Thursday, 27 September 2018 1 into existing arrangements and also it assists us in 1 2 2 (10.00 am) gathering current opinion on the matters which the 3 Welcome and opening remarks by THE CHAIR 3 inquiry is considering, including the opinions of those 4 THE CHAIR: Thank you. Well, good morning, everyone, I am 4 whose work or experiences give them a frontline or 5 Alexis Jay and, as you will know, I am the chair of the 5 first-hand perspective. 6 Independent Inquiry into Child Sexual Abuse. May I also 6 Throughout today's inquiry we will focus on two 7 7 introduce the other panel members present, major points: the adequacy of existing obligations to 8 Drusilla Sharpling, Professor Sir Malcolm Evans and 8 report child sexual abuse and, secondly, how mandatory 9 9 Ivor Frank. Riel Karmy-Jones QC, who is sitting along reporting laws operate in a number of countries outside 10 there, second from the end, is one of the inquiry's 10 England and Wales and the impact these laws may have had 11 counsel team and will be facilitating today's event. 11 on preventing and responding to child sexual abuse. 12 I am very pleased to welcome all of those seated around 12 We will be holding a second seminar on mandatory 13 the table and who have agreed to take part today and of 13 reporting in April 2019, which will consider the 14 course welcome to all of those in the public gallery. 14 arguments for and against the introduction of mandatory 15 Today's seminar on mandatory reporting of child 15 reporting legislation and the practical considerations 16 16 sexual abuse is the eighth seminar to be held by the involved in introducing such a law. What we hear, both 17 17 inquiry. The seminars are designed to gather today and in the later seminar, will help to shape the 18 information and views on a range of important topics 18 inquiry's wider consideration of the subject. 19 relevant to the inquiry's work and make a valuable 19 The panel and I are pleased that such a broad range 20 20 contribution to the inquiry's programme and ultimately of organisations are represented today, including some 21 to our conclusion. Although seminars are not formal 21 who are joining us from overseas. In particular, we 22 evidence-gathering sessions in the same way as our 22 would like to take the opportunity to say thank you to 23 23 all of those who are contributing to this seminar from programme of public hearings, what we hear during 24 seminars can assist our work in a number of important 24 the perspective of victims and survivors of child sexual 25 25 ways. These include providing us with greater insight abuse. Your contribution particularly is greatly Page 1 Page 2 1 appreciated by the panel. 1 discussion and a lively and candid debate. 2 It is important to remember that the purpose of this 2 I am assisted today by Lara Mccaffrey, who is 3 seminar is not to gather evidence in a formal or legal 3 sitting next to me, and who is junior counsel to the 4 sense. Ms Karmy-Jones will say more about the format of 4 counsel and Ali Goldsmith, who is policy adviser and who 5 the seminar and about the rules we must abide by in 5 has put this seminar together. Lara and Alison are 6 a moment. 6 going to act as extra eyes and ears for me in the 7 7 Myself and the panel are here to listen today, so seminar and to try and ensure that everyone around me in 8 once again, thanks to those of you who are participating 8 the horseshoe has an opportunity to speak if they wish and particularly to those who have taken the trouble to 9 9 10 be present in the public gallery today, thank you very 10 As you know, and as the chair has indicated, this 11 much. 11 seminar sits within the inquiry's wider bodies of work 12 I will now hand you over to Ms Karmy-Jones. 12 and the terms of reference, which are available to all 13 Session 1: Opening statement by THE FACILITATOR 13 to read and are published on the website, the inquiry 14 MS KARMY-JONES: Thank you very much, chair. As the chair 14 website should you wish to refer to them. 15 has said, I am one of the team of lead counsel to the 15 Now, the purpose of today's seminar is to look at inquiry and I also have conducted a number of these 16 16 the important policy decision in respect of mandatory 17 seminars previously. Just so that you are aware, one of 17 reporting, so I'm going to ask you to please bear in 18 my areas of expertise is in criminal cases involving 18 mind that today's seminar is only one part, albeit 19 sexual abuse and child sexual abuse cases where the 19 a very important part, of the inquiry's consideration of 20 victims are particularly vulnerable, so I hope I have 20 this difficult question. 21 a little understanding of the impact of child sexual 21 Mandatory reporting has come up in a number of the 22 abuse and its grave effect on its victims. 22 inquiry's hearings. It has been referred to in some of 23 My role today, however, is to facilitate this 23 the other seminars, including the health seminar, and 24 seminar and, as part of that, to try to keep things 24 the inquiry will in due course be asking members of the 25 25 running smoothly and to help to encourage friendly inquiry's victim and survivor forum for their views and Page 3 Page 4

input on mandatory reporting and they will also consider victims and survivors' accounts of their experience of reporting sexual abuse and what has been shared with them through the Truth Project.

There is also going to be a second seminar in April 2019 which will focus on the arguments for and against mandatory reporting laws and arguments about the practical consequences of them.

So what do we mean by mandatory reporting in the context of this inquiry? We mean a legislative duty or the concept that there should be such a legislative duty to report knowledge or concern, belief about child sexual abuse or neglect. The topic for today for this section of the seminar is one that I am going to ask you all to focus on and that is, what are the existing obligations to report child sexual abuse? What is the base from which we move on?

Today we want to hear about what actually happens, what the laws and regulations actually are and what the experience of other countries, where mandatory reporting laws are in place, is, so that we can learn from that, so that we can consider it and consider whether comparisons can or should be drawn and use that as a framework upon which to build. So inevitably, our discussions will also touch upon what the practical

implications will be of any mandatory reporting laws,

2 but please note that the topic for today is not

3 implications and it's not what people think about

whether it's right or wrong, although we will be
 undoubtedly touching upon it. It's what is actually

6 taking place. So please focus on that. We will be

returning to the other topics at the next seminar.

I think, as we will discover, mandatory reporting is a subject about which there are many different and strongly held opinions, so please be aware that some of the views expressed today may be controversial and may not be easy for anyone or everyone to hear.

Nonetheless, it is very important that the inquiry consider this topic and hear a wide range of views and that speakers are free to express themselves. So we hope that all the information and views shared with us today will add to their consideration of the topic.

In terms of the programme for today, a briefing document was published on the inquiry website last week. You will also find, in the public gallery, a copy of that on your seats. That sets out the programme for this morning and afternoon, along with details of who is here around the horseshoe and what organisation, if any, they represent and a little bit about them.

A limited number of spaces are available around the

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horseshoe. As you can see, we have packed things in quite a lot today. We obviously need to ensure a spread of opinions so that all views can be expressed, and so we have not been able to invite everyone who might have wanted to express views, but it is open to people to comment, if they are in the public gallery, at the end of a session.

Please note that in a change to the published list of participants David Tucker from the College of Policing is unfortunately unable to attend so we are joined instead by Gareth Edwards, who is the head of the National Police Chiefs' Council Strategic Vulnerability Centre. Mr Edwards, we're very grateful to you for stepping in at the last minute to offer a policing perspective on the reporting of child sexual abuse, but we weren't able to include your biography amongst those we have already circulated. You have supplied me with one which I will read out now.

Mr Edwards is head of the National Policing
Vulnerability Coordination Centre, VCC, which has
recently been established as a result of a successful
joint police transformation fund bid involving the
College of Policing and National Police Chiefs' Council.
The Vulnerability Coordination Centre has been
established to map current policing responses to develop

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the evidence base around what works and to coordinate
 nationally the response to the NPCC vulnerability action
 plan.
 Mr Edwards reports into Chief Constable Simon Bailer

Mr Edwards reports into Chief Constable Simon Bailey of Norfolk Police, who is also the national policing lead for child protection abuse investigation and, prior to this, Mr Edwards, or Gareth, was Chief Constable Bailey's police lead for child protection and so comes to this with a significant amount of knowledge and experience around police responses.

Because of time, we are not going to do introductions for everyone -- as I say, they are in the packs available -- but I will ask everyone, when they first come to speak, please to identify themselves and the organisation that they represent or why they're here if they don't represent a specific organisation.

I would also like to say, I'm not going to identify anyone, but we do have some victims and survivors in the horseshoe, so there are people here with a wide range of knowledge about the topic.

There is a lot of ground to cover and this seminar is going to follow a slightly different format from previous seminars. The day has been broken down into four sections, two in the morning and two in the

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2 (Pages 5 to 8)

afternoon. At the beginning of each of the first three sections, we will be hearing from three speakers. In the last section, we will be hearing from two speakers. Each speaker will have seven minutes in which to outline a presentation. At the end of each section, I shall direct some questions to others around the horseshoe and then open the floor for comments about what has been said.

As is usual, I will ask for comments from those who are core participants first and then go to other members of the public and any who wish to contribute in respect of what they have heard.

In terms of structure, the first session will be about existing obligations to report child sexual abuse and wider child sexual abuse and neglect in England and Wales. After the break, we will hear about existing obligations on professionals such as teaching staff, social workers and healthcare professionals to report.

We will then break for lunch and then we will hear about the Lanzarote Committee's findings on reporting of child sexual abuse in the Lanzarote Convention's member countries and the models of mandatory reporting in the Republic of Ireland and France. We will be looking outward, at that stage; away from England and Wales and outward.

Finally in the afternoon, we cast our net wider still and we will hear about models of mandatory reporting in Canada and Australia. At the end of each session of talks, I will go to some specific individuals in the horseshoe who are not giving a presentation and ask for their views on specific issues.

As per usual, at the end of each session, we will take ten minutes or so, as I have said, to hear from core participants in the public gallery. Can I just say how grateful we are to see so many familiar faces in the public gallery from our core participants, who have shown the inquiry a huge amount of attendance and dedication and it really does make a difference to us.

I will ask people to indicate whether they wish to contribute by raising their hand and then Sue, who gave you the introduction earlier, will take the microphone around. Some of you know her very well.

Please give it back to Sue when you have finished. We may not be able to get to all of you, but I will do my best to take as many comments and observations as possible. There should also be information on your seats about contributing in another way, if you wish to, after the seminar.

There are some things that we want to avoid, please. As the chair said, this is not a formal or legal

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evidence-gathering process, so it's not the time or the place for questions, cross-examination or interrogation of those within the horseshoe who may have different opinions.

Please bear in mind it's also not about levelling criticisms at any specific individuals or organisations, so although, inevitably, it's going to be tempting for core participants and people in the public gallery to try and ask questions, I am only going to allow comments in the usual way: observations, contributions. Any questions will be restricted to questions of specific clarification around an issue.

I am keeping to the agenda and we will not be able to digress on to issues that don't fall within it.

Today's seminar provides us with a huge opportunity to get really valuable information and so we sincerely hope that the conversation will be a respectful one and nothing will disturb the smooth running of the day.

As you all know, the seminar is live streamed and because we are also dealing with very sensitive issues we have a small delay on the public feed of the live broadcast. Should there be any disruption or anything sensitive come up, I will ask the chair to address the matter and we will pause the live feed or temporarily pause the proceedings.

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Please also remember that because of the chair and the panel's function in the wider inquiry, the chair and the panel are here to watch the discussion and to listen to the speakers, rather than to take an active part in it.

People in the public gallery will not be seen on the video feed. It goes without saying that some of the material we discuss may be distressing and, if you want to share something with those just in this room, please let me know and we will pause the feed. If at any stage anyone becomes distressed, as Sue said, we have our support team, who are Johnny and Diane, at the back, available to provide emotional support to anyone in the room who wishes to speak to them and a private room is available for quiet discussion.

Please also bear in mind that those of us in this room have a responsibility to anyone who may make a disclosure, whether it's spontaneous or not, and please be aware that if you disclose information that leads us to believe that there is a child protection concern or someone is at risk of serious harm, we will pass that information, together with your details, to the police or other relevant authority such as the local authority. And you can speak to the supporters privately.

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Today's discussions and presentations are likely to focus heavily on current policy practice here and abroad and that is fine, but I am conscious that the participants we have around the horseshoe represent a range of professions. Some specialise in mandatory reporting. Others will be less familiar with the topic. Members of the public gallery and those watching on the live feed come from different backgrounds, so a final plea: please avoid acronyms wherever possible, because, before we begin, I would like to provide a brief reminder of why we're here. Because child sexual abuse is not an acronym, it's not CSA. It's too important and has affected too many young lives simply to be reduced to those three letters in the alphabet as far as the inquiry are concerned.

So as we sit here and talk comfortably about issues like mandatory reporting, the mechanisms of how it may be put into practice and the consequences there may be as a result of it, we need to acknowledge that child sexual abuse is a reality, and that reality, including how child sexual abuse, not CSA, occurs, who it happens to, who perpetrates it, who hears about it or suspects it is often not accurately reflected in the way that society understands and talks about the issue.

Through the inquiry's investigations and the public

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them. Rather, they disbelieved them, reprimanded them or simply turned a blind eye, assuming that he or she exaggerated or it wasn't that bad or it was just one of those things.

