

Mandatory reporting of child sexual abuse consultation

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The Home Office will process your personal data in accordance with the DPA and in the majority of circumstances, this will mean that your personal data will not be disclosed to third parties.

(Please type your response, if any, here.)

About you

Question 1.

Tom Perry

Mandate Now

Question 2. Address and postcode

Redacted

Question 3. To help us analyse our responses, could you please tell us in what capacity you are responding to this consultation.

(Please delete the responses which don't apply.)

Child or young person under age 18

- Other

If you chose 'other' or wish to clarify your response, please describe the role that best describes you.

Mandate Now is the pressure group that has led the agenda for the introduction of well-designed mandatory reporting of suspected and known child sexual abuse by prescribed personnel working in Regulated Activities.

Question 4. If you are responding on behalf of a group or organisation, what is your role within that organisation?

- Director

If other, please let us know more about your role.

(Please type your response here.)

Question 5. If you are a representative of a group or organisation, please tell us its name and give a summary of the people or organisations that you represent.

Mandate Now: a pressure group that leads the agenda for the introduction for well-designed mandatory reporting of known and suspected child sexual abuse by prescribed personnel working in Regulated Activities.

Diversity

We know that we deliver better services when we receive feedback from a full range of backgrounds and experiences in the society we serve. We would be grateful if you could complete the following diversity questions. You can select 'prefer not to disclose' if you would rather not answer any question.

Question 6. What is your sex?

(Please delete the responses which don't apply.)

- Male

Question 7. What is your ethnic origin?

(Please delete the responses which don't apply.)

- White-English
- White-Welsh
- White-Scottish
- White-Northern Irish
- White-British
- White-Irish

- White-Gypsy or Irish Traveller
- White-Roma
- Any other white background
- White and Asian
- White and black African
- White and black Caribbean
- Any other mixed or multi-ethnic background
- Asian or Asian British-Bangladeshi
- Asian or Asian British-Indian
- Asian or Asian British-Pakistani
- Asian or Asian-British: any other Asian background
- Black or black British-African
- Black or black British-Caribbean
- Any other black background
- Arab
- Other ethnic group
- Prefer not to disclose

The mandatory reporting duty

Question 8. In sharing findings from this consultation, may we quote from your response?

(Please delete the responses which don't apply.)

- No

Question 9. In addition to the definition of 'regulated activity in relation to children' provided by the Independent Inquiry, the government is proposing to set out a list of specific roles which should be subject to the mandatory reporting duty. Which roles do you consider to be essential to this list:

It should be according to the updated Schedule that originated in the now lapsed Private Members Bill tabled by Baroness Tanni Grey-Thompson: "[Regulated and Other Activities \(Mandatory Reporting of Child Sexual Abuse\) Bill](#)"[HL] – see list below.

Having more than one safeguarding protocol across a range of children's settings would create confusion. The recommendations made by the Australian Royal Commission into Institutional Responses to Child Sexual Abuse has seen all but one State rapidly move towards one safeguarding framework with mandatory reporting protocols of broadly similar design.

The current safeguarding framework, as applied to Regulated Activities in England and Wales, serves them poorly. The safeguarding framework in the UK is dominated by neglect of children in the family. Unfortunately, it takes little account of the entirely different demands of Regulated Activity personnel. Most of these professionals' work in complex and strategically important institutional settings. They have key 'sentinel' safeguarding (and reporting) roles that can so improve children's safeguarding when, as Australian data reveals, they are supported by well-designed law that mandates the reporting of suspected and known child sexual abuse. Its introduction must be preceded by safeguarding training provided by accredited safeguarding trainers. No accreditation scheme exists for anyone who provides this training.

