FSRH submission to the Government’s consultation on Reporting and acting on child abuse and neglect

FSRH welcomes the opportunity to respond to this consultation reporting and acting on child abuse and neglect.

The Faculty of Sexual and Reproductive Healthcare (FSRH) is the representative body for over 15,000 doctors and nurses working in sexual and reproductive healthcare, supporting healthcare professionals to deliver high quality care. We provide national qualifications in sexual and reproductive healthcare, clinical standards and evidence-based clinical guidance to improve sexual and reproductive healthcare for the whole nation in whatever setting it is delivered.

Sexual and reproductive healthcare (SRH) is delivered through both primary care and specialist services, services may be described as ‘CaSH services’, ‘sexual health services’ and ‘integrated SRH/GUM services. SRH covers the provision of information, support and care in the areas outlined below:
Many of our members routinely work with young people to address their sexual and reproductive healthcare (SRH) needs and work hard to cultivate an environment of trust where young people feel comfortable making disclosures that may extend beyond their sexual and reproductive health and concern their wider safety. Compared to the alternative of mandatory reporting, FSRH believes the introduction of ‘duty to act’ as a statutory measure would promote a more holistic and individualised approach to safeguarding.

**Summary of recommendations**

- If a statutory measure is introduced in addition to the child protection system reforms, the Government should favour duty to act over mandatory reporting to achieve better overall outcomes for children.
- Sexual and reproductive healthcare services, youth services and drug and alcohol treatment services should be included in the defined activities to which this duty would apply.
- Accountability for duty to act should rest at an organisational level as individual failings can be the result of wider organisational issues and failings.
- If the new duty is breached, existing practitioner and organisation specific-sanctions should apply.
- If duty to act is implemented as the new statutory measure, this duty should replace the existing mandatory reporting duty for FGM.

**For more information please contact:**

Harry Walker  
Head of External Affairs and Standards  
FSRH  
27 Sussex Place  
London, NW1 4TG

Email: headofexternalaffairs@fsrh.org  
Telephone: 0203 751 8077
4. Please outline any risks or benefits regarding the introduction of a mandatory reporting duty that haven't been articulated in this consultation

FSRH believes that this consultation document adequately addresses the risks and benefits of the introduction of a mandatory reporting duty. However, FSRH feels it is important to reiterate that the introduction of mandatory reporting risks focussing professional attentions on the act of reporting, undermining a holistic, individualised and whole system approach to child protection and safeguarding.

As the consultation document also outlines, mandatory reporting risks undermining confidentiality for those contemplating disclosure of abuse, making victims more reluctant to disclose incidents and access services. This issue is particularly pertinent in relation to young people accessing sexual and reproductive healthcare services, where worries about confidentiality can act as a major disincentive for service uptake – in a Brook survey 74% of under 16s said they would be less likely to visit a clinic if information was shared with social workers¹. Consequently, mandatory reporting could have an adverse impact on child protection in that abusive and coercive relationships could remain hidden as young people feel they have no safe space in which to talk in confidence with trusted healthcare professionals.

In order to protect SRH services as spaces where young people can talk freely and honestly and allow professionals to make informed risk assessments of the young people in their care, it is preferable to introduce a statutory measure where young people can feel assured that appropriate action, and not blanket reporting, will be taken when there is reasonable cause to suspect they are at risk, thereby preserving and promoting trust between young people and healthcare professionals. This will not only aid professionals to reach a more informed judgement as to a young person’s risk of abuse, but also help to support young people to feel confident in accessing SRH services.

7. Please outlines any risks/benefits regarding the introductions of a duty to act

Overall this consultation document adequately addresses the risks/benefits of introducing a duty to act. FSRH believes it is important to reiterate that the introduction of a duty to act would promote taking appropriate actions at all points in the health and social care system, cultivating a holistic approach to child protection and catering to individual child need, as opposed to creating a professional culture that is driven by the reporting process.

However, FSRH would like to highlight that the introduction of a duty to act may still work as a disincentive for service uptake for some young people. As such, FSRH believes that commissioners of services must be required to ensure that service contracts require providers to help young people to understand why it may be necessary to share their information, and that such information will only be shared with the young person’s consent unless there is reasonable cause to suspect they or another person is at risk of harm.

13. Please provide your views, noting if any activities listed that should be removed, and if there are any other activities that should be included.

Whilst FSRH acknowledges that this list of defined roles and activities is not exhaustive, FSRH believes that SRH services and SRH healthcare professionals should be clearly set out as part of the defined activities and professional roles within scope of the new, statutory duty. Hundreds of thousands of young people attend SRH services each year and have frank and open discussions about their relationships, often making disclosures to healthcare professionals who are then able to make assessments as to their risk of harm. Consequently, it is important that SRH is a specified activity in this table in order to clarify the expectations and accountability placed on individual SRH professionals and SRH service providers, should a new statutory measure be implemented.

In line with this, FSRH also believes that related services, including youth services and drug and alcohol treatment services should be named as defined activities within scope of this measure.

16. If a new statutory measure is introduced, where do you think accountability should rest?

FSRH believes that accountability should rest at an organisational level as individual failings can be the result of wider organisational issues and flaws.

17. How should a new statutory duty interact with the existing mandatory reporting duty for FGM?

FSRH believes that if a duty to act is implemented this should replace the existing mandatory reporting duty for FGM. Some of our members have reported that mandatory reporting has resulted in a diversion of resources away from the provision of support and services for those at risk of harm or already harmed by FGM. Instead, resources are being driven towards assessment and investigation of referrals that carry less risk, including young girls with genital piercings or tattoos, meaning that those with increased risk or who have experienced significant harm from FGM may not receive adequate care and support.

FSRH would like to draw the Government’s attention to the fact that our members are identifying the same disadvantages of mandatory reporting in their day-to-day practice that the Government forecasts in this consultation document. This demonstrates that, in the instance of FGM mandatory reporting, the Government’s speculated disadvantages are being realised - adding weight to the arguments in favour of a duty to act as opposed to mandatory reporting in relation to child protection.