The inquiry has, however, seen documentary evidence, institutional records, correspondence and memos that detail knowledge, suspicions and concerns about child sexual abuse that were not properly acted upon or, in some cases, the bare minimum was done to stop the sexual abuse with the perpetrator being protected, quietly moved on, but still frequently no action taken to safeguard and support the child victim to prevent further abuse or bring the perpetrator to justice.

So it's all too frequent, these all too frequent failures to respond, to act and to safeguard the child that leads us to today's discussion.

With that, I'm going to now turn to our first set of presentations, which, as I mentioned, will focus on existing obligations to report child sexual abuse in England and Wales. We are now going to hand over to Graham Archer from the Department for Education for our first presentation, which will be about seven minutes long, which is mandatory reporting and related issues.

Ali, who sits next to me, will be controlling the slides so please indicate the next slide as and when.

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hearings, through the Truth Project and the many other opportunities that there are of engagement with victims and survivors of child sexual abuse, the inquiry has heard accounts day in and day out of children who have been failed. Failed by individuals and institutions charged with their protection and care, teachers, carers, medics, social workers, religious leaders. For many victims and survivors, it takes years before they are able to marshal the courage and self-belief to tell anyone about the sexual abuse they experienced as children. Many others tell us that, as children, they did take that extraordinarily difficult step of confiding in an adult, an adult who they hoped would help them and protect them. Isn't right that, for as long as child safety education and public awareness campaigns have existed, this is what children have been encouraged to do, to tell someone they trust, to disclose to a person in a position of authority?

In saying that, I acknowledge that concentrating too much on that message puts too much of a burden on the child and too little on adults to spot the signs of abuse, but that is the message that children often hear. Yet, so often, when children have disclosed abuse to the trusted adult, that adult did nothing. They refused to listen or perhaps to hear what the child was telling

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Thank you very much and fire away.

Presentation by MR ARCHER

MR ARCHER: Thank you very much and thanks for the

invitation to speak at this seminar. Let me start by echoing some of what the facilitator said. Child sexual abuse is, of course, an abhorrent crime which no child should have to suffer and it goes without saying, therefore, that this is a really important discussion.

How to keep children safe from abuse of all kinds is one of the most basic and yet most critical functions of government. It requires vigilance, adaptability and a willingness to learn, both from where things have gone wrong and from best practice.

I intend in the next seven minutes to start with the current legislative framework, to say a little bit about government policy in this space and about the response to the government's recent consultation on mandatory reporting and to say something about action taken by government to strengthen reporting and the child protection system more generally. If we could go on to slide 2, please.

My starting point is that professionals should already be clear what they need to do and when they should report concerns. The main primary legislation is in the Children Acts of 1989 and 2004 and more recently

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4 (Pages 13 to 16)

in the Children and Social Work Act 2017. Statutory guidance, Working Together to Safeguard Children and Keeping Children Safe in Education provide the details and both have been revised this year. Paragraph 17 of the first substantive chapter of Working Together is a really clear starting point. It says anyone who has concerns about a child's welfare should make a referral to Children's Social Care and should do so immediately if there is a concern that the child is suffering significant harm or is likely to do so.

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I should say just a bit about what statutory guidance means in this context. Statutory guidance is guidance which the Secretary of State issues under powers in primary legislation. It is guidance which people should follow unless they have very good reasons to do otherwise. It goes well beyond what you might call advice on good practice, and failure to comply could lead to action and to sanctions. Those sanctions might apply to both organisations and to individuals. For organisations, governments can, for example, intervene or remove the functions in extremis of a local authority failing to deliver its duties towards children or it can, for example, deregister an independent school, close it down, potentially disqualifying its owners.

For individuals, employers, might discipline and, in some cases, dismiss employees whose behaviours have caused the institution to fail to comply with legislation. In some circumstances, they would need to report an employee to the relevant professional body and, in some cases, they or others might choose to do so. The professional body could then impose sanctions including disqualification. In some cases, criminal offences play a part too; for example, if an individual is deliberately withholding information from the Disclosure and Barring Service or if someone is actively taking steps to shield an offender from prosecution.

Finally on this slide, it's worth saying that reporting levels might suggest that people are aware of their obligations. In 2016/17 the referral rate here was 54.8 per 1,000 children compared to 53.2 in the US and 42 in Australia, both of which, of course, have mandatory reporting duties in much, if not all, of the country.

Reports mainly come from other professionals, the police, teachers and health professionals. Could we go on to slide 3, please?

So in July 2016 the government consulted on mandatory reporting. It did that in response to concerns that some cases of abuse were not being

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reported, that children were at risk of further harm and that offenders were avoiding punishment. Respondents were invited to comment on questions relating to the current system, to the impact of any mandatory reporting duty and the impact of any broader duty to act in the child protection system more generally.

We received over 750 replies from a pretty wide range of organisations and individuals. The majority of those oppose new statutory requirements. Only 25 per cent favoured a duty to act and only 12 per cent mandatory reporting.

63 per cent favoured allowing the government's current programme of reforms to be established and embedded and we have continued to implement those reforms. I will say a little more about that in a moment.

A small number of respondents suggested more tightly focused approaches, a duty relating to closed institutions or an offence of concealment aimed at those who not only failed to report abuse, but took steps to hide it. The latter, it's worth saying, was raised by the NSPCC and by the Office of the Children's Commissioner.

The government response committed to continuing to monitor and evaluate evidence to see if there are gaps

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in the system which need to be closed, legislatively if necessary, to tackle any concealment and it's worth saying that this seminar and the one that follows in April will be, hopefully, a really important contribution to that process.

Can we go on to the last slide then, please?

Some respondents of course used evidence from other countries to support their case in responding to the consultation. We took that information into account in preparing our report and we will continue to see what we can learn from those systems. I am looking forward in particular to hearing the presentations from colleagues from other countries in the course of today.

We are, of course, in contact with Welsh Government colleagues about the evaluation of their mandatory reporting legislation and I am looking forward to hearing my colleague from Wales say more about that.

There is of course one area where the government has set out mandatory reporting responsibilities in respect of the horrible practice of female genital mutilation. There are currently no national statistics, as I understand it, on reports under that legislation, but I do understand that Inspector Davis is going to be talking a little bit about the experiences in the Metropolitan Police area.

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|    | IICSA Inquiry Mandatory Re                                | portin | g of Child Sexual Abuse 27 September 2018                  |
|----|---|--------|--|
| 1  | Again, this is something we will want to monitor          | 1      | current framework is able to deal adequately with the      |
| 2  | closely, but recognising that the female genital          | 2      | concealment of abuse. That's a question that we are        |
| 3  | mutilation duty relates just to one form of abuse and is  | 3      | scoping work on more fully at present. The government      |
| 4  | limited to known cases, either from physical evidence or  | 4      | is committed to identify during the current Parliament     |
| 5  | from disclosure, rather than to the sort of broader       | 5      | whether there are gaps that we need to address and we      |
| 6  | versions of mandatory reporting which many colleagues     | 6      | hope that we will be able to report real progress at the   |
| 7  | will talk about in the course of today.                   | 7      | time of the next IICSA seminar in April on that topic      |
| 8  | Finally, then, we have continued to implement the         | 8      | specifically.  |
| 9  | commitments in the government response to the             | 9      | Let me pause there. I am conscious of time. That's         |
| 10 | consultation in an attempt to strengthen the current      | 10     | just a very high-level overview of the current             |
| 11 | system for reporting. I have mentioned already that we    | 11     | arrangements and of the government's position. I am        |
| 12 | have published revised guidance, Working Together,        | 12     | very much looking forward to hearing other presentations   |
| 13 | Keeping Children Safe in Education and, more              | 13     | and to learning from them and to the broader discussion.   |
| 14 | specifically, on information sharing in the child         | 14     | These are important issues which have, I know, the         |
| 15 | protection system. We have continued with our             | 15     | most serious implications for many of those who have       |
| 16 | successive waves of the communications campaign Together  | 16     | been victims and I am hoping that today's seminar will     |
| 17 | We Can Tackle Child Abuse. We have continued to improve   | 17     | be an important contribution to tackling some of those     |
| 18 | training accreditation and regulation of the social work  | 18     | questions. Thank you.                                      |
| 19 | profession and we will continue to monitor the impact of  | 19     | MS KARMY-JONES: Thank you very much, Mr Archer. We are now |
| 20 | our broader reforms on reporting; for example, as the     | 20     | going to turn to our second presentation from              |
| 21 | new multi-agency arrangements for safeguarding in local   | 21     | Mr Albert Heaney, who is the Director of Social Services   |
| 22 | areas take shape, as we learn from the work of the Child  | 22     | and Integration for the Welsh Government, who sits down    |
| 23 | Safeguarding Practice Review Panel, as well, of course,   | 23     | at the end of this row. Mr Heaney?                         |
| 24 | as from learning from past case reviews more generally.   | 24     | ·  |
| 25 | The government also agreed to assess whether the          | 25     |  |
|    | Page 21   |        | Page 22  |
| 1  | Presentation by MR HEANEY                                 | 1      | The context to that for this seminar was a growing         |
| 2  | MR HEANEY: Good morning. My name is Albert Heaney, I work | 2      | concern within the professionals, in a Welsh context,      |
| 3  | for the Welsh Government. Thank you very much for         | 3      | some of the lessons being learned from very serious        |
| 4  | inviting me here today.                                   | 4      | historical abuse cases that had clearly evidenced          |
| 5  | MS KARMY-JONES: Mr Heaney, can I ask you just to ensure   | 5      | concerns and failures.                                     |
| 6  | that you pull your microphone forward because it's not    | 6      | The whole media issues around some very serious            |
| 7  | quite picking up?   | 7      | cases that you will be aware and I know the Welsh          |
| 8  | MR HEANEY: How does that sound now, folks? Can everyone   | 8      | ministers referred to these specifically in passing the    |
| 9  | hear me in the public gallery? Excellent. Thank you       | 9      | legislation, you know, the Savile, some of the big         |
| 10 | very much.  | 10     | operations in Wales, Operation Jasmine, for example, so    |
| 11 | Really pleased to be here. As I already stated,           | 11     | we have dealt with some very traumatic difficult           |
| 12 | this is the most important issue for us to address and    | 12     | experiences across the wider safeguarding arena not just   |
| 13 | deal with. What I would like to do on the next slide,     | 13     | in relation to children, but for children and adults.      |
| 14 | if I could, please, because of time, is just take you     | 14     | Because of this, Welsh ministers specifically set up       |
| 15 | through the journey of the contacts within Wales as       | 15     | an advisory panel, an expert safeguarding panel, and one   |
| 16 | described by our first speaker. English and Welsh         | 16     | of the recommendations made by that panel was, within      |
|    | · · · · · · · · · · · · · · · · · · ·                     | 1      |  |

an advisory panel, an expert safeguarding panel, and one of the recommendations made by that panel was, within the Welsh context, the strength in existing safeguarding arrangements for children and adults and to move from an expectation to a duty. So if I could have the next slide, please.

That led to -- we, in Wales, with our new devolved

That led to -- we, in Wales, with our new devolved powers were considering our legislation for social services and well-being in Wales and it led to us actually specifically, within that legislation, creating a duty to report. The legislation is Social Services

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6 (Pages 21 to 24)

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legislation for a long time have run together. With

devolution, changes have taken place and we were very

much, in the context in Wales, of operating within the

Children Act 1989, which spelt out for us the same

What the context -- and in the next slide, please,

an expectation, in terms of our statutory guidance,

moving into placing specific duties around reporting.

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what you will see is we move from kind of

legislative requirements.