Future mandated reporters must include those working in:

REGULATED AND OTHER ACTIVITIES

- 1 Education including—
 - (a) schools,
 - (b) sixth form colleges,
 - (c) colleges of further education,
 - (d) pupil referral units,
 - (e) residential special schools,
 - (f) hospital education trusts,
 - (g) settings of education other than at schools,
 - (h) private tuition centres.
- 2 Healthcare including—
 - (a) hospitals,
 - (b) hospices,
 - (c) GP surgeries,
 - (d) walk-in clinics,
 - (e) outpatient clinics.
- 3 Others including—
 - (a) child nurseries and kindergarten provision,
 - (b) childminders and childcare providers registered on the early years register or the compulsory or voluntary part of the childcare register,
 - (c) registered social care providers and managers for children,
 - (d) children's homes,
 - (e) children's hospices,
 - (f) youth offender institutions,
 - (g) the Probation Service,
 - (h) private institutions contracted by public bodies to provide services to children,
 - (i) organisations providing activities to children, such as sports clubs, music, dance or drama groups, youth clubs, and Ministry of Defence

- cadet forces including Sea Cadets, the Volunteer Cadet Corps, the Army Cadet Force, the Air Training Corps and the Combined Cadet Force, Fire Cadets,
- (j) organisations providing holidays for children or supervising children while on holiday,
- (k) churches, mosques, synagogues, temples, and other places of worship and religious organisations, and other organisations holding non-religious worldviews,
- (l) services offered to children by local authorities outwith their statutory duties,
- (m) services offered to children by the police outwith their statutory duties
- (n) transport services including taxis and coaches commissioned by the providers of the regulated activities in this Schedule.

Question 10. What would be the most appropriate way to ensure reporters are protected from personal detriment when making a report under the duty in good faith; or raising that a report as required under the duty has not been made?

Please provide details to explain your response.

The protections described in sections 3(2), 3(3) and 3(4) of our [recently updated model for mandatory reporting of known and suspected child sexual abuse](#) are appropriate and proportionate and have operating precedent in numerous common law jurisdictions.

3 Offences

- (1) Failure to fulfil the duty set out in section 1 before the expiry of the period of seven days of the matter, allegation or suspicion first coming to the knowledge or attention of the provider or of any person whose services are used by the provider as defined in section 2 is an offence.
- (2) A person who causes or threatens to cause any detriment to a mandated person, being a person placed under the duty to report pursuant to section 1 above, or to another person, either wholly or partly related to the mandated person's actual or intended provision of a report under this Act, is guilty of an offence.
- (3) Detriment includes any personal, social, economic, professional, or other detriment to the person.
- (4) A person guilty of an offence under section 3(1) is liable on summary conviction to a level 5 fine on the standard scale.
- (5) A person guilty of an offence under section 3(2) is liable on summary conviction to a level 4 fine on the standard scale.

Question 11. In addition to the exception for consensual peer relationships, are there any other circumstances in which you believe individuals should be exempt from reporting an incident under the duty?

Please provide details to explain your response.

[In our submission to the public consultation on Mandatory Reporting which closed on 14th August 2023](#) (starting at page 15), we provided an alternative proposal to the IICSA recommended exception for consensual peer relations. Question 11 assumes those who complete this submission agree with the IICSA exemption. We do not agree and provide a copy of our response to Question 19 the earlier consultation.

Q 19: What is your view on the exception to the duty described in the recommendation (to avoid capturing consensual peer relationships)? (Select one)

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☒ Disagree
- ☐ Strongly disagree
- ☐ Don't know

Please provide details to explain your response:

The primary consideration in this response is the need to protect children from sexual abuse, whether the perpetrator is a child or an adult.

In both the [Ofsted review of 2021](#) and the recently published report '[Attitudes towards women and girls in educational settings](#)' (HC331) by the Women's and Equalities Commission, training for teachers so they can educate children on behaviours and disclosure, dominates the recommendations of both reports to the exclusion of the use of law. Accredited training must be part of any initiative along with a clear policy on peer sexual abuse / assault. Both must form part of children's education. It's important to recognise that policies and training alone are insufficient to significantly reduce sexual assault as precedent has repeatedly shown.

While the exception for consensual relationships between children as described in the IICSA recommendation is valid, the surrounding guidance must make it clear that **peer on peer sexual abuse concerns that arise must be referred** to the local authority for independent advice / assessment by appropriately qualified personnel. Any failure would be a breach of the duty as proposed in ["Regulated and Other Activities \(Mandatory Reporting of Child Sexual Abuse\) Bill" \[HL\]](#). **The intent behind such referrals is not to criminalise children but to stop peer / peer sexual abuse / assault.**

An example of peer / peer abuse occurred at Stanbridge Earls School. Ofsted issued a public apology for its failures. IICSA heard evidence about the school during the Residential Schools hearing. There have also been credible revelations about other settings via "Everyone's Invited". Some of the schools mentioned on the "Everyone's" website also featured in IICSA's principal investigations.

