

Reporting and Acting on Child Abuse and Neglect

A consideration of the options of reform to the Child Protection System in England, related to whether reporting or acting on abuse and neglect, should be mandatory. If not mandatory there is an alternative option of a duty to act. The Government is also considering whether or not the legislation should extend to adults but this response focuses on children and young people.

CYPAUK's Response to the Government's public consultation on mandatory reporting on child abuse and neglect led by:

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Response: to the introduction of mandatory reporting of child abuse and neglect or a duty to act in relation to child abuse or neglect (Home Office and Department for Education 2016)

A mandatory duty to report would bring England in line with countries such as Australia and the United States of America whereby members of various professions, who are likely to encounter children who are victims of abuse and neglect, are legally required to report their concerns to ‘protection authorities’ (Hawkins and McCallum 2001). However, decisions to report abuse are complex and often based on suspicion rather than factual evidence, intuition alone or moral judgement and types of abuse (Nayda 2002; Crenshaw et al 1995).

Furthermore, such legislation has unintended affects that are not readily apparent, including tensions about confidentiality and the child’s best interests and the impact on the wider family as well as the fact that the potentially increased workload for social services may make the child and family less likely to cooperate and professionals less likely to report accurately and completely (Brooks et al 1994). Brooks et al (1994) also note that if reports are not followed up or no meaningful action reported back to the reporter this can be demoralising and professionals are less likely to report. There is very limited evidence to support the notion that mandatory reporting of child abuse will result in better outcomes for vulnerable children and young people or help to prevent the abuse and neglect of children. There is some evidence to suggest it deters disclosure (Melton 2004).

This response takes the stance that, rather than making reporting mandatory, current systems need strengthening. It also wishes to highlight that a duty to act is already a requirement of professionals registered with professional bodies, therefore the option of a duty to act will not necessarily improve or impact on current practice. Mandatory reporting will also bring additional resource implications for training (Goldman & Grimbeek 2014; Mathews et al 2006), regulation and monitoring and so the argument is that mandatory reporting is not the answer but that increased attention should be given to supporting practitioners in the early recognition of children and young people vulnerable to abuse and neglect; and to further shift the emphasis in practice to a preventative public health approach/model as opposed to the model of ‘picking up the pieces’ once the child or young person is at high risk of abuse or exploitation or the abuse has occurred. It is argued here that early intervention and prevention needs greater emphasis, with practitioners supported better in the early recognition of vulnerable children and young people at risk of harm (Lindon and Webb 2016; Webb and Holmes 2015). We would further highlight the multitude of ways and situations in which health care professionals recognise and respond to a wide range of children who are or may be at risk of harm; something which is not fully articulated in the consultation document. Protecting children happens all the time and the mandated requirement would, it is suggested, not alter a system which works well but in many cases is invisible.

However, whilst arguing against mandatory reporting, this perspective still takes into account the survivor’s voice. Their voice needs to be heard, listened to and their experiences clearly need to influence how the reforms of the English child protection systems take shape.

Key points to support a response against mandatory reporting:

- Mandatory reporting is a ‘knee jerk’ response, reactive rather than proactive to contemporary discourses about failures to respond to historical abuse;
- It would be more helpful to strengthen section 11 of the Children Act 2004 with regard to the duty that of professionals have to safeguard children and young people;
- Training, education, research and resources are required to enable individuals to be better at ‘early recognition’ of vulnerability as well as to be more skilled in identifying and responding the numerous cases of children at risk of harm;
- The proposal rejects the wider perspective in terms of the implications for practice and training needs;
- Where countries have implemented mandatory training there has been initially an increase in numbers of referrals made which has then decreased;
- There would need to be a diversion of resources to manage the system of mandatory reports rather than resources focused on helping vulnerable children and young people early;
- There is little consideration to the impact on practitioners;
- Registrant practitioners, such as nurses and those registered with Health and Care Professions Council, are already mandated by a duty to act and teachers have a duty of care;
- The premise of reform is welcomed but a ‘quick fix’ is not the answer; it might be better to strengthen or focus on the duty to act in reforming processes;
- Efforts and resources should be in early recognition and prevention as was given a profile in the 1990s;
- The focus should be recognition and referral not reporting;
- Whilst it is acknowledged that child abuse and neglect has severe lifelong consequences we need to move away from a punitive model but welcome a move to focus and include the voice of the survivor and a model for practice that prompts a response to vulnerability;
- It is a lack of education that inhibits nurses reporting suspected cases of abuse (Pitz 2009);
- There needs to be a more evidence based informed practice that supports purposeful processes for reporting concerns and there is limited evidence that explores or substantiates the need for a reporting law (Mathews et al 2016).

In addition to the above it is also worth noting that other possible arguments against mandatory reporting are contextualised within the perspectives that the reporting rate is already so high that no compulsion is required and mandatory reporting would not increase it significantly; and that a low rate of reporting is acceptable or even desirable for various reasons, for example the unavailability of resources to investigate the referral and that no effort should be made to increase it.

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