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IICSA Inquiry Mandatory Reporting of Child Sexual Abuse 1 and Well-Being (Wales) Act 2014, implemented 2016. So, 1 fact that concerns have to be reported rather than known 2 as a first speaker already indicated, we are now moving 2 facts and, if I move on just briefly to the next 3 into an evaluation stage which will help both us in our 3 slide -- thank you very much for changing it over -- you 4 learning about what we need to do next, but also from 4 will see then the concern -- the report should be about 5 5 learning from this seminar and taking forward. a child, a young person under the age of 18 or an unborn 6 The duties, there were two duties. There was a duty 6 child who has experienced or is at risk of abuse, 7 7 around adults. I won't mention that today, but I think neglect or any other kind of harm and has need for care 8 that is significant in its own right. Then section 130 8 and support, whether or not the authority is meeting all 9 9 of the Act placed/introduced a duty on relevant partners of those needs. And the duty extends for reporting 10 and Youth Offending Teams, et cetera, which would inform 10 concerns about a practitioner who may have placed 11 local authorities of a child at risk. 11 vulnerable people at risk of harm both in their 12 In that duty, then, the next slide just gives 12 workplace and in their private lives. 13 a flavour of the relevant partners who have a duty to 13 Next slide, please. So we move clearly into this 14 report: local authority staff, police, probation, health 14 strengthening of our duty. Specifically, we have had in 15 and those discharging functions, learning and skills 15 Wales All Wales Child Protection Procedures. So, how 16 specifically in an education context. 16 the legislation works? It works under the fact that we 17 Practitioners -- I think it's really quite crucial 17 have the primary legislation, which is the primary face 18 for this seminar today -- are very aware through 18 of the Act which we have just talked about. Underneath 19 extensive training and an awareness of what, you know, 19 that then we have the codes which have specific 20 20 they now need to do to report, so isn't just, I think, requirements around safeguarding, so they have been 21 one of the key points, it isn't just about creating 21 issued extensively, and we are now also moving into what 22 22 a legislative framework, it's then about all the aspects that go along, about training, awareness, creating that 23 23 24 best practice that can generate arenas of safety for 24 25 children and young people. We have clarified around the 25 Page 25 Page 26 1 1 there is clarity in relation to the fact that, for any 2 agency with a duty to report, it's not just paid 2 3 3 employees, it's also unpaid employees -- for example, 4 4 volunteers -- which I think, again, is significant in 5 terms of our development and our learning in an evolving 5 6 protection and safeguarding arena. 6 7 7 Next slide, please. Our first speaker really 8 8 clarified many different methods available to 9 9 governments in relation to interventions for failure. 10 In relation to that, we can concur with those comments. 10 11 Additionally, what we have sought to do, in terms of our 11 12 failure to report, is really build it around -- now, 12 13 I'll just flick on to the next slide as well. We really 13 14 build it into fitness to practise, so I think this is 14 15 an important debate and one which maybe will be picked 15 16 up in the next seminar as well. In a Welsh context, 16

is strengthening our arrangements around having -whereas we have had All Wales Child Protection Procedures, we will now have All Wales Safeguarding Procedures and specifically within those procedures other partners around the room. Thank you. MS KARMY-JONES: Thank you very much, Mr Heaney. I'm sorry to press you to move on, but that's very helpful. Can I move on to the third presentation which is from Inspector Allen Davis, who is from the Partnership Team of Continuous Policing Improvement Command of the Metropolitan Police Service and its mandatory reporting of FGM, female genital mutilation, a police perspective. Presentation by INSPECTOR DAVIS INSPECTOR DAVIS: Okay, thank you for the invite and the opportunity to speak. I'm going to be talking today about the introduction of mandatory reporting pertaining to FGM. We're going to use London data, which is relevant, as it's estimated, according to health data, that 50 per cent of FGM has -- for those that have been affected by it, reside in London. So the data, I think, tells us the story of FGM. Very broadly, we're going to talk about the introduction of the process. I was around and I helped formulate the national responses, they introduced the legislation, and how we worked very closely with NHS England and the Department of Health in particular to ensure that there was consistency around how we interpreted and how we made it work through the implementation process following on and about what we Page 28

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Welsh ministers were keen to establish a duty to

direction to go -- but, equally, wanted to then make

practise, and the ability to ensure safeguarding is at

I think that, probably, given my time, I have run

look forward to learning from this seminar and from

Page 27

out of time, but thank you very much and we very much

sure that the sanctions were around the fitness to

report -- in fact, that was absolutely the right

the forefront of everything that we do.

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could do to work with the data and enhance levels of reporting in and, more broadly, finishing with the sort of lessons learned, reviews and challenges and understanding sort of unintended consequences.

So, what does the duty say? If we look at the next slide. It was introduced by legislation and it relates to all regulated professionals who have, in relation to known cases, by which we mean direct disclosures from a child to a regulated professional, and it can't be to another adult; it has to be that to that regulated professional, the child has to be under 18, or that is visually identified, so it's seen, and that will broadly always be by a health professional.

There is a duty on the regulated professional to report those concerns to police. To ensure consistency and to ensure that the process works, we insisted that they did that via the one existing 101 police number which has a national reach. That wasn't written into legislation, but we have made sure that that was the practical way that we could ensure that there was some opportunity for us to pick up and make the reporting work.

Next slide, please.

In terms of the legislation, people have up to a month to report. Again, we suggest that they do it within 48 hours. Safety of the girl and safeguarding will always be our priority and it's important that we speak the same language as other professionals and put that into that context. It is around encouraging professionals to share information with police. That's particularly difficult with some when they're stepping outside of the -- particularly health, when you are breaking patient confidentiality. Once that call has been made to 101, the duty has been complied with, but it is a personal duty on that individual.

Failure to report isn't a criminal offence. It hasn't been tested, as far as I know, it's a sanction from the regulated body. Who are these regulated bodies? If we turn on our next slide, please.

A long list of healthcare professionals, teachers covering a large number of professionals. From a practical point of view, it is impossible for us to reach out to all of those and let them know the nuances of the legislation. It's very much about working within -- them working within their own individual bodies to make sure that they are complying with the requirements of them.

Who does the duty apply to? So we look at our next slide. It is under 18s who have disclosed FGM. There is a lot of confusion with professionals as to when and

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how the legislation relates to them and about visual identification. We're talking about known cases and, again, this can be complicated by the fact that FGM, there is some -- in terms of how the legislation is framed, this can include genital piercings. We are also looking at at-risk cases as well and obviously there is a big distinction between the confusion of the known and our visually identified cases and around the pre-existing duties on all professionals to refer in through the system those at risk of FGM and around making sure that those duties are adhered to and that Children's Social Care are involved in those discussions and those existing referral pathways are used if you suspect a child is at risk and that we can prevent something happening. So that's really important to clarify that distinction.

We also clarify with professionals the importance of, if there is immediate risk, then you phone 999 so that there is no confusion between what they should be doing.

In terms of the reports made, we haven't had huge numbers and there has been a big tail off in the numbers reported to us to 51 reported as of 1 November 2017 and only four in the 12 months since then. The data does tell us which communities those reports are being made

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from, which professionals are making the referrals and what ages are those that are being referred in. Almost all are 16, 17 years old so there will be questions around how the data could be used but probably not the time now to go into it.

One of the lessons learned for me in introducing this duty was around the questions of, "What are you doing, as the police service, with the data that we provide you?", and that was almost a barrier to -- it could be used as a barrier to further reporting in. So what we created, at the request of health partners, was a feedback loop by which we are getting those cases in into my team and then we call back professionals at 7 and 28 days, and then, on a three-monthly basis, share that information with the Department of Health and NHS England.

So to summarise, then, has the mandatory duty changed the information-sharing dynamic? The numbers probably speak for themselves. There are distinctions between mandatory recording of FGM and mandatory reporting within the health service which causes confusion. There are lots of pre-existing -- and these barriers continue to information sharing more broadly. It's a challenge for professionals to understand what is and isn't FGM mandatory reporting, and that's from both

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| 1  | a reporting and a recording purpose for the police. Our                | 1  | work with children who have been sexually abused and       |
| 2  | systems are not set up to capture the mandatory                        | 2  | with professionals, do you have any comment to make on     |
| 3  | reporting and, as I said, to actually interpret what is                | 3  | the extent and sufficiency of existing reporting           |
| 4  | and isn't mandatory reporting can be difficult. In                     | 4  | obligations in England and Wales?                          |
| 5  | London, it's possible for us to keep that data. Outside                | 5  | MS CHERRY: Thank you. Can I just also respond on FGM as    |
| 6  | of London, it isn't so easy. Most probably, my takeaway                | 6  | well, because not only does Barnardo's with work with      |
| 7  | message is we don't know what we don't know. I can't                   | 7  | victims of child sexual abuse, but we also run the         |
| 8  | tell you to what extent mandatory reporting should be                  | 8  | National Female Genital Mutilation Centre, which is        |
| 9  | what the mandatory reporting numbers should be.                        | 9  | funded by the Department for Education and Local           |
| 10 | I suspect that they probably should be higher than four                | 10 | Government Association. So to add to the figures you       |
| 11 | in the last 12 months, but I can't tell you with any                   | 11 | have been given there, Barnardo's, since it's been         |
| 12 | clarity if that's the case or not.                                     | 12 | running that in 2015, up-to-date has received 345          |
| 13 | •  | 13 | referrals for consultation and support. It's supported     |
| 14 | Thank you.  MS VARMY IONES: Thank you. Good, that's a number for us to | 14 | 22 female genital mutilation protection orders and it's    |
| 15 | MS KARMY-JONES: Thank you. Gosh, that's a number for us to             | 15 | heard from 165 FGM sorry, female genital mutilation        |
|    | ponder.  | 16 | survivors who are over the age of 18, and 12 who are       |
| 16 | Thanks to all the speakers. That was very, very                        | 17 | <u> </u>   |
| 17 | interesting, very helpful.   | 18 | under the age of 18. The majority of referrals and         |
| 18 | Session 1: Discussion chaired by THE FACILITATOR                       |    | reports coming into our centre are from health. So 150,    |
| 19 | MS KARMY-JONES: Can I now turn to some of those others who             | 19 | or just under half, come in from the health, and then 91   |
| 20 | are sitting around the horseshoe and just ask some                     | 20 | from education, 37 from social care, 11 from police and    |
| 21 | questions and can I begin with you, Emily Cherry, who is               | 21 | 34 from others. So we can certainly provide you with       |
| 22 | from Barnardo's, and you are the Assistant Director of                 | 22 | greater national picture around FGM.                       |
| 23 | Policy and Public Affairs.   | 23 | But to respond to your first question around it,           |
| 24 | Emily, I hope you don't mind me using your first                       | 24 | Barnardo's is extensively working across the UK with       |
| 25 | name. That's our general practice. Through Barnardo's'                 | 25 | both children and families where child sexual abuse,       |
|    | Page 33  |    | Page 34  |
|    |  |    |  |
| 1  | child exploitation, grooming of children via criminal                  | 1  | was their fault because they would be just taken out of    |
| 2  | gangs on the internet we have a very large service                     | 2  | their family context. So we weren't convinced by the       |
| 3  | base of over 1,000 services and we worked with over                    | 3  | evidence.  |
| 4  | 301,000 children and families last year.                               | 4  | MS KARMY-JONES: Thank you, thank you, that's very helpful. |
| 5  | Certainly in our response to the government's call                     | 5  | I'm going to ask Mr Perry, Tom Perry, who is from          |
| 6  | for evidence around duty of care to act, we were not                   | 6  | Mandate Now to step in here, because of course             |
| 7  | convinced that there is a need for full mandatory                      | 7  | Mandate Now campaigned for the government to hold the      |
| 8  | reporting in the UK. We completely agree with                          | 8  | consultation which Mr Archer took us through in his        |
| 9  | concealment of abuse and a duty on professionals to act                | 9  | presentation and it also submitted a response to the       |
| 10 | around that. If they have deliberately concealed it,                   | 10 | consultation.  |
| 11 | there should be sanctions for those professionals, but                 | 11 | Mr Perry, what observations did Mandate Now make           |
| 12 | our concern is around the child and barriers to                        | 12 | about existing obligations in England and Wales and the    |
| 13 | reporting and how difficult it is for a child to report                | 13 | government's ongoing reform programme and its              |
| 14 | that abuse and ensuring that conditions, the culture,                  | 14 | sufficiency?   |
| 15 | the training and the support for staff to ensure that                  | 15 | MR PERRY: Well, the bottom line is that there is no        |
| 16 | when a child is genuinely comes to that point to make                  | 16 | statutory obligation to report. Nobody is required to      |
| 17 | a disclosure, that they are heard, they are listened and               | 17 | report and what that does is, which, very sadly, people    |
| 18 | they are believed. From talking to children and young                  | 18 | are missing repeatedly, is that it means that              |
| 19 | people, their concern is always the fears of the next                  | 19 | accountability is missing. It's gone. It doesn't           |
| 20 | steps, and that things have to go at the child's pace.                 | 20 | exist. You're totally reliant on professional sanction,    |
| 21 | If children were to honestly believe the moment that                   | 21 | but sanction is really not the issue. It is in part.       |
| 22 | they said, immediately they would be whisked away from                 | 22 | What's needed, actually, is support and protection for     |
| 23 | their homes, they would be taken into care, we would be                | 23 | those people who have to report, who work in regulated     |
| 24 | concerned that it would mean that many more children                   | 24 | settings.  |
| 25 | would continue to keep abuse to themselves and feel it                 | 25 | I was speaking to a paediatrician last evening             |
|    |  | I  |  |
|    | Page 35  |    | Page 36  |

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I won't say too much about it, but a paediatrician last evening about a very significant problem, it's in the public domain, and he wanted a report made. That report was stopped. Ten days later, the child was murdered by his stepfather. The paediatrician wanted to report. The paediatrician was then sacked for other disciplinary issues. It was quite astonishing.

Now if you're a member of staff and you have

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Now, if you're a member of staff and you have a concern, and we have had a year and -- 18 months, 14 months of advertising from government, "If you think it, report it". Well, great. This is a bit like, you know, "Seat belts: wear them". It never worked and then legislation had to be introduced.