Having addressed the incorrect assumption that we agree with IICSA's exception, below is another extract from our submission to the public consultation about 'exemptions':

Where the mandated reporter can show that a report has already recently been made. Section 4 of the [updated draft legislation](#) provides for this and other appropriate defences. Sections 2(7) and 2(8) of the same Bill provide the Secretary of State with powers to exempt an organisation or individuals in prescribed circumstances.

Section 2

- (7) The Secretary of State may, in exceptional cases, issue a suspension document to rescind or temporarily suspend the duty referred to in section 1 in the case of any specified child or children if it appears to the Secretary of State that the child's welfare, safety or protection would be prejudiced or compromised by the fulfilment of the duty.
- (8) Where it appears to the Secretary of State that the welfare, safety and protection of children is furthered, he or she may exempt—
- i. any specified organisation that works with children generally, and its members, or
 - ii. any specified medical officer, from compliance with the duty referred to in section 1 provided that no allegation is made against that entity or person.
- (9) The Secretary of State may make regulations varying or adding to or deleting from the list of activities in the Schedule, whether or not such activities are defined in any enactment as regulated activities involving children.

Question 12. We are proposing that there would be criminal sanctions where deliberate actions have been taken to obstruct a report being made under the duty. What form of criminal sanction would you consider most appropriate?

- Fines on summary conviction but see answer to Question 13.

Question 13. Should situations where a reporter has been obstructed due to active indifference or negligence also be subject to these sanctions?

It appears that a key point of well-designed mandatory reporting of suspected and known child sexual abuse has not been understood by the author of this questionnaire. Mandated reporters report a concern **directly to the local authority** (or their equivalent in each MR jurisdiction). This question was asked [of Professor Ben Mathews](#) at IICSA MR seminar #2. His answer is below:

13 PROF MATHEWS: Sorry, I actually missed the first part of
14 your statement there, but I think, if I can gather the
15 thread, to me, the person under the duty to report is
16 the person who themselves generates the knowledge or
17 suspicion. If they are working with a more senior
18 colleague, they can perhaps consult with that colleague,
19 to check on whether they think their knowledge or
20 suspicion is well based. And if they're working with
21 a senior colleague in treating the child, they can
22 certainly inform that colleague of their intended course
23 of action and of their action.
24 MS KARMY-JONES: So that would be generally the person who
25 receives the disclosure from which the suspicion is

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1 generated?
2 PROF MATHEWS: Correct.

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We know of no jurisdiction with well-designed mandatory reporting of known and suspected child sexual abuse that has law for obstruction. It's unnecessary.

Question 14. We would like to test the view that professional and barring measures apply to those who fail to make an appropriate report under the duty. Do you agree with this approach? Would different situations merit different levels or types of penalty?

We disagree.

Concerning professional sanctions against individuals, they do no harm but are not a substitute for well-designed statutory legislation that mandates reporting of suspected and known child sexual abuse that by default carries a criminal sanction [as featured in our updated model](#). The Irish Republic introduced mandatory reporting in name only i.e. without criminal sanction, in 2017. Unfortunately, there is still no data available from the Republic from which comparisons with Australian jurisdictions can be made. But we can consider what should have happened thanks to a comparative analysis in 2010 between the State of Victoria and the Republic before it adopted its unusual model of mandatory reporting. This was presented to IICSA MR seminar 2 in April 2019.

Study 3: What is the difference in numbers and outcomes of reports of CSA in two comparable jurisdictions, where only one has a MR law for CSA?

