS | 9 | 4% |
| | Sanctions are sufficient in current system | 4 | 2% |
| | Sanctions should be proportional | 3 | 1% |
| General against sanctions | 2 | 1% | |
| Not relevant | | 37 | 16% |
| Organisations should be accountable not individuals | | 7 | 3% |
| Other | | 5 | 2% |

Table note.

Base: 231 respondents. Percentages are calculated by dividing the response count for each code by the number of respondents (231) and will not add up to 100%.

110. This question produced a wide range of views, although overall a majority of respondents felt that sanctions should be less severe. 16% of respondents felt that sanctions should not be criminal, compared with 13% who felt they should be. 17% of respondents made a general comment that sanctions should not be too severe and 13% made a general comment that sanctions should be applied at organisation level.

111. The most frequently expressed view from the written submissions we received was that sanctions should not be criminal (although a number of submissions did support criminal sanctions) and should be left to professional bodies.

Additional information

112. Finally, the consultation invited respondents to provide any additional information that they felt should be taken into account, including but not limited to:

- the operational impact of introducing a new statutory measure, including on small businesses such as nurseries or children’s homes;
- how the new duty should interact with the existing FGM mandatory reporting model;
- any additional research/evidence not referred to in the consultation document; and
- the operational impact of extending either of the statutory measures to vulnerable adults.

| Key word | Number of responses | Percentage |
|---|---------------------|------------|
| Resources/burden | 57 | 24% |
| General negatives | 40 | 17% |
| Definition | 33 | 14% |
| General benefits | 32 | 14% |
| FGM reporting | 30 | 13% |
| Existing framework | 23 | 10% |
| Morale | 18 | 8% |
| Other | 13 | 6% |
| Research | 13 | 6% |
| Confidentiality | 10 | 4% |
| Not relevant | 6 | 3% |
| Duties should extend to adults | 6 | 3% |
| Timing | 5 | 2% |
| Thresholds should be reconsidered/more training on thresholds | 5 | 2% |
| Information sharing should be improved | 5 | 2% |
| Listen to children/reporters more | 4 | 2% |
| Duties will burden | 3 | 1% |
| Duties should apply to small organisations/businesses | 2 | 1% |
| Creates blame culture towards professionals | 2 | 1% |
| Duties should apply to all staff in safeguarding sector | 2 | 1% |

Table note.

Base: 236 respondents. Percentages are calculated by dividing the response count for each code by the number of respondents (236) and will not add up to 100%.

113. There was a wide range of comments in response to this question. 24% of respondents took the opportunity to highlight the impact of any new duty on resources, 14% highlighted the importance of having clear definitions to support a new duty and 13% commented on how a new duty should interact with the existing FGM mandatory reporting model.

114. The main theme from written submissions was that the existing controls should be improved instead of introducing a statutory duty. A number of submissions also highlighted the need for clear definitions and others felt that further research was needed into the issues around reporting and acting on child abuse and neglect.

Annex A – The consultation analysis process

1. Consultation responses were analysed by officials at the Home Office and Department for Education.
2. While it was clear that respondents using the consultation proforma or answering specific questions were replying to the consultation, a view also had to be taken on what other correspondence constituted a formal response. It was decided to consider all letters or emails received during the consultation and include them, so long as they mentioned the consultation or one of the policies within it and gave a view.
3. Data from responses to the quantitative (closed) questions in the consultation (e.g., those that invited 'yes', 'no', 'don't know' responses) was inputted and analysed. All qualitative responses (those responses to open questions or where a respondent had written a paper, letter or email rather than answering specific questions) were also logged and analysed. This was done by coding the responses to identify frequently occurring themes. Where respondents commented on a different aspect of the policy which they were being asked about, this too was recorded. Findings have been reported in this document.
4. A number of in-depth annexes to consultation responses were also received, covering areas such as evidence, data and legal opinions. These were not coded but have been considered by officials and fed into the Government's response.
5. While the consultation was open for anyone to respond, it should be noted that those who responded were self-selected and therefore the responses received cannot be considered representative of the views of the public or different sectors in general.
6. The numbers of responses reported in this analysis are actual numbers and have not been weighted. It should also be remembered that not all respondents answered every question. Some responded directly to the questions, some answered only parts of questions, and others commented more broadly on the overall content of the consultation.