We are in a situation where people are really not grasping the nettle very much. Government certainly doesn't grasp the nettle. Government doesn't want to be anywhere near the nettle for reasons that have nothing to do with mandatory reporting, nothing to do with child protection, I'm sorry to say. Nothing to do with child protection. There are other issues that are playing on the government's mind and, you know, either we're going to just give up because we have got the data here which shows what happens when mandatory reporting is introduced, we have the data. Government had the data but then omitted it from its consultation documents.

staggeringly, I frankly cannot believe it. The documents were signed off for consultation -- forgive me

for banging on, if I can just bang on for a little

longer and then I will keep quiet.
 The government had the consu

The government had the consultation documents signed off by the minister sitting in a drawer in October 2014 and then didn't release it to Parliament until 21 July 2015; okay -- my apologies, in the drawer in October 2015, didn't release it until 21 July 2016. In that period of time, a seven-year piece of research was done, a longitudinal study on the introduction of

mandatory reporting into Western Australia.

The government omitted it completely from its consultation documents. Now, either that's incompetence or it's been done purposely. When you then look at how the government released the news, on the 21st, it went into Parliament under a pile of documents. Everybody had to search everywhere, the documents going over the shoulder, to find the consultation. They found it.

The following day, it appeared in the newspapers -get this. Now, I wonder who briefed the newspapers of this?:

"Dinner ladies will be imprisoned, secretaries will be jailed."

I mean, that was on LBC first thing in the morning.

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## It was spectacular. The government doesn't want this and no matter the presentation we have had this morning, which, frankly, I could write a dissertation about, I'm afraid the government is off base. This is very serious, we need to support staff. You are there, you have a suspicion. And if you're working in a regulated activity, say, for example, that gives you accommodation as part of your job, just say, okay -- because I am a posh boy, I went to one of these absurd schools. If you have accommodation that's part of your job, you are faced with losing your job and, if you are a member at a private school and you're a member of the ISA, the Independent Schools Association, well, good luck on you, because the likelihood of you getting another job in an independent school, if you blow the whistle, because that's what you are at the moment, with all the protection of the Public Interest Disclosure Act -- you know, the equivalent of a piece of Bronco loo paper over your necessaries that protects you -- then frankly, you're a very brave person. We have to consider the people who are on the frontline. I am depressed beyond belief that there isn't a LADO here today. I am staggered that during the course of the presentation by the DfE that Northern Ireland wasn't mentioned.

Now, let me tell you, there is a UK jurisdiction

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that has mandatory reporting. I mean, the government

Page 38

2 has diluted it over the last eight years, diluted

mandatory reporting almost out of sight. It was

4 introduced by Barry Gardiner in 2005. Barry Gardiner

5 who is now front bench spokesperson of Labour. I phoned

6 Barry Gardiner and I said to him, "Well, look, please

tell me, why have you introduced this?" It was

an incident at a school, I can name the school, it has

since closed, called Cabin Hill School in

Northern Ireland, and it was child-on-child abuse that

11 was concealed by the governors. A public inquiry was

12 called and I said to Gardiner afterwards, "Please could

13 you tell me, why mandatory reporting?" He said, "Oh,

it's simple. If you don't get these incidents into the

hands of people who can stop them, they won't stop

16 them".

MS KARMY-JONES: Mr Perry, thank you. Very firm words very firmly expressed. Thank you very much.

I am just stopping because we are now running a little bit over time -- not down to you, I hasten to

add.

22 Observations from THE PUBLIC GALLERY
23 MS KARMY-JONES: I just want to open the discussion out
24 a little, if I may to the core participants and -- core
25 participants first, please. Sir, are you a core

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10 (Pages 37 to 40)

| 1  | participant?  | 1  | inspections, there are indeed processes which the DfE     |
|----|---|----|---|
| 2  | CORE PARTICIPANT: Yes.                                      | 2  | can engage in independent schools with to require         |
| 3  | MS KARMY-JONES: Only identify yourself, if you wish to, but | 3  | improvements and change with the ultimate sanction, of    |
| 4  | do you have an observation or a comment for us?             | 4  | course, of closure if those stages before that are not    |
| 5  | CORE PARTICIPANT: Yes. I have a comment which I would like  | 5  | properly complied with. So, yes, there are options        |
| 6  | to direct particularly to the Department for Education.     | 6  | short of closure.   |
| 7  | In the context of independent schools, it appears           | 7  | MS KARMY-JONES: Thank you very much.                      |
| 8  | that the sanction that was mentioned was deregistration     | 8  | Is there anyone else, a core participant? Your hand       |
| 9  | and closure. That seems a very, very stiff sanction,        | 9  | is up, sir, so please.                                    |
| 10 | one which would only be taken as a very, very last          | 10 | CORE PARTICIPANT: Nigel O'Mara, survivor of child sexual  |
| 11 | resort, not least because the Department for Education      | 11 | abuse. One of the things that struck me when the          |
| 12 | would need, as a result, to pay for the education of the    | 12 | gentlemen from the Department of Education was speaking   |
| 13 | pupils who were, as a result, put into the state sector.    | 13 | was that he referred to the fact that a lot of the        |
| 14 | So is there, in fact, any sanction short of                 | 14 | obligations were based on the Children Act from 1989.     |
| 15 | deregistration which the Department for Education can       | 15 | We're still talking about it, sir, 30 years later, so     |
| 16 | apply in the event that it learns that an independent       | 16 | it's obviously not working, otherwise we wouldn't be      |
| 17 | school is sub-standard in its safeguarding arrangements?    | 17 | talking about it here, 30 years after the obligations     |
| 18 | Is there anything that the Department for Education can     | 18 | have been put in place.                                   |
| 19 | or does do in between mere exhortation and closure?         | 19 | MS KARMY-JONES: The gentleman are you a core              |
| 20 | Thank you.  | 20 | participant?  |
| 21 | MS KARMY-JONES: We don't normally allow questions. I don't  | 21 | CORE PARTICIPANT: Yes. Core participant F55. I would just |
| 22 | know, Mr Archer, if you wanted to respond to that, but      | 22 | like to say that the education situation, it's not just   |
| 23 | if you don't we do not do questions, usually.               | 23 | the '89 Act, they need to go back to the '63 when we      |
| 24 | MR ARCHER: Let me just say very quickly, then, that         | 24 | were there and also come up with some sort of             |
| 25 | following Ofsted or Independent Schools Inspectorate        | 25 | something else to do with what happened to us at those    |
|    | Page 41   |    | Page 42   |
|    |   |    |   |
| 1  | particular times not what you're doing, putting in place    | 1  | Cleveland, but restricted from child abuse work, has      |
| 2  | now, why it wasn't put in place back then. That's the       | 2  | done nothing to diminish the significance of the          |
| 3  | first situation.  | 3  | statement.  |
| 4  | And then, to do with the NHS, my consultant was             | 4  | After I challenged the restriction on my medical          |
| 5  | a whistleblower recently, very, very recently, in           | 5  | practice, I was dismissed from my consultant post as      |
| 6  | Exeter, and he has been removed. I am now under two         | 6  | a consultant paediatrician in 2010. There were no         |
| 7  | different consultants for things that have happened to      | 7  | issues of competence, capability, conduct or health.      |
| 8  | me and I would like to say he was a fantastic man. He       | 8  | Subsequent attempts to be reemployed in Middlesbrough as  |
| 9  | is now in Germany and we have lost a fantastic              | 9  | a consultant paediatrician, following additional          |
| 10 | consultant because of a whistleblowing incident that        | 10 | classroom training in child sexual abuse and experience   |
| 11 | I know of in Exeter.  | 11 | as a consultant paediatrician involved in child           |
| 12 | MS KARMY-JONES: Thank you. The gentleman in the second      | 12 | protection work elsewhere in the country, have been       |
| 13 | row, please.  | 13 | unsuccessful so far.                                      |
| 14 | CORE PARTICIPANT: Can I read what I have prepared and you   | 14 | Before reading my statement, I need to explain my         |
| 15 | tell me when to stop?                                       | 15 | reference to group B. The 121 children in whom Dr Higgs   |
| 16 | MS KARMY-JONES: Yes, of course. Please bear in mind that    | 16 | and I made a medical diagnosis of child sexual abuse,     |
| 17 | if there is anything sensitive in it, please don't          | 17 | largely in May and June 1987, belonged to a larger group  |
| 18 | identify any individuals or places.                         | 18 | of 157 children where the medical diagnosis of child      |
| 19 | CORE PARTICIPANT: No, absolutely.                           | 19 | sexual abuse was considered.                              |
| 20 | Why doctors need mandatory reporting legislation.           | 20 | Of the 157 children, 82 children saw the doctor in        |
| 21 | The long-term impact of Cleveland for doctors trying to     | 21 | the usual way and are referred to as "index children".    |
| 22 | protect sexually abused children is highlighted in          | 22 | The doctors requested that the other 75 children to be    |
| 23 | a recent publication. Richardson and Bacon. My              | 23 | seen because they were related or associated with index   |
| 24 | experience over the past 27 years, during which time        | 24 | children.   |
| 25 | I was employed as a consultant paediatrician in             | 25 | Of the 82 index children, 42 children saw Dr Higgs        |
|    | Page 43   |    | Page 44   |
| l  | 1 450 10  |    | 1 450 11  |