Nature of study

- ❖ A comparative analysis of reports of CSA in Victoria (MR) and Ireland (no MR), 2010
- ❖ Two relatively comparable jurisdictions, with equivalent child populations (1.1m)

Major findings

- **Number of reports:** Victoria (MR) had almost double the number of reports as Ireland (no MR)
 - Ireland: total reports 2962
 - Victoria: total reports 5870
 - mandated reports (doctors, nurses, teachers, police): 3113 (53% of Victoria's CSA reports)
 - non-mandated reports (all others) 2757
- **Number of substantiated reports:** Victoria (MR) had 4.7 times as many as Ireland (no MR); numerically, 780 in one year alone
 - Ireland: 209
 - Victoria: 989
 - Substantiated reports by mandated reporters (drs, nurses, teachers, police): 536
 - Substantiated reports by non-mandated reporters: 453
- **Children involved in CSA reports; effect on systemic capacity**
 - Ireland: 1 in 387 children
 - Victoria: 1 in 211 children (all reports); 1 in 379 children (mandated reports)

We are keen to know whether Ireland has achieved this hoped-for improvement with legislation that doesn't conform to designs known to be successful.

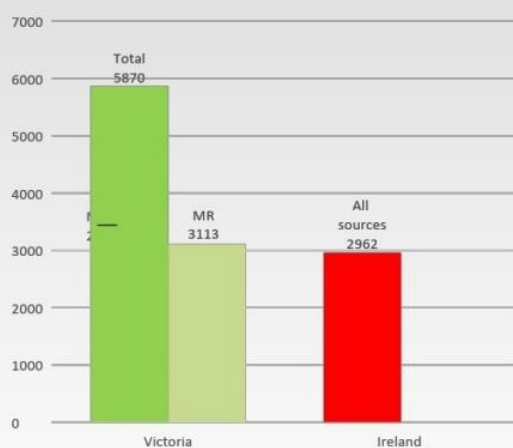


Fig 5. Number of CSA reports, 2010, Victoria (MR) and Ireland (no MR)

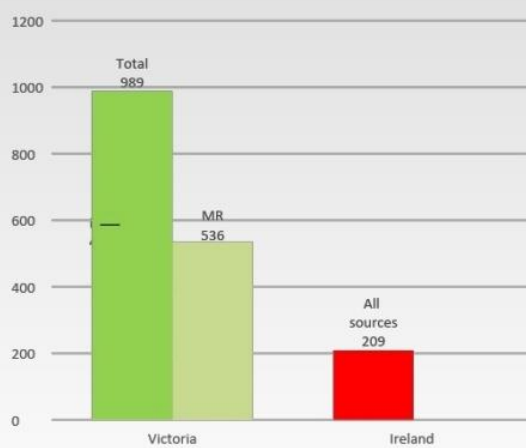


Fig 6. Number of substantiated CSA reports, 2010, Victoria (MR) and Ireland (no MR)

On the subject of using the DBS in the way as suggested in this questionnaire, there is already a mandate for the 'owner' (Chair of Trustees / Governors) of a setting to make a referral to the DBS in prescribed circumstances (Section 35-38 of SVGA 2006 as amended 2012) which has been proven to be and remains wholly unreliable. [Mandate Now wrote to the Chair of IICSA about this unsatisfactory set of circumstances](#) from which we provide the extract below:

An example of its failure occurred in November 2009 at St Benedict's School Ealing which was inspected by the INDEPENDENT SCHOOLS INSPECTORATE. Safeguarding was given a positive report. Five months later on 30th April 2010 an unannounced inspection commissioned by the DEPARTMENT FOR EDUCATION began. Safeguarding was slated. **Highlighted in this inspection was the absence of any referrals to the Independent Safeguarding Authority (as the DBS was then named) by the administration of the school.** Since the late 50's it has been a duty to return what was then called a 'notification' to the Teacher Misconduct Section in Darlington which was then inspected against by child welfare School Inspectors. This

2

arrangement subsequently was incorporated into the Independent Safeguarding Authority and then the DBS.

The relevant extract from the ISI report¹ on St. Benedict's said:

'At the time of the follow-up inspections, the school did not have a fully established policy for reporting directly to the Department for Education and Skills or to the Independent Safeguarding Authority, responsible for such referrals since 20 January 2009. The advisability of making such referrals is now clearly understood even when there may not be a strict legal obligation to do so'

The extract reveals that not even the inspectorate was aware that a referral to the DBS is **mandatory**. This limp and inaccurate statement belies the existence of a **mandatory** obligation. But then safeguarding inspection by the school inspectorates is in a poor state and despite people such as ***** who I understand has made a submission to the inquiry's 'residential schools strand' on a related matter, and my and others informing the department repeatedly of these shortcomings, no changes are delivered. This needs urgent attention.