Annex B – List of organisations that responded

| |
|---|
| Abbeyfields Nursery |
| Action for Children |
| Action on Elder Abuse |
| Age UK |
| Association Directors Adult Social Services |
| Association for Sexual Abuse Prevention |
| Association of Child Psychotherapists |
| Association of Colleges |
| Association of Directors of Children's Services |
| Association of Independent LSCB Chairs |
| Association of London Directors of Children's Services |
| Association of Personal Injury Lawyers |
| Association of Professors of Social Work |
| Association of School and College Leaders |
| Association of Teachers and Lecturers |
| Barham Primary School |
| Barnados |
| Barry Primary School |
| Bedfordshire Safeguarding Team |
| Berkshire Healthcare NHS foundation Trust |
| Birmingham City Council |
| Bishops' CofE and RC Primary School |
| Blackpool Council |
| Blossom House School |
| Boarding Schools' Association |
| Bolt Burden Kemp (Solicitors) |
| Bolton Council |
| Bolton Safeguarding Children Board |
| Boost Child and Youth Advocacy Centre |
| Bournemouth Borough Council |
| Bracknell Forest Council |
| Bradford District Care |
| Breckland District Council |
| Bristol Community Health |
| Bristol Law School |
| British Association Counselling and Psychotherapy |
| British Association for the Study and Prevention of Child Abuse and Neglect |
| British Association of Social Workers (England) |
| British Medical Association |
| British Pregnancy Advisory Service |
| British Psychoanalytic Council |
| British Psychological Society |
| Bromfords School and sixth Form College |
| Cambian Education |
| Cambridge Fire & Rescue Service |
| Cambridgeshire County Council, Adult Safeguarding Team |
| Canterbury Diocese |
| Carolyn Eyre Ltd |
| Castle School |

| |
|--|
| Central Bedfordshire Safeguarding Children Board |
| Centre of Excellence for Information Sharing |
| Cheshire East Council |
| Chief Nursing Officer's Black & Minority Ethnic Advisory Group |
| Children's Commissioner's Office |
| Children's Services Operations Central Bedfordshire Council |
| Children's Services Peterborough City Council |
| Chorley District Council |
| Church Safeguarding Consultancy |
| Churches' Child Protection Advisory Service |
| CIS'ters |
| Colegate Community Primary School |
| Coram Campus |
| Cornwall Council |
| Crackley Bank Primary School |
| CYPNAUK |
| Denbigh High School |
| Derbyshire County Council |
| Devon County Council |
| Devon Fire & Rescue |
| Doddinghurst Infant School |
| Doncaster Safeguarding Children Board |
| Dukesgate Academy |
| Durham County Council |
| Elaine Hook Education Consultancy |
| End Violence Against Women |
| Enfield Council |
| Enough Abuse UK |
| Essex County Council |
| Faculty of Sexual and Reproductive Healthcare |
| Fairhouse Primary School, Essex |
| Family Education Trust |
| Family Justice Council |
| Family Operations Leadership Team, Essex County Council |
| Family Rights Group |
| Flagg Nursery School |
| Ford End C.o.E Primary School |
| Foundation for Women's Health Research and Development (FORWARD) |
| Freedom and Autonomy for Schools national Organisation (FASNA) |
| Gateshead Behaviour Support Service |
| Gateshead Council |
| Gateshead Education |
| Gateshead Local Safeguarding Children Board |
| General Medical Council |
| General Pharmaceutical Council |
| Girlguiding |
| Gloucestershire County Council |
| Gloucestershire Safeguarding Children Board |
| Godolphin and Latymer School |
| Grange primary school |
| Great Ellingham and Rocklands Schools Federation |
| Great Ormond Street Hospital for Children NHS Trust |
| Great Tey Primary School |