| 1  | and I with an existing concern of child sexual abuse.   | 1  | as an effect of their previous abuse, is finding the  |
|--|---|--|---|
| 2  | 40 children saw Dr Higgs and I with a health problem and  | 2  | strength to speak in order to persuade society of the   |
| 3  | relied on the doctor to initiate concern about child  | 3  | real extent of child sexual abuse. Without this   |
| 4  | sexual abuse. These children are referred to as being   | 4  | support, many doctors may accept that group B remain  |
| 5  | in group B and they need a doctor to be protected with  | 5  | hidden.   |
| 6  | mandatory reporting legislation to be able to report  | 6  | If a doctor makes a medical diagnosis of child  |
| 7  | concerns about child sexual abuse to the statutory  | 7  | sexual abuse, a crisis will inevitably follow.  |
| 8  | agency.   | 8  | Initially, the parents or guardians will be shocked by  |
| 9  | MS KARMY-JONES: Sir, I'm going to have to pause you.  | 9  | the revelation of something wrong with the child. They  |
| 10   | I think we have listened to sorry, I think we have  | 10   | may feel genuine concern for the child because the  |
| 11   | heard the first part and we understand what you are   | 11   | doctor has not assured them that all is well. However,  |
| 12   | getting at.   | 12   | their concern will be compounded by the implications for  |
| 13   | CORE PARTICIPANT: May I just very briefly describe why  | 13   | them of any suggestion of sexual abuse. Complex   |
| 14   | doctors don't report?   | 14   | feelings will be aroused which lead to a desire to  |
| 15   | MS KARMY-JONES: Yes, by all means, from your perspective,   | 15   | minimise the concerns and avoid the crisis.   |
| 16   | but I'd be grateful if you don't mention names.   | 16   | The relatives may feel guilty that they have not  |
| 17   | CORE PARTICIPANT: Okay, sorry. Paediatricians are not   | 17   | protected the child or fearful that they may be   |
| 18   | insensitive to resource implications, but they are also   | 18   | suspected as perpetrators. They may feel insecure about   |
| 19   | constrained and obliged to consider child sexual abuse  | 19   | the effect of the slightest concern about child sexual  |
| 20   | in health terms. There is hope of support, and may  | 20   | abuse on their whole family functioning and standing.   |
| 21   | I just say, this was written 27 years ago. There is   | 21   | In the course of only a few minutes, all their life   |
| 22   | hope of support for paediatricians from adult survivors   | 22   | expectations may come crashing down. The source of the  |
| 23   | of child sexual abuse who would have wanted their abuse   | 23   | crisis is not only the possible sexual abuse of the   |
| 24   | prevented as children.  | 24   | child but the identity of the perpetrator, especially in  |
| 25   | The potential supportive lobby, whilst often silent   | 25   | group B. The crisis grows with the perspective of   |
|  | D   |  |   |
| <u> </u>   | Page 45   |  | Page 46   |
| 1  | disruption of the household with children being removed   | 1  | There were also some internal policing management and   |
| 2  | or other members moving out. The crisis is independent  | 2  | national standards set by the College of Policing, which  |
| 3  | of whether or not sexual abuse has in fact occurred,  | 3  | include things like honesty, integrity, duties and  |
| 4  | which may become a secondary issue.   | 4  | responsibility and discreditable conduct. Serious   |
| 5  | Initial disbelief and shock and a feeling of  | 5  | breaches of those can be viewed as gross misconduct as  |
| 6  | unreality are suddenly replaced by anger. Who initiated   | 6  | part of internal disciplinary procedures and that's   |
| 7  | this concern of sexual abuse? Who raised this spectre   | 7  | a mechanism that's available to forces.   |
| 8  | of family betrayal, suspicion, financial ruin, social   | 8  | There also could be a general criminal liability, if  |
| 9  | outcasting and possible imprisonment? For group B   | 9  | egregious enough, of the offence or if it involves  |
| 10   | children, the answer is simple: the doctor.   | 10   | misfeasance in public office. The bar for that is very  |
| 11   | Session 1: Further discussion chaired by THE FACILITATOR  | 11   | high from a criminal perspective, but can involve   |
| 12   | MS KARMY-JONES: Thank you very much. I just want to,  | 12   | potential incidents of corruption or concealment. So  |
| 13   | unusually, if I may, turn back to the horseshoe and go  | 13   | •   |
|  | unusuany, n i may, turn back to the noiseshoe and go  | 13   | there are criminal sanctions that are available.  |
| 14   | to Mr Edwards, please, of the National Police Chiefs'   | 14   |   |
|  |   |  | We also have a duty of care in civil law, particularly if we are aware of particular threats  |
| 14   | to Mr Edwards, please, of the National Police Chiefs'   | 14   | We also have a duty of care in civil law,<br>particularly if we are aware of particular threats   |
| 14<br>15   | to Mr Edwards, please, of the National Police Chiefs'<br>Council, Head of Strategic Vulnerability.  | 14<br>15   | We also have a duty of care in civil law,   |
| 14<br>15<br>16   | to Mr Edwards, please, of the National Police Chiefs' Council, Head of Strategic Vulnerability. What is the NPCC's view of the obligations as they  | 14<br>15<br>16   | We also have a duty of care in civil law,<br>particularly if we are aware of particular threats<br>against an individual, and then we have specific<br>obligations with regards to recording of criminality.  |
| 14<br>15<br>16<br>17   | to Mr Edwards, please, of the National Police Chiefs' Council, Head of Strategic Vulnerability. What is the NPCC's view of the obligations as they currently stand, and have you any observations about   | 14<br>15<br>16<br>17   | We also have a duty of care in civil law,<br>particularly if we are aware of particular threats<br>against an individual, and then we have specific   |
| 14<br>15<br>16<br>17<br>18                                     | to Mr Edwards, please, of the National Police Chiefs' Council, Head of Strategic Vulnerability.  What is the NPCC's view of the obligations as they currently stand, and have you any observations about what you have heard?   | 14<br>15<br>16<br>17<br>18                                     | We also have a duty of care in civil law, particularly if we are aware of particular threats against an individual, and then we have specific obligations with regards to recording of criminality. So within the Home Office Crime Accounting Rules and the  |
| 14<br>15<br>16<br>17<br>18<br>19                               | to Mr Edwards, please, of the National Police Chiefs' Council, Head of Strategic Vulnerability. What is the NPCC's view of the obligations as they currently stand, and have you any observations about what you have heard? MR EDWARDS: Thank you for inviting me and giving me the  | 14<br>15<br>16<br>17<br>18<br>19                               | We also have a duty of care in civil law, particularly if we are aware of particular threats against an individual, and then we have specific obligations with regards to recording of criminality. So within the Home Office Crime Accounting Rules and the National Crime Recording Standards, we are obligated to  |
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| 14<br>15<br>16<br>17<br>18<br>19<br>20<br>21<br>22<br>23<br>24 | to Mr Edwards, please, of the National Police Chiefs' Council, Head of Strategic Vulnerability. What is the NPCC's view of the obligations as they currently stand, and have you any observations about what you have heard?  MR EDWARDS: Thank you for inviting me and giving me the opportunity to come and give some perspectives from the National Police Chiefs' Council on this issue. It's probably worth starting with the current reporting duties and just kind of covering that off, specifically from a policing perspective. The duties which Graham   | 14<br>15<br>16<br>17<br>18<br>19<br>20<br>21<br>22<br>23<br>24 | We also have a duty of care in civil law, particularly if we are aware of particular threats against an individual, and then we have specific obligations with regards to recording of criminality. So within the Home Office Crime Accounting Rules and the National Crime Recording Standards, we are obligated to record all instances of abuse that are reported to us. Compliance is improving around that, but we are still not where we need to be and that's part of an ongoing piece of work which our inspectorate is reviewing as part of an ongoing programme.  |

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1 abuse is part of the strategic policing requirement. 2 That's set by the Home Secretary and effectively places 3 it on a similar footing to counterterrorism and serious 4 organised crime as a national prioritisation. So it's 5 an issue which policing takes very seriously, it's one 6 that we are continuing to invest more and more in. 7

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In terms of views on sufficiency, we also put a response in to the mandatory reporting consultation run by the government. That is available on our -- the NPCC website. In the kind of interests of brevity, I won't go into the full detail of that, but just in terms of, I guess, some key headlines, it was the position of the National Police Chiefs' Council that there really shouldn't be any ambiguity around where direct disclosures were made or concerning behaviours observed, they should undoubtedly be reported and there are expectations around that. Whether that's sufficient or not I think is a matter of ongoing debate and needing further discussion.

However, what we also recognise is that, typically, that is not the norm and very commonly we're dealing with suspicion. That's where I guess some of our concerns, which we outline in our response, relate to the measures that were being suggested as part of a consultation.

So on the balance of things, we felt that the perverse impacts of the general duty may outweigh some

of those benefits. However, in line with the kind of

3 4 discussion that's happened within this debate, we do

5 feel that there should be a look at some more specific

6 duties for children in closed settings, in light of the

7 fact of particularly where the state or a third party

8 have more direct responsibilities for the welfare and

9 concerns of that child and in some instances acting as 10 a surrogate parent for them. That's in particular to 11 ensure that the interests of the organisation do not

outweigh the interests of the child.

I have views also on wider duties, but any introduction to it should definitely not be done in isolation. Clearly, we need more investment in the system, not just in terms of from a personnel perspective, but in terms of the tools which are available, the training and the research and evaluation of our current practice to ensure that we are in a good space around that and that includes the sex and relationship education as part of a wider PSHE programme which I know the DfE are currently exploring.

Just finally to touch on the kind of impact of the current reporting arrangements and how that's impacting on forces and any individuals, I think it's fair to say

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in a multitude of ways, when it comes to child sexual abuse offences in general, the panel, the inquiry, will be aware that policing has experienced sustained increases in reporting of child sexual abuse over the last few years. In previous statements made to the independent inquiry, we commented on around 47,000 offences reported to policing on an annual basis. That was in 2016/2017 and that was a 15 per cent increase year on year and a 172 per cent increase from 2011/2012.

More recent data that's been published by the Home Office based on crime flags that provide a slightly heightened picture suggest figure is around 55,000 at the moment for crime and child sexual abuse. That's based on 2017/2018. But again, I suspect that the true numbers are higher in terms of what's being reported and issues around flagging.

There are also obligations with regard to internationally reporting of indecent imagery of children on industry to report to the National Center for Missing and Exploited Children, which then, through international routes, come into the National Crime Agency and down to policing, specifically around handling of indecent images of children and when they are being identified. Within that area alone, we have seen around a 700 per cent increase in referrals since

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1 2013 coming into the National Crime Agency with then 2

onward activity for policing.

3 MS KARMY-JONES: I'm going to stop you there unless you can

4 finish off in just a couple of seconds because I have

5 a couple of other people I want to bring in.

6 MR EDWARDS: I will finish on just one point. I guess the

7 final thing I would say is that these resourcing

8 challenges present real specific challenges for

9 policing. Clearly, we have to prioritise the protection

and safeguarding of children and that is what we are

10 11 doing. But there are some considerations and impacts on

12 policing with regards to that in terms of staff welfare

13 and ensuring that we provide the appropriate levels of

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15 MS KARMY-JONES: Thank you very much. I just want to come

16 back to Mr Perry. Can I please just have a minute of

17 observation on what you have heard, because there is one

more person I want to bring in and then another comment 18

19 from the public gallery?

MR PERRY: Yes. 20

21 MS KARMY-JONES: Thank you.

22 MR PERRY: So NPCC yes, did come out against mandatory

23 reporting quite robustly. They think that mandatory

24 reporting would work in closed settings. Quite why they

25 would work in closed settings and not elsewhere was not

1 the senior management team. Well, that's going to work, 1 explained in the submission made by Simon Bailey. 2 2 It is very confused, because actually then the isn't it? Nobody has thought this through. It is 3 3 subject illiteracy at its best and it sits in SW1. government dumped duty to act, because duty to act 4 fundamentally cannot work and you cannot introduce 4 MS KARMY-JONES: Thank you. 5 5 Further observations from THE PUBLIC GALLERY mandatory reporting just into closed settings. I had 6 a meeting with the Boarding Schools Association -- I am 6 MS KARMY-JONES: I think we just have time for one more 7 7 on the downhill run at this point. I had a meeting with member of the public gallery, so is there anyone who 8 the Boarding Schools Association who is here this 8 would like to make a contribution who hasn't spoken so 9 9 morning and they very kindly invited me over to have 10 a chat and, you know, what one has to realise is that 10 The lady at the back, in the second row? 11 the majority of these closed institutions, ie boarding 11 CORE PARTICIPANT: Thank you. My name is Jane Huttly, I am 12 schools so we have got child protection for posh boys 12 a safeguarding adviser for Guildford Diocese and I also 13 and girls -- this is madness. 13 sit on the training board for local authority training 14 Most of these schools have a huge day contingent, so 14 and development. 15 what are we going to have? Are we going to have child 15 The successive iterations of Working Together protection apartheid? "Day pupil, no, we don't report 16 16 protocol have referenced faith organisations as coming 17 you. Ah, boarding pupil, yes, we might report you", 17 within the umbrella of expectation to report and I think 18 with a duty to act which keeps -- which keeps the member 18 my point is to hope and trust that any further 19 of staff, would you believe -- I mean, you couldn't make 19 developments will clarify that remit for faith 20 this up, really. Disney would reject it if you 20 organisations, particularly, and I am within the Church 21 presented it as a script. This was, you know, the DfE 21 of England remit with this, those who are trustees 22 22 accountable to the Charity Commission and, therefore, 23 What was going to happen was that those who had to 23 what mandate does that entail? 24 report were going to be left as whistleblowers. The 24 The second point is just to say I welcome the 2.5 only people who were going to be mandated to report were 25 comments of I think it's Emily Cherry, if I've got the Page 53 Page 54 name right, sorry, making sure that we keep the welfare 1 to hear about the existing reporting obligations in 1 2 and the voice of the child absolutely at the centre of 2 England and Wales, but with the focus on the obligations 3 3 this. Reporting is one thing, but the point is, what on certain professional groups. 4 next? And it is the "what next" that will trouble 4 So I am now going to turn to Ms Rosie Hancock who is 5 5 a child, so whilst -- I think Lord Laming in his inquiry a class teacher and qualified special educational needs 6 said that legislation is only part of the problem. The 6 coordinator at Morecambe Bay Primary School. Again, 7 implementation of that legislation is the key, and so 7 slides are operated by Ali, who sits next to me, and 8 having the legislation will not solve the problem. You 8 everyone please remember to have your mobile phones off 9 9 have to keep the welfare of the child central and listen and no tweeting in the room. 10 to their voice throughout the whole process. 10 Ms Hancock? 11 Thank you. 11 Presentation by MS HANCOCK 12 MS KARMY-JONES: Thank you. Thank you very much. 12 MS HANCOCK: Yes, my name is Rosie Hancock and I am first 13 Right. It's time, now, for our mid-morning break, 13 and foremostly a class teacher. I have a lot of other 14 14 15 minutes, please, and we will come back after the roles within the job, but that's what I consider my 15 break to hear about the existing obligations on 15 primary role to be: to be a class teacher. I would like professionals such as teaching staff, social workers, 16 to put out I am representing my school. Sadly, we are 16 17 17 not representative of every single school that is around healthcare professionals to report child sexual abuse, 18 some of which we have touched on. We are going to hear 18 the United Kingdom, so I purely come from a perspective 19 a little bit more later on. Thank you very much, 19 of what we do in our setting. 20 everyone. 20 The next slide, please. 21 (11.17 pm) 21 A very quick overview of what we are as a school. 22. (A short break) 22 I'm not going to linger too long on that, but we have 23 23 got pockets of deprivation in our area, we have got (11.31 am) 24 MS KARMY-JONES: Thank you, everyone, for the contributions 24 quite a transient population and we're "one-and-a-half 25 we had before the break. We are now going to continue 25 form entry", which puts us into that large school