In the St Benedict's case, neither the ISI nor the DfE made any attempt to bring anyone to court for failing to return the referrals, which the ISI had to be told were missing before the inspectorate 'discovered' the shortcoming on the commissioned inspection, and which saw the school move abusers to other settings. [One abuser, a former teacher called Skelton, was eventually jailed for abusing at another school, this time in Hampshire, following his dismissal from St Benedict's.](#) As you will be aware, St Benedict's was part of IICSA's Catholic investigation. Here is an article from the Sunday Times following publication of IICSA's report on this strand entitled: ['Who knew about the abuse? The entire Catholic Church did'](#).

Our submission led to this exchange between counsel to the inquiry and Dr Suzanne Smith (Director of Safeguarding DBS) while giving evidence during the Residential Schools strand:

1	a school, and I had dismissed somebody whom I had	1	DR SMITH: Our sense is that we don't get as many referrals
2	suspected of sexting -- let's think of a current	2	into the barring service as one would expect. However,
3	example -- sexting a 17 year old boy with suggestive	3	we wouldn't know if somebody hadn't made a referral.
4	pictures but everybody had decided it wouldn't be a good	4	MS SCOLDING: Yes.
5	idea to prosecute me, that person, for whatever reason,	5	So, again, is that a case maybe of better
6	I would be under a mandatory duty to refer that?	6	information sharing by organisations such as Ofsted or
7	DR SMITH: That's right. If there is a feeling that that in	7	such as -- I mean, I am assuming, do Ofsted and the ISI
8	itself represented relevant conduct and that presented	8	refer matters to you where you think that a school
9	a risk to children.	9	hasn't done so, to the best of your knowledge?
10	MS SCOLDING: Right, and you are largely relying on people	10	DR SMITH: To the best of my knowledge, not as far as I am
11	using and making those referrals, aren't you?	11	aware. Most of the other referrals that we get are from
12	DR SMITH: Yes.	12	keepers of registers or from supervisory authorities, so
13	MS SCOLDING: Can I identify -- and in fact it is a criminal	13	the --
14	offence not to make a referral?	14	MS SCOLDING: Who is that in practice?
15	DR SMITH: That's correct.	15	DR SMITH: The GMC, NMC, in the health sector, but also from
16	MS SCOLDING: Has anybody ever been prosecuted for failing	16	the Teachers' Regulatory Agency, and that might be
17	to make a referral?	17	an issue in terms of the employers may be expecting that
18	DR SMITH: No.	18	those agencies make the referrals.
19	MS SCOLDING: Why is that?	19	MS SCOLDING: Okay, so there a mandatory referral process
20	Because we know that people have failed to make	20	and then there is a discretionary referral process?
21	referrals; for example, we have got an example within	21	Who has a discretion to refer and in what
22	the Catholic investigation, within St Benedict's,	22	circumstances?
23	Ealing, where there was a failure to make referrals and	23	DR SMITH: Anybody can make a referral to the barring
24	there are numerous other examples that we could give	24	service if they are concerned that somebody presents
25	you.	25	a risk to children.

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As a priority the DBS needs to be made effective in doing the job for which it was established. This Home Office proposal misunderstands why the introduction of well-designed mandatory reporting of suspected and known child sexual abuse is so important for personnel working with children and those employed in Regulated Activities.

There is a Govt desire to sell a counterfeit version of MR to naive public. Prof Ben Mathews responds. The inquiry is 'independent' of course. But this was a key question which is clearly testing the water.

5 MS KARMY-JONES: Just on a slightly different topic, I said
6 at the outset we're not here to broker a compromise, but
7 as a general question for those of you who are in favour
8 of mandatory reporting, is any model of mandatory
9 reporting of child sexual abuse better than no model of
10 mandatory reporting? So, for example, if you take
11 a model that has a duty that applies to heads of
12 organisations only for which there are no criminal
13 sanctions, is that still better or not? No. Anyone
14 else. Yehudis says no. Ben? You have the background
15 and the ...