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| Hampshire Constabulary |
| Hampshire Safeguarding |
| Happy Days Nurseries Ltd |
| Happy Hours Pre School |
| Harlowbury Primary School |
| Harrow Early Years |
| Health & Care Professions Council |
| Holmes Chapel Comprehensive School and Sixth Form College |
| Holyport College |
| Homerton University Hospital NHS Foundation Trust |
| Hugh James (Solicitors) |
| Independent Schools Council |
| Information Commissioners Office |
| Isebrook SEN College |
| Islington CCG |
| Islington Safeguarding Children Board |
| Joint Nottinghamshire Health Community Safeguarding Partnership Group |
| Kent County Council |
| Kidscape |
| King Henry VIII School |
| Labour Party |
| Lancashire Fire & Rescue Service |
| Lancashire Safeguarding |
| Law Society |
| Leeds City Council |
| Leicester City Council |
| Leicester LSCB |
| Limes Community & Children's Centre |
| Liverpool City Region Combined Authority |
| Local Government Association |
| Lodge surgery Chippenham |
| London Ambulance Service NHS Trust |
| London Borough of Bexley |
| London Borough of Camden |
| London Borough of Hackney |
| London Borough of Hammersmith & Fulham |
| London Borough of Hounslow |
| London Borough of Merton |
| London Borough of Waltham Forest |
| London Criminal Courts Solicitors' Association |
| London Evelina Community speech and language therapy service |
| London Fire Brigade |
| Loudoun Trust |
| LPCCA |
| Luton Borough Council, Children & Learning Department |
| Luton Clinical Commissioning Group (NHS) |
| Luton Safeguarding Children |
| Manchester Community Academy |
| Manchester Safeguarding Children Board (MSCB) |
| Mandate Now |
| Margaret McMillan Nursery School |
| Matlock Pre-School |
| Medical Defence Union |

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| Medway, Dartford Gravesham and Swanley and Swale CCG |
| Medway Council |
| Mencap |
| Middlesbrough Council |
| Milton Keynes Safeguarding Children Board and Safeguarding Adult Board |
| Missing People |
| MOSAC |
| Mount View Pre-School |
| Myton School |
| NAHT |
| NAPAC |
| NASS |
| NASUWT |
| National Ambulance Safeguarding Group (NASG) |
| National Children's Bureau |
| National Council of Women on Great Britain |
| National Day Nurseries Association |
| National Deaf Children's Society |
| National Organisation for the Treatment of Abusers |
| National Union of Teachers |
| NELFT North East London Foundation Trust |
| New Beacon School |
| Newcastle Gateshead CCG |
| NHS Blackburn |
| NHS Croydon |
| NHS England |
| NHS England South |
| NHS London (C&NW) |
| NHS Nene and NHS Corby Clinical Commissioning Group |
| NHS Northumberland Clinical Commissioning Group |
| Norfolk & Norwich University Hospital |
| Norfolk and Norwich University Hospital |
| Norfolk and Waveney CCG |
| North Yorkshire County Council |
| North Yorkshire Fire and Rescue Service |
| Northamptonshire County Council |
| Northgate School Arts College |
| Northumberland County Council |
| Nottingham City Council |
| Nottinghamshire County Council |
| NSPCC |
| Nursing & Midwifery Council |
| Office of the Police and Crime Commissioner |
| Ofsted |
| OPCC Cumbria |
| Oxford Health NHS Foundation Trust |
| Oxfordshire County Council |
| Oxfordshire Safeguarding Children Board |
| Padfield Community Primary School |
| Paternoster School, Cirencester |
| PCC Avon & Somerset |
| PCC Devon and Cornwall |
| PCC Dorset |