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1 1 suspicion of misconduct of a member of staff in a school category. 2 Next slide, please. Okay, so with regards to kind 2 setting. 3 of the policies and guidance that we have in our school, 3 Next slide, please. 4 there are many sort of overarching guidance and policies 4 Taking the first circumstance, if a child were to 5 5 that are in place and, as a consequence, they influence make a direct disclosure of sexual abuse to a member of 6 the specific policies that we have in our school 6 staff in a school setting, what would be protocol is 7 7 setting. There is a long list of policies which schools that that adult would immediately, verbally report that 8 need to have and they are hinged on what is present 8 information to our designated safeguarding lead, of g within these documents here, some of which have been 9 which, in our setting, we have got two. Their job is 10 mentioned here already. 10 basically to take that information out of the hands of 11 Ultimately, the collective aim, as a classroom 11 the person who's reported it and set that information 12 12 practitioner, and anybody who works in school, is to off down a different path. From a class teacher's point 13 continually promote and be responsible for the 13 of view, or from the adult, the reality of that may well 14 well-being and welfare and safety of children in our 14 mean leaving your classroom immediately and passing that 15 15 information on and then coming back and returning to 16 The next slide, please. 16 your duties. 17 I have been asked to talk about three possible kind 17 What then happens is the designated safeguarding 18 of circumstances that a class teacher or a school staff 18 lead will then speak to Children and Social Care. Now, 19 member might face. The first is if a child makes 19 what may also happen is that person might check in with 20 a direct disclosure of sexual abuse to an adult in the 20 the child. The child might sort of be asked to 21 school setting. 21 discreetly come out of the classroom, in order for 22 The second is if the adults observe possible 22 further information to be collected. It will all be 23 indicators of neglect or abuse or changes of behaviour 23 very much dependent on what the case and the scenario 24 and what happens then. 24 and the child is involved. 25 And then the third is when there is possible 25 Now, what would then usually happen is that the --Page 57 Page 58 1 just a bit of our staff structure. Basically, it's just 1 we would be expected to be visited by the duty social 2 worker, a line manager or the police, depending on what 2 to illustrate that we have got about 55 members of staff 3 communication has happened to that point, and then, from 3 that will be on school site at any time, so it's purely 4 that point on, that information has then been passed on 4 to illustrate, actually, we have got a lot of people, 5 to Children and Social Care and it is for them to make 5 a lot of eyes that are there and ready and observing 6 any further enquiries. They will make their assessment 6 children's behaviour all the time. So when it comes to 7 7 and we will just be -- as a school, we will just be kept us making -- watching for changes of behaviour, seeing 8 up-to-date with what is going to be unfolding. 8 those indicators that probably might lead us to believe 9 9 From a classroom point of view, from class staff, we that there is something happening, there are a lot of 10 10 just need to be mindful that that has unfolded. We need people who can be responsible for that, because that's 11 to make sure that we are observant, we continue to 11 what the guiding principle is, that everybody is 12 flexible and constantly communicating. If things 12 responsible for looking after children and being those 13 escalate or if more information comes to the foreground, 13 caring kind of eyes on the child. 14 that we actually communicate that and add that to the 14 Next slide, please. 15 picture immediately rather than waiting periods of time, 15 Second scenario. So this would be where -- which is 16 we are adding information to that picture. 16 quite often the case -- we are observing changes in 17 We have to always remember, from a teacher 17 behaviour or we are monitoring indicators of what could 18 perspective, we have got the setting in our classrooms 18 suggest neglect or abuse. So as a class teacher, school 19 to try and make sure that that child feels as secure and 19 member of staff, my next sort of responsibility would be 20 safe as possible whilst everything else is possibly 20 that I would try and question those behaviours. Now, 21 unfolding around them. So, from my perspective, 21 that questioning can come in lots of different forms, it 22 actually teachers and classroom staff have got a vitally 22 can be making conversation with the child, it could be 23 important role to play as this information is shared. 23 speaking to an adult that might have a closer 24 Okay, next slide, please. 24 relationship, "Have you noticed any changes?". If it's 25 I'm going to quickly flick through this. This is 25 appropriate, peers are incredibly kind of informative

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1 when it comes to knowing their friends, they can come 2 forward with concerns about what they have noticed, what 3 they have heard, what they have seen, and all of those 4 observations and any of those concerns, any of those gut 5 kind of reactions that something is not quite right, we 6 have a system which is basically a recording system 7 which is -- the acronym is CPOMS, but it's a child 8 protection piece of software that's present in our 9 school which means that basically observations, 10 conversations that have been had with children or with 11 staff can all be recorded and kept a record of. 12 What this then does is it essentially starts 13

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building kind of a picture, an overview of what is actually happening, trends and behaviours, whether things are escalating, whether behaviour is becoming more frequent, are we finding signs and symptoms a lot more obvious. And what it might mean is that actually as a consequence of what we are observing, we will put in some form of interventions. Now, we are quite a resourced school, so we have got art therapists, play therapists, cognitive behaviour therapists. It might be that we speak and liaise with parents and say: actually, at the moment to meet your child's needs we recommend this intervention that will help them in that way.

Sometimes the outcome is that a common assessment

framework will be opened in order to bring multi-agency Working Together and it is starting down that process of making sure we build the picture.

Next slide, please. Just a quick chat about CPOMS. CPOMS, like I say, is a child protection, basically, recording system. It doesn't replace verbal communication, so it is purely a tool, it's basically a mechanism for collecting information. It's a profile that we can have for these cases that sort of come on our radar, but it doesn't replace that one-to-one, face-to-face, I've got a concern about this child and you are taking it to your designated safeguarding lead.

It helps us support common assessment frameworks and meetings. We can use it as an analysis tool rather than a diagnostic. As you can see, this is just a profile that's been from a training programme and it kind of gives you sort of provision mapping and how frequently things are being recorded for a specific child.

Last slide. So last scenario. I say it's not complicated but we have heard mention of the whistleblowing. If I have a concern, or if anyone has a concern about a member of staff and the way that they are behaving or anything like that, again, it's just treated like a safeguarding issue. So just as it would be if we got a concern with a child or a parent or

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anything like that, adult in the school, it's the same system, it's the same process: straight to the designated safeguarding lead.

There is then a whistleblowing procedure that then is adhered to. It will be investigated. Possibly union involvement will happen at this point. If it is about the safeguarding lead then it goes straight to the chair of governors and they then take on that role of passing it on to the relevant parties.

MS KARMY-JONES: Okay, thank you very much. I'm going to move on, now, to Mr Stuart Gallimore, who is the President of the Association of Directors of Children's Services, who is going to speak to us about the existing obligations on social care professionals to report child sexual abuse. Stuart, seven minutes.

Presentation by MR GALLIMORE MR GALLIMORE: Thank you for the introduction. As I say my name is Stuart Gallimore. I am speaking in my capacity as President of the Association of Directors of Children's Services. I would like to start off by saying that there is no

place for professionals who fail to report or act where child sexual abuse is suspected or known to have taken place. However, there is no evidence in modern times that there has been a wholesale failure of professionals

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routinely failing to report concerns about child sexual abuse and we have seen an increase in referrals year-on-year and contacts year-on-year to local authority, social service departments. In the previous financial year, the figure was some 2.4 million contacts, an increase of 50 per cent over two years, and clearly some of those will refer to child sexual abuse.

ADCF members believe that existing reporting arrangements are sufficient but should always be kept under review. The introduction of any new statutory reporting measures would have the potential to undermine the judgment of a range of skilled professionals and is highly likely to result in the use of defensive practice, which runs counter to the findings of the Munro Review of Child Protection.

The UK has a sophisticated child protection system with an established multi-agency operating framework set out in Working Together to Safeguard Children, which was reviewed in 2018.

Additionally, the non-statutory guidance, what to do if you are worried a child is being abused offers advice to practitioners. Any individual who knowingly and wilfully fails to act on information about the abuse of children already faces serious repercussions. The severity of existing sanctions against practitioners

should not be underestimated. They include disbarring, employer sanctions, including dismissal, and in extreme cases through the courts in terms of a civil law concept of duty of care and negligence, and we have also heard of the criminal routes.

Additionally, children's social care is heavily regulated, routinely inspected and, in cases of failure, authorities are subject to the range of intensive government interventions that Graham Archer referred to and this is unmatched by any other public body.

Where a local authority in England knows or suspects that a child has been abused or neglected, the local authority must notify the Child Safeguarding Practice Review Panel if the child dies or is seriously harmed in the local authority's area within five days of becoming aware of this.

Turning to the existing legal obligations, both those in statute and in guidance, the first one I would draw the panel's attention to is section 11 of the Children Act 2004 which places duties on a range of organisations, agencies and individuals to ensure their functions and any services they contract out to others are discharged with regard to the need to safeguard and promote the welfare of children.

comply with the duty around welfare requirements in the
early years foundation stage and must ensure they are
alert to any issues of concern in the child's life and
that they have implemented a policy and procedure to
safeguard children.

Early years providers must have a practitioner who

particular duties on early years providers who must

Early years providers must have a practitioner who is designated to take the lead responsibility for safeguarding and to liaise with local statutory Children's Services as appropriate.

The Children's Homes Regulations and the quality standards in their current form also have something to say about this subject. The registered person of a children's home is responsible for ensuring that staff continually and actively assess the risks of each child and the arrangements in place to protect them. Where there are safeguarding concerns for a child, their placement plan, agreed between the home and the placing authority, must include details of the steps the home will take to manage any assessed risk on a day-to-day basis

Additionally, the registered person has specific responsibilities under regulation 34 to prepare and implement policies setting out arrangements for the safeguarding of children from abuse and neglect.

#### Page 65

Section 40 of the Childcare Act 2016 places

We have also heard the implications of section 74 of the Serious Crime Act in relation to female genital mutilation which, again, refers to regulated professionals in social care settings.

Lastly, the statutory guidance, Working Together to Safeguard Children is clear: after a referral has been made to children's social care, an assessment must take place. Early health assessments, children in need assessments, section 47 child protection enquiries may follow and if a social worker suspects harm, the local authority will convene a statutory discussion.

Turning to existing professional obligations, we have heard reference to whistleblowing procedures. Several whistleblowing vehicles have been established for children and young people themselves and members of the public and most recently for practitioners concerned that their employer is not dealing with the sexual abuse of children and young people at an organisational level.

Clear escalation policies for staff to follow when their child safeguarding concerns are not being addressed within their organisation or by other agencies should be found in their local safeguarding children board procedures and all local authorities must have a Local Authority Designated Officer, or LADO, and all statutory and voluntary agencies must have policies for

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dealing with allegations about people who work with
 children, which should be passed to the Local Authority
 Designated Officer.

If an organisation or agency removes an individual in regulated activity with children because the person poses a risk of harm to children, the organisation or agency must make a referral to the Disclosure and Barring Service to consider whether to add that individual to the barred list.

So in conclusion, there are a range of existing safeguards in place and it is really important that we always strike a balance between the role skilled children social care professionals play in building a trusting relationship with a child or young person to enable a disclosure of abuse to take place and the need to report those concerns.

MS KARMY-JONES: Thank you very much.

I am now going to turn to Dr Alison Steele, who is an officer for child protection at the Royal College of Paediatrics and Child Health, who will speak to us about the existing child abuse reporting obligations for the medical profession.

Presentation by DR STEELE

DR STEELE: Thank you. I represent the Royal College of Paediatrics and Child Health as their strategic lead for

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child protection, but I do also want to emphasise that I continue to work as a frontline practitioner as a working paediatrician. You've asked me to come today to talk about the existing child sexual abuse existing obligations for the medical profession.

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Next slide. There is a duty put upon all doctors by the General Medical Council, which is to report child sexual abuse. The General Medical Council is our professional regulatory body. It's quality assures medical training, it registers newly qualified doctors, giving them a licence to practise, and it revalidates all doctors to practise every five years. Doctors have to abide by General Medical Council ethical guidance.

Next slide. In particular, when we're looking at child sexual abuse reporting obligations, I want to refer to three pieces of guidance, good medical practice, 0 to 18 years guidance for all doctors, but particularly protecting children and young people, the responsibilities of all doctors.

The General Medical Council is very clear that all doctors have a duty to act on any concerns they have about the safety or welfare of a child and must promptly tell an appropriate agency if there is a concern that a child is at risk of or is actually suffering or of abuse or of neglect. Doctors are told they should

report their concerns either to the local authority Children's Services department, the NSPCC, or the police. It does not actually specify how a doctor should report concerns and the GMC doesn't differentiate between types of abuse.

Depending on the urgency of a situation, a doctor or a member of the immediate team or in a hospital safeguarding team would either telephone the local authority and/or the police and follow this up in writing, usually electronically, or possibly just refer in writing. Again, the General Medical Council does not differentiate about who the harm may be coming from. However, in further ethical guidance, raising and acting on concerns about patient safety, it stipulates that doctors need to report colleagues, and colleagues can be any colleagues within the health profession, not just other doctors, if they may be seriously harming a patient.

The GMC goes on to say that concerns for a child not at risk of significant harm but where abuse or neglect is possible should be discussed with a named or designated professional or an experienced colleague. For those that are not aware, every health provider has named doctors and nurses and the CCG has designated doctors and nurses who have particular expertise and

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knowledge around child protection, assessment, management and how to act.