16 PROF MATHEWS: I think -- I don't think it's good public
17 policy to consciously put in place a model that you know
18 is not as sound as another.

Question 15. Are there any costs or benefits which you think will be generated by the introduction of the proposed duty which have not been set out in the attached impact assessment?

There is no demonstrable improvement stemming from this proposal. According to the impact statement, the number of additional referrals is negligible compared to what is known (and stated by IICSA and the 2015 report of the Children's Commissioner – *just one in eight child abuse cases come to the attention of the statutory authorities*) of the underlying offending rate. The changes anticipated in the impact statement are far less than those already achieved by the introduction of well-designed mandatory reporting of child sexual abuse in the various states of Australia, as documented by the papers of Mathews, Lamond et al.

We agree that the benefits from this proposal will be negligible because **this proposal is not mandatory reporting**. Well-designed mandatory reporting of child sexual abuse places a legal duty on defined people who work with children to report prescribed categories of events (and suspicions thereof). The government knows perfectly well how to define a mandatory reporting duty, since just such a duty exists with respect to money laundering in sections [330-334 of the Proceeds of Crime Act 2002 \(as amended\)](#).

The page on the [Home Office website which provides details of the consultation under the heading 'Government proposals'](#) then subheading 'Consequences of breaching duty to report' at paragraph 7, states:

7. All regulated professionals and teachers who are subject to the duty, including those working in private education and healthcare settings, will also be at a minimum subject to professional sanctions to be determined by the appropriate regulating body.

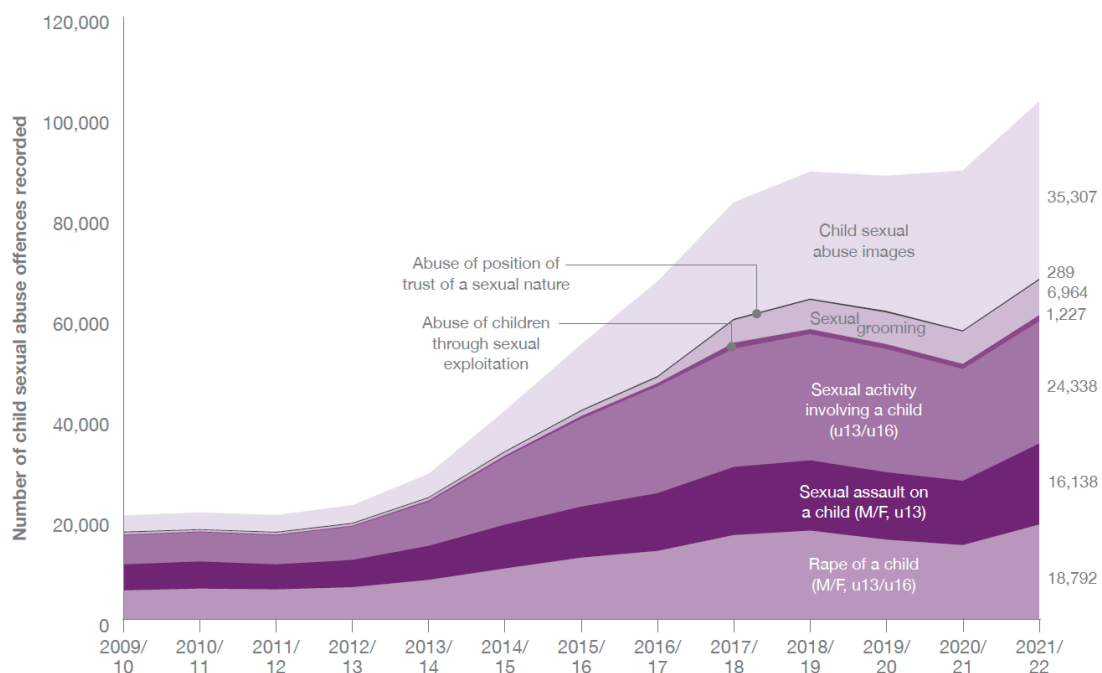
It becomes clearer still that the proposal for what this consultation incorrectly refers to as "mandatory reporting" lacks any of the features described in the first two paragraphs of our answer to this question.