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| PCC Essex |
| PCC Leicestershire |
| PCC North Wales |
| PCC North Yorkshire |
| PCC Northumbria |
| PCC South Yorkshire |
| Pea Pods Day Nursery |
| Peterborough City Council |
| Plymouth City council |
| Plymouth Young Safeguarders |
| Police Superintendent Association England and Wales |
| Positive Resolutions Wirral |
| Powers Hall Academy |
| Pre-school Learning Alliance |
| Professional Association Childcare and Early Years |
| Pulham Primary School |
| Quality Improvement and Support Team – Calderdale MBC |
| Queen Victoria Hospital Foundation Trust |
| Rape Crisis (England & Wales) |
| Redcar and Cleveland Safeguarding Children Board |
| Redditch and Bromsgrove CCG, South Worcestershire CCG, Wyre Forest CCG |
| Rochdale Borough Council Children's Services |
| Rochdale Borough Safeguarding Children Board |
| Rotherham CC/ Yorkshire & Humber Social Work Network |
| Rotherham NHS Foundation Trust |
| Royal Berkshire Fire & Rescue Service |
| Royal Borough of Kensington and Chelsea |
| Royal Borough of Kingston upon Thames |
| Royal College of Nursing |
| Royal College of Obstetricians and Gynaecologists |
| Royal College of Paediatrics and Child Health |
| Royal College of Psychiatrists |
| Royal Pharmaceutical Society |
| Safeguarding Children Professionals across North Yorkshire and York |
| Safer Activities for Everyone CIC |
| Safer Safeguarding Group |
| Salisbury Medical Practice |
| Samaritans |
| Sandal Castle VA Community Primary School |
| Scout Association |
| SHE UK & MENding UK |
| Sheffield City Council |
| Shenfield High School |
| Shropshire Partners in Care |
| Shropshire Safeguarding Adults |
| Simpson Millar (Solicitors) |
| Slater and Gordon Lawyers |
| Solihull Children's Social Work |
| Somerset Partnership NHS Foundation |
| South Holland District Council |
| South Yorkshire Fire & Rescue Service |
| Sparken Hill Academy |
| St Ethelbert's Catholic Primary School |

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| St Mary's CE Junior |
| St Pauls Stars Breakfast and After School Club |
| St. Anne's Catholic High School for Girls |
| St. Oswald's CoE Infant School |
| Steps Community Nursery |
| StopSexualOffending |
| Stubbin Wood School |
| Suffolk County Council |
| Suffolk Local Safeguarding Children Board |
| Sunderland Safeguarding Children Board |
| Surrey County Council |
| Swindon Borough Council |
| Swindon College |
| Tavistock and Portman NHS Trust |
| Telford and Wrekin Housing |
| Temple Graf |
| The Children's Society |
| The Interlink Foundation |
| The Oval School |
| The Survivors Trust |
| The Victoria Climbié Foundation UK |
| Theydon Bois Primary School |
| Three Towers |
| Throckley Primary School |
| Toftwood Infant School |
| Together Trust |
| Transformation Powerhouse |
| Tudor Park Education Trust |
| UK Council for Psychotherapy |
| University Hospitals Bristol NHS Foundation Trust |
| University of Central Lancashire |
| Victim Commissioner's Office |
| Virtuous Paedophiles |
| Voice: the union for education professionals |
| Warwickshire Office of the Police and Crime Commissioner |
| Warwickshire Safeguarding |
| West Midlands Police |
| Westminster City Council |
| White Bridge Primary School |
| William Gregg V.C Leisure Centre Places for People |
| Wiltshire Council |
| Worcestershire County Council |
| Worcestershire Safeguarding Adults |
| Wycombe District Council |
| Your Homes Newcastle |
| Youth Justice Board |

Annex C – Additional research submitted

Mathews, B., Lee, X., & Norman, R. (2016). Impact of a new mandatory reporting law on reporting and identification of child sexual abuse: a seven-year time trend analysis.

Bilson, A., & Martin, K. E. (2016). Referrals and Child Protection in England: One in Five Children Referred to Children's Services and One in Nineteen Investigated before the Age of Five. *British Journal of Social Work*, bcw054.

Bilson, A., Featherstone, B., & Martin, K. E. (In press) How child protection's 'investigative turn' impacts on poor and deprived communities *Family Law*.

Harries, M., Cant, R. L., Bilson, A., & Thorpe, D. (2015). Responding to information about children in adversity: Ten years of a differential response model in Western Australia. *Child abuse & neglect*, 39, 61–72.

Bilson A., Harries, M., Cant, R. L. & Thorpe, D. (submitted for publication) Accounting for the Increase of Children in Care in Western Australia: What can Client Information Systems Tell Us? *Child Abuse and Neglect*.