Next slide, please. It's very difficult to obviously get all the guidance in seven minutes but I just wanted to share some headlines from the Protecting Children and Young People guidance. It clearly states that concerns can be shared even if the risk of significant harm is not certain and there will be consequences of not sharing that information. It does talk about asking for consent to share unless there is a compelling reason not to do so, but not to delay in disclosing information to try and obtain consent to share if that will put the child at more risk.

It is absolutely clear that information can be shared without consent if it is justified in the public interest or required by law and concerns about child sexual abuse would definitely fall within this stipulation.

Decisions to delay information-sharing must be taken cautiously and must be justified and recorded. In terms of escalation, a doctor does have a duty to ensure that concerns are properly responded to and tells us that we need to take them to the next level of authority if they are not acted upon appropriately and we feel that the child is still at risk.

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Next slide, please. In addition to our ethical guidance, obviously there is national and local guidance. We have already talked about Working Together, which is a statutory guidance which all professionals work to. Local safeguarding children's boards have policies and procedures and healthcare providers likewise.

In particular, I just want to mention something about the safeguarding of children and young people, roles and competencies for healthcare staff because this is a very important document, because it actually stipulates what knowledge we need to have, what skills we need to have in order to be competent to practise in child protection and it specifically alludes to child sexual abuse, so there are particular competencies around knowledge and skills of how to manage those sort of situations.

Thank you, next slide, please. I'm not going to dwell on this, we are aware that doctors have a mandatory duty to report FGM in children under 18. However, I just want to point out that the penalty for a doctor failing to comply is actually being reported to the General Medical Council Fitness to Practise Panel. Next slide, please.

Again, I'm not going to go into these in any detail,

| 1  | because of time restraints, but there is a lot of  | 1  | or penalties when obligations to report are not met.  |
|--|--|--|---|
| 2  | internal monitoring within organisations of child  | 2  | There are two broadly interlinked penalties for doctors   |
| 3  | protection referrals and incidents where there should  | 3  | when they do not meet their reporting obligations.  |
| 4  | have been a referral, but wasn't. This is contained in   | 4  | Firstly, discipline, there may well be disciplinary   |
| 5  | various annual reports and serious incident reporting.   | 5  | procedure by an employer and the outcome of that can  |
| 6  | You can see the list there in front of you. I also   | 6  | range from retraining to suspension or even dismissal   |
| 7  | particularly want to mention that medical staff have to  | 7  | from their employment.  |
| 8  | have an annual appraisal to allow revalidation and any   | 8  | Often, if the case is quite serious, there is   |
| 9  | concerns, minor, or less minor, about their practice   | 9  | an external assessment that takes place of the doctor's   |
| 10   | would be raised at appraisal and reported to the medical   | 10   | actions to ensure impartiality.   |
| 11   | director and on to the GMC if necessary.   | 11   | Hand in glove with that is the  |
| 12   | In terms of external monitoring, which is the next   | 12   | General Medical Council fitness to practise procedures,   |
| 13   | slide, all the data that's collected internally is   | 13   | so anyone can refer a doctor to the   |
| 14   | scrutinised externally. Annual reports go to   | 14   | General Medical Council if they feel that they have not   |
| 15   | Commissioners, there are various methods for serious   | 15   | met their ethical duties in whatever form and that would  |
| 16   | incident reporting, there's challenges on healthcare   | 16   | also pertain to reporting of child sexual abuse   |
| 17   | providers under section 11 of the Children Act and   | 17   | concerns, so reports to the General Medical Council   |
| 18   | obviously reports from serious case reviews are  | 18   | about a doctor can come from an employer, from any other  |
| 19   | monitored.   | 19   | professional or member of the public and the  |
| 20   | At the end of the day, the CQC does inspect  | 20   | General Medical Council has definitive fitness to   |
| 21   | organisations with publication of their outcome relating   | 21   | practise procedures with a number of different penalties  |
| 22   | to all the standards, including referrals and incidents  | 22   | that they can impose upon doctors and that includes up  |
| 23   | where referral should have happened.   | 23   | to removal of licence to practise for a doctor, so,   |
| 24   | Next slide, please.  | 24   | basically, permanent debarring of being able to   |
| 25   | You asked me to talk a little bit about restrictions   | 25   | practise as a doctor. I did wonder about possible   |
|  | Page 73  |  | Page 74   |
|  | 1 age 75   |  | 1 age / T   |
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| 1  | action by the police in sort of aiding and abetting  | 1  | Session 1: Discussion chaired by THE FACILITATOR  |
| 1 2  | action by the police in sort of aiding and abetting a crime, we have already heard about that, but actually  | 1 2  | Session 1: Discussion chaired by THE FACILITATOR  MS KARMY-JONES: I'd like to ask Siobhan Pyburn, the founder   |
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| 2 3  | a crime, we have already heard about that, but actually in practice I have never seen that happen.   | 2 3  | MS KARMY-JONES: I'd like to ask Siobhan Pyburn, the founder of the Beam Project, a couple of things, please, if   |
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people insist that we already have mandatory reporting and it's all very confusing. If the current arrangements are enough, then why are

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we all here right now? Time and again the serious case reviews demonstrate a need for "musts" rather than --"musts" that are actually backed by law rather than all this "coulda, shoulda, woulda" stuff. Hillside First School, Southbank School, Rotherham, "No one can say, 'We didn't know'", wasn't that one of the

concluding remarks from the report written by Professor Jay over there, who I totally cited in the dissertation that I did actually write on this subject?

My position is to follow the evidence even if it goes against my lived experience. I think a willingness to change our mind when presented with new information is extremely crucial, otherwise it's all a big waste of time. However, on this occasion, the evidence is in alignment with my experience. We already know from the research mentioned by Mandate Now earlier that mandatory reporting increases substantiated reporting where abuse is happening. We already know that. Before that study came out, and it was quite a substantial piece of work covering seven years -- I think it was three years before and four years after or four years before and three years after the introduction of mandatory

reporting in Western Australia. Before that came out, there was a lot of arm waving with people from both sides of the debate saying things that weren't actually grounded on evidence but now we have some.

As for my personal experience, I do know there were times where a teacher could have done something but didn't. One day at school, a teacher noticed that I had been acting strangely and she asked me what was wrong. I said I didn't want to go home that evening. "Why not?", "Because I will be alone with my father". "Why is that a problem?", and then I became upset and said there was a secret and I mustn't tell anyone. Hopefully, everyone in this room can see all the red flags coming off there, but my teacher didn't do anything.

I don't actually remember this conversation taking place because, as far as I am concerned, I did my best to keep it a secret because I thought that I would go to prison, so how do I know that this conversation even happened? Because that teacher found out about the work I am doing now and messaged me years later to confess her failure to take action. She said, and I quote, "Back then, there was no referral system and I didn't feel it was my place to intervene", to which I would ask, if it wasn't her place, then whose place was it?

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She mentions that there was no referral system back then, but, as far as I can tell, nothing has actually changed in that regard. Professionals can still choose to turn a blind eye if they're afraid of dropping themselves in it or threatening the institution's reputation or whatever. It's plausible that if reporting laws had existed in this country at that time, then my teacher would have known how to respond to this situation. She could have recorded her concerns and made a report, perhaps after speaking to me a few more times in order to encourage full disclosure, but she didn't do anything. And this is not an isolated incident. We know from all the serious case reviews that time and again professionals are coming up with signs, they are realising that something is wrong but, for whatever reason, they're choosing not to report it. So I hope that I represent the other side of the "voice of the child" kind of argument because, in my personal experience, I disclosed because I wanted something to be done about it. I didn't tell someone and then hope that they wouldn't do anything. Well, actually, literally speaking, that's incorrect, because, when I did finally disclose, I begged my mum not to tell anyone. So what do you think my mum should have done in that situation, gone, "Oh well, 'voice of the child', let's just not do

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1 anything". No, of course not, and she did do something, 2 she told the police and I am so grateful that she did 3 that, even though I begged her not to, so there is

4 a limit to the whole "voice of the child" thing.

5 My teacher clearly had suspicions; otherwise, why 6 get in touch years later? Some people say that 7 mandatory reporting undermines professional 8 decision-making but I think it does the opposite. 9 I think it reinforces decision-making by making

10 everyone's responsibilities clear. One core component 11 of reporting laws which doesn't appear on the briefing 12 note is that they offer immunity to mandated reporters

13 or anyone else making a report in good faith. The 14 existing system doesn't do that and it's a reasonable

15 concern, I think, that a professional might be dissuaded

16 from reporting out of a fear of whistleblowing 17 repercussions, which we've heard a bit about today.

18 Mandatory reporting bypasses that obstacle completely

19 and introduces real accountability instead of just 20 talking about it. Thanks.

21 MS KARMY-JONES: That was very powerful and we welcome those

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observations. 23

Can I just ask you one other thing? From your 24 experience of actually dealing with people on the frontline, you've given us a very clear outcome of what

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20 (Pages 77 to 80)

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| 1  | took place when you were very much younger and you've     | 1  | MS KARMY-JONES: Thank you.                                 |
|----|---|----|--|
| 2  | mentioned whistleblowing. From your perspective, are      | 2  | I'm going to ask Mr Renton, Alex Renton, who is            |
| 3  | there any other issues, barriers to reporting not from    | 3  | an investigative writer, to come in here. We have heard    |
| 4  | the child's perspective, but from the professional's      | 4  | about the existing obligations, you've heard what's been   |
| 5  | perspective?  | 5  | said. What's your view of the existing obligations on      |
| 6  | MS PYBURN: I think what they talk about the most often is | 6  | school staff and does it vary, as far as you're aware?     |
| 7  | not being entirely clear what their responsibilities      | 7  | MR RENTON: Thanks very much. Yes, it does vary and I think |
| 8  | are.  | 8  | I would like to illustrate that. So I, for four years,     |
| 9  | MS KARMY-JONES: So it's a lack of clarity                 | 9  | because of my own experiences at a private prep school,    |
| 10 | MS PYBURN: Yes.   | 10 | boarding school, have looked at and collated allegations   |
| 11 | MS KARMY-JONES: on what the responsibility is or how to   | 11 | of sexual abuse, primarily in residential educational      |
| 12 | go about it?  | 12 | contexts, both private and state. This is data which       |
| 13 | MS PYBURN: In what the threshold is, what counts as       | 13 | I have offered to the inquiry, insofar as                  |
| 14 | a suspicion and at what point should they be reporting,   | 14 | confidentiality permits me to, since the beginning of      |
| 15 | and they think that they have fulfilled a reporting       | 15 | the inquiry, really, and I so I have an enormous           |
| 16 | obligation by writing something on a piece of paper and   | 16 | amount, often sometimes collated from other journalists'   |
| 17 | then putting that paper in drawer somewhere.              | 17 | work as well, of data about sexual abuse in this           |
| 18 | MS KARMY-JONES: Have you experienced, come across a sense | 18 | residential institutional context going back to the        |
| 19 | that sometimes professionals don't want to believe        | 19 | 1940s.   |
| 20 | an allegation can be true?                                | 20 | But and I arrive from having been to school                |
| 21 | MS PYBURN: Yes, of course. No one wants to believe that   | 21 | myself, which had essentially no regulational              |
| 22 | sexual abuse is happening in their school, hospital,      | 22 | safeguarding whatever, and habitually, as I have shown     |
| 23 | family. So that's another problem, just a lack of         | 23 | in print, and there's been a successful conviction, not    |
| 24 | willingness to believe the child in the first place       | 24 | only protected offenders but also, as is not uncommon in   |
| 25 | because it's an inconvenient reality.                     | 25 | the industry, enabled them to continue lives of            |
| 23 | because it's an inconvenient reality.                     | 20 | are made y, emerce them to continue in the or              |
|    | Page 81   |    | Page 82  |
|    |   |    |  |
| 1  | offending by giving them references when they had to be   | 1  | of bankruptcy and they can't afford to do the job they     |
| 2  | sacked from the school. I hope just how common that       | 2  | know they should do well.                                  |
| 3  | practice was, particularly within some of the famous and  | 3  | So we broadcast in February on ITV a documentary in        |
| 4  | wealthier schools for the wealthy, I hope that's now      | 4  | which we looked at the past and also what was going on     |
| 5  | accepted.   | 5  | at the moment. Without going into all those details,       |
| 6  | Turning to today, because I still deal with               | 6  | which are easily available, our FOIs to police forces      |
| 7  | allegations, and probably one or two a week come to me,   | 7  | revealed and we got returns from about half the            |
| 8  | and a certain number, much fewer than the historic, deal  | 8  | police forces in Scotland, England and Wales. They         |
| 9  | with what's happening currently. I think I mean, the      | 9  | showed that 425 people had come to police attention as     |
| 10 | most important thing, first of all, is to say I'm         | 10 | accused of sexual crimes within boarding schools between   |
| 11 | going to make two points, if I may just how many          | 11 | 2012 and 2017 and that 125 of those were recent in that    |
| 12 | incidents there still are that do come to local           | 12 | the child was still at a school when this came forward.    |
| 13 | authorities and police investigation, because these       | 13 | I should point out there are only slightly under 500       |
| 14 | statistics don't seem to exist and I think the inquiry    | 14 | boarding schools, state and private, currently in the      |
| 15 | needs them.   | 15 | country, so this is 125 recent sex attacks at half those   |
| 16 | I should say that I look it was really                    | 16 | 500 schools. It's a high proportion. We also FOI'd         |
| 17 | interesting hearing from Rosie Hancock, next to me,       | 17 | local authorities to see how many using these unclear      |
| 18 | about what happens in a really good, well organised       | 18 | systems of reporting, how many reports had come through    |
| 19 | school, a good state school. I deal with a lot of badly   | 19 | to them and, of the 60 authorities that came through to    |
| 20 | organised schools and I think we have to remember that    | 20 | us, we had about we had 400 examples of sexual             |
| 21 | some very famous and wealthy institutions may be very     | 21 | reportable sexual offences within boarding schools, but    |
| 22 | bad at doing the basic job of safeguarding. This is       | 22 | what was most unsurprising, given the police figures       |
| 23 | because of arrogance, it's because of elitism, it's       | 23 | we had, but what was disturbing was the enormous           |
| 24 | because of tradition and it may also be because of bad    | 24 | difference and all the authorities were asked in the       |
| 25 | finances. Often these schools are teetering on the edge   | 25 | same terms between authorities. So we had one              |
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authority which had 19 boarding schools in its area and it had had 60 complaints in this five-year period. We had another local authority with 20, which had only had two complaints.

Now, I'd suggest to you that that argues, at the very least, lack of clarity about what needs to be reported and what doesn't.

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The second, very short point I'd like to make, and it's partly in reaction to Mr Archer's presentation from the DfE, is I am very unconvinced -- and Tom Perry and others will back me up on this -- that schools are reporting, even post-conviction, in a way that argues that they're not working hard to protect reputation rather than making information freely available. We had a very -- we had a recent case that I did some work on of a very famous, one of Britain's most famous schools which had had a serious incident lasting five years, but never told, and a conviction happened, but Ofsted never found out because the school said, well, the actual assault he was convicted for on the pupil happened off the premises.

Again and again -- and we don't know the extent of this -- schools, particularly private schools who can afford good legal advice, are using court orders, that are intended under the Children Act to stop dangerous identification of children, to stop the naming of their

- 2 school when a teacher is convicted of a crime. This
- 3 doesn't just stop reporting of it by people like me, but
- 4 it stops the school being named in the Ofsted report.
- 5 So to sum up, the lesson from that is you cannot
- 6 trust institutions to do the right thing when they have
- 7 the pressures of reputation and finances as well, which
- 8 is why, in my view, and everyone I speak to in the
- 9 industry, MR, as a foundation of a decent safeguarding
- 10 protection system, is crucial.
- 11 MS KARMY-JONES: Can I just ask you something about what you
- 12 have said because you've mentioned state schools and
- 13 private schools?
- 14 MR RENTON: Yes.
- 15 MS KARMY-JONES: Can you just clarify, in your view, is
- there a real difference in the approach that's taken 16
  - between state schools and private schools?
- 18 MR RENTON: Well, it depends from authority to authority.
- 19 Some local authorities advise better. I'm not --
- 20 historically the state boarding schools, particularly
- 21 those catering to special needs, have been particular
- 22 havens of prolonged and serial abuse and the coverup of
- 23 it. Today, I am no longer sure that's true, but there
- 24 is still an issue, some bad -- among the reports I get
  - of current problems, private SEN schools supported by

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- local authorities feature worryingly high, so these are not state schools, but they are state funded. I think that's all I can say.
- MS KARMY-JONES: All right, thank you.
  - Then one other question which slightly takes us into a different realm, but is there any difference of approach, in your experience, in respect of what we call peer-on-peer type of abuse within schools?
- MR RENTON: Not that I know of and one thing about my statistics from the police force is it doesn't strip out peer-on-peer criminal offences. I should state that.
- MS KARMY-JONES: Thank you. I'd just like to turn to Katherine Timms, who is from the Health and Care Professions Council. Standard 7 of the Health and Care
- 15 Professions Council standard document says that 16 professionals must report any concerns about the safety, 17 well-being and take appropriate action if they have
- 18 concerns about that safety and well-being of children.
  - Is there anything more that you can tell us about this; is there training and guidance for healthcare professionals about what appropriate action is, particularly bearing in mind the comments that Siobhan
- 24 MS TIMMS: Just to put this in a bit of context, the Health 25 and Care Professions Council regulate a number of

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- 1 professions. Dr Steele mentioned the GMC, the 2 General Medical Council, and the good medical practice 3 and the guidance sits around that.
  - The Health and Care Professions Council set these standards. We also set standards for education and training providers, which lead into the professions that we regulate.

The standards that sit around education and training are very much based around the standards of conduct, performance and ethics we set, the standards efficiency. So right from the beginning of a professional's journey into their profession, they will be taught these principles. When they come on to the register, they're expected to declare that they understand and can adhere to the standards of conduct, performance and ethics, and then, every two years, when they renew their registration, they're again expected to declare that they are fit to practise and that they understand the standards.

So from that point of view, from right from the beginning of their education, they're taught the principles that underpin these standards. Understanding what appropriate referral is, is a complex area and it's something that in our engagement activities throughout the year, when we're engaging with registrants we're

| appropriately to explain how and when they should be employing the standards and when they should be referring other individuals that they come into contact with. We also have a policy line and we get quite a high number of enquiries about referrals, not always in this context, but often understanding the nuances of when to refer, the implications on their professional practice on their jobs, et cetera and we took them through what their obligations are and how they should take steps to refer where appropriate.  MS KARMY-JONES: So it sounds like, as far as you're concerned, and as far as health and care professions are individual not knowing what their obligations are or what to do.  MS TIMMS: Absolutely, yes. And I think the challenges arising in the workplace often mean that individuals do that is matpropriate.  MS KARMY-JONES: Tell us about that. What kind of challenges do you mean?  MS TIMMS: Think the sort of challenges that arise typically in whistleblowing, so, "Will I lose my job and, if I do lose my job, will I ever be able to work anywhere clse?", "If I report a colleague, will I be Page 89  I refer those to us because it's our job to assess that.  MS KARMY-JONES: Does the guidance that they have given include clear guidance on threshold and in what circumstances? To make such a referral? Wish that what they are professions and most of the individuals in the troplayation report and to investigate and often people are concerned that they have given include clear guidance on threshold and in what circumstances? To make such a referring it to us". Dr Steele mentioned earlier fitness to practise process is designed to investigate and often people are concerned that they don't have enough information, that they can't show that that is actually an issue but that's what our fitness to practise process is designed to investigate and often people are concerned that they don't have enough information that they can't show that that is inappropriae.  MS TIMMS: I think the sort of challenges hat arise typically in |
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| 8 that is inappropriate. That's what the regulatory body 8 presenters is a good exposition of the ways in which, in  |
|  |
| 9 is there for. 9 different professions, the obligations to report and to  |
| protessions, the congutation to report and to  |
| 10 MS KARMY-JONES: Just a final question, if I may: what about 10 behave appropriately at other times operate. I accept,   |
| sanctions, are sanctions sufficient to encourage 11 of course, that not all institutions operate in the way  |
| 12 compliance? 12 that best practice will dictate or meet their  |
| 13 MS TIMMS: So the challenge with sanctions is that, in 13 obligations, but Stuart in particular drew out some of   |
| 14 a regulatory sense, they're there to protect the public, 14 the ways in which government can then intervene and   |
| and an investigation into an individual will look at the 15 there are similar processes for intervening in schools   |
| 16 current fitness to practise of that individual. They're 16 which fail their obligations.  |
| not intended to be punitive; they're there to protect 17 I think the presentation that we have just heard,   |
| the public, and any panel that considers the information 18 you know, gives an example, too, of how the regulatory   |
| 19 that our fitness to practise team would put to them will 19 professions operate, I think.   |
| 20 be considering the current fitness to practise of that 20 Coming to the last point  |
| 21 individual. So that's the context. In terms of the 21 (Structural disruption to room)   |
| sanctions, we have a range of sanctions and, in this 22 MS KARMY-JONES: Madam Chair, I think we might want to have   |
| context, in child sexual abuse, we would strongly advise 23 an early break just to resolve the issue in the back of  |
| our panels that anything relating to this would likely 24 the room, if that's acceptable. Forgive me, members of   |
| 25 result in a strike off which means that individual would 25 the public gallery, but I suspect we should probably  |
| Dago 01  |
| Page 91 Page 92  |

| the chains that:    THE CHAR: I think we should, yes.   1  |    |  | 1  |   |
|--|----|--|----|---|
| THE CHAIR: 1 think we should, yes.  MS KARMY-JONES: The sory. Shall we take an early lunch break; please and aim to be back at 1.20, please, when bopefully we can finish off this and carry on with the content of the state of t | 1  | look into that.  | 1  | we're going to just divert from the published programme |
| MS KARMY-JONES: I'm sorry. Shall we take an early lunch break, please and aim to be back at 1.20 please, when 15 hopefully we can finish off this and carry on with the 6 meat section. Thank you very much, everyone – 1.20. 6 follow up with the last discussion that we had. I'm going to ask questions of two individuals in the horseshor to he search and then go to the public gallery for some short observations, please. 1 follow up with the last discussion that we had and then go to the public gallery for some short observations, please. 1 feel with all the five presentations without the usable built-in pauses for discussion and public gallery contributions. 11 to 12 (1.20 pm) 1 to 4 ms KARMY-JONES: Thank you, everyone and welcome back. 1 Just have a quick announcement to make about the remained or this afternoon. 1 search and the certain of the search and the certain of the search and the cert | 2  | THE CHAIR: I think we should, yes.                       |    |   |
| break, please and aim to be hack at 120, please, when hopefully we can finish off this and carry on with the 6 next section. Thank you very much, everyone – 120.  We will come back to the subject of peer-on-peer reviews this afternoon.  (12.23 pm)  | 3  | MS KARMY-JONES: I'm sorry. Shall we take an early lunch  | 3  | finishing up the discussion that we had. I'm going to   |
| 5 hopefully we can finish off this and carry on with the next section. Thank you very much, everyone—1.20. 6 mest section. Thank you very much, everyone—1.20. 7 We will come back to the subject of peer-on-peer reviews this afternoon. 8 this afternoon. 9 (12.23 pm) 10 (The huncheon adjournment) 11 (1.20 pm) 11 (1.20  | 4  | break, please and aim to be back at 1.20, please, when   | 4  |   |
| We will come back to the subject of peer-on-peer reviews this afternoon.  8 this afternoon.  9 (12.23 pm)  10 (The lancheon adjournment)  11 (1.20 pm)  12 (1.20 pm)  13 (1.20 pm)  14 MS KARMY-JONES: Thank you, everyone and welcome back.  15 I just have a quick announcement to make about the remaining of this afternoon.  16 As you will have become aware, there has been a problem with the ceiling in this hearing room, which is a problem with the ceiling in this hearing room, which is a problem with the ceiling in this hearing room, which is a problem with the ceiling in this hearing room, which is a problem with the ceiling in this hearing room, which is consider whether it's appropriate to continue. We're host and the area of the | 5  | hopefully we can finish off this and carry on with the   | 5  | follow up with the last discussion that we had and then |
| this afternoon.  (12.23 pm) (12.23 pm) (12.23 pm) (14. When the consider whether adjournment) (15. I just have a quick announcement to make about the remainder of this afternoon. (16. I just have a quick announcement to make about the remainder of this afternoon. (17. As you will have become aware, there has been a problem with the ceiling in this hearing room, which is accused by the accommodation upstain. I just want to make about the remainder of this afternoon. (17. As you will have become aware, there has been a problem with the ceiling in this hearing room, which is caused by the accommodation upstain. I just want to make about the remainder of this afternoon. (18. a problem with the ceiling in this hearing room, which is caused by the accommodation upstain. I just want to make about the remainder of this afternoon. (19. a make it aboutedy clear that it's out of the inquiry's control. It's not the fault of anyone on this floor or to do with the inquiry, and I want to let you know that a see the enasted by those upstains that the problem has been rectified. (19. a where been assured by those upstains that the problem has been rectified. (19. a been  | 6  | next section. Thank you very much, everyone 1.20.        | 6  | go to the public gallery for some short observations,   |
| 9 (12.23 pm)   | 7  | We will come back to the subject of peer-on-peer reviews | 7  | please.   |
| This is so as to ensure, or do our best to ensure, that those who have travelled great distances and have come to help and give us really important information of how other jurisdictions are dealing with these issues have an opportunity to be heard.  I just have a quick announcement to make about the remainder of this afternoon.  