- There is no statutory offence of failing to report.
- There is no criminal sanction for failing to report. Instead it is proposed that a DBS referral is made concerning the failure to report.
- It is not defined who (if anybody) will have the power or the duty to investigate suspected failures to report that might lead to a DBS referral.
- It is not an offence to fail to make an immediate referral to DBS where somebody has failed to report.
- It is not defined who will have the duty of making a referral to DBS in the event that somebody does not report, nor who has the power or duty to investigate suspected failures to make a DBS referral

- It is proposed that DBS referrals will be carried out under existing arrangements of SVGA 2006, but this only requires that a DBS referral is made in certain prescribed circumstances. It would appear there will be no obligation on anyone to make a DBS referral for failure to report abuse unless and until the suspected non-reporter is dismissed, removed from regulated activities or resigns their position.
- An additional form of professional sanction is proposed in place of a mandatory duty, without any suggestion as to:
 - How the professional bodies will be prevailed on to include reporting within their rules
 - How they will be prevailed on to enforce the rules (possibly against their own interests in maintaining the reputation of their profession)
 - What resources they will be provided with in order to enforce the rules
 - Who will have the authority to investigate suspected failures to report abuse that might lead to a professional sanction
 - How professional sanctions will apply to those “mandated reporters” who are not members of a professional body

The proposals are too weak to have any significant effect on reporting rates. This is reflected in the impact statement where the central estimate of the increase in reports is a mere 0.3%, or 310 extra referrals per year (less than one a year per local authority in England). This is well within the range of annual variation in reports as shown in the chart below from the Home Office funded CSA Centre (Control + click to open in new window)

Figure 12. Number and type of child sexual abuse offences recorded per year, 2009/10–2021/22, England and Wales



The overall impression is of a proposal designed to achieve nothing at all, while claiming to implement IICSA's Recommendation 13 for mandatory reporting.

We notice that any monetizable benefits have carefully not been enumerated in the impact statement, while the costs have been enumerated at considerable length. It is perfectly possible to make an estimate of the benefit arising from prevented child sex abuse that would have occurred in the absence of action. The government has already estimated the costs of contact child sex abuse in its document [“The economic and social cost of contact child sexual abuse”](#).

It would be relatively straightforward to have estimated the reduction in abuse arising from this measure, and then use the figures from that document to estimate the resulting monetizable benefit in terms of the avoided cost. Such an estimate should take into account the fact that abusers commonly abuse multiple victims, and that an abuser caught early by means of well-designed mandatory reporting would then ideally not have the opportunity to abuse subsequent victims. For the purpose of the calculation, a very rough (and conservative) estimate could be that each additional abuser caught as a result of mandatory reporting on average prevents three additional children being abused at all.

That this has not been done within the impact statement suggests that the government has no wish to acknowledge any such benefit might exist. As a consequence, it appears that government is prepared to leave abused children to their fate rather than take action that would lead to more crimes of child sexual abuse coming to the attention of the authorities. This would of course ensure that the authorities do not have to experience the costs attached to exercising their duty to protect more victims of child sexual abuse. [Coincidentally, we wrote about this strategy in 2015.](#)

The government takes measures (such as vaccination) to protect children from life-threatening or life-altering damage to their physical health but seems unable to treat the life-altering damage to the mental health of children arising from child sexual abuse as a public health matter in the same way.

The costs incurred from this lamentable Home Office proposition will be largely unseen as a result of very poor data collection. Recommendation 1 of the IICSA final report addressed the need for improved data collection, and no tangible action appears to have been taken by the government in response. However, good, evidence-based estimates are available in other jurisdictions. An insight into the likely impact of child abuse on the NHS is provided in this summary page from the significant [Australian Child Maltreatment Study \(2023\)](#) which randomly selected 8,500 Australians and surveyed them on 5 types of child maltreatment, 4 mental health disorders and the resulting health risk behaviours.

● ACMS: Health service use in full sample



Health Service Use

Child maltreatment is associated with a **significant increase** in health service use.



People who have experienced child maltreatment are more likely to have engaged with **all** health service professionals assessed.

3+ types
Experiencing 3 or more types of maltreatment is associated with the **greatest impact** on health service utilisation.

This health service use appears to be **driven by mental health impacts.**
Child maltreatment was not related to increased past year hospitalisations for physical health during the past year.



Pacella R, et al. (2023). Child maltreatment and health service utilisation: findings from the Australian Child Maltreatment Study. *Med J Aust.* 218 (6).
For information about the ACMS and support services visit www.acms.au



The population of Australia is 25.7m which is 45% that of England (60m). In 2020 the Productivity Commission estimated the annual cost of mental ill-health and suicide at between AUD \$200-220 billion and that child maltreatment contributes substantially to this crippling national burden.

Mental health problems cost the UK economy at least £117.9 billion annually according to the report [‘The economic case for investing in the prevention of mental health conditions in the UK’](#) published in March 2022 by Mental Health Foundation and the London School of Economics and Political Science (LSE). In 2019 the cost to England was £101m – but this figure did not account for associated cost of reduced performance at work, unlike the Australian Child Maltreatment study.

The Australian Child Maltreatment Study

Some may point to resource constraints, but the economic argument demands change. Strategic thinking should see child maltreatment prevention as an enduring nation-building imperative. The reality is that we must invest more, and invest better. In 2020, the Productivity Commission estimated the annual national cost of mental ill-health and suicide at \$200–220 billion.²³ The ACMS findings indicate that child maltreatment contributes substantially to this crippling national health and economic burden. The findings also respond to calls to better understand the risk factors contributing to mental disorders in 16–24-year-olds,^{24,25} and advance an emerging consensus for greater investment in adolescent health

Australian Child Maltreatment Study 2023 page S48

National prevalence and associated outcomes of child abuse and neglect.

Prevalence data of mental health disorders stemming from child abuse.

Recommendation 8 in the ACMS:

A specific targeted area of high priority should be the enhanced prevention of child sexual abuse, through dedicated prevention efforts in schools focused on healthy development, attitudes to gender equality, emotional literacy, sexual literacy, and consent and relationships education. Child sexual abuse has significant qualitative differences to other maltreatment types, and improving prevention requires customised approaches in law, policy and practice.

This cannot be achieved with the Home Office proposal for which we can find no operating precedent anywhere in the world.

Question 16. In the light of the proposals outlined in this paper, what are the key implementation challenges and solutions reporters and organisations will face?

Please provide details to explain your response, including practical examples wherever possible.

In order that a well-designed mandatory reporting law as we propose (see our draft: [Regulated and Other Activities \(Mandatory Reporting of Child Sexual Abuse\)](#)) can have maximum effect, the following measures also should be introduced:

- A standardised and accredited scheme for those providing safeguarding training. This needs to be comprised of professionals, companies and charities operating in the sector. It is essential that it has a democratic constitution and is not dominated by the large children's NGOs' which should be part of it.
- A standardised single scheme for training LADOs nationally.
- Statutory guidance which includes one or more model safeguarding policies for institutions affected by mandatory reporting (e.g. Schools, nurseries, sports clubs, youth clubs, places of worship)
- Inspection for safeguarding to be undertaken by a new specialist body. The advantage of an autonomous subject specific safeguarding inspectorate should be apparent to all. This new safeguarding inspectorate for schools will cause only minor inconvenience and break the link between safeguarding and education inspection that unfortunately exists. Educationalists do not make good safeguarding inspectors.
- Full and clear safeguarding inspection against DBS referrals returned by the settings since the previous inspection.
- Within four years of the introduction of well-designed mandatory reporting of known and suspected child sexual abuse, safeguarding inspections by the new safeguarding inspectorate to be extended to include sports clubs, youth clubs and places of worship.
- An effective triaging system operated by LADOs to assess referrals and assign resources accordingly. A specialist peer/peer sexual abuse assessor to triage referrals.

The Disclosure and Barring Service ("DBS") [to be constituted a competent prosecuting authority in cases of the non-return of a mandatory referrals as prescribed in SVGA 2006](#) as amended. The inherent weaknesses in this Act cannot be missed.

How to respond

Please email this response as an attachment to: mr_csa@homeoffice.gov.uk

Or you can print it and return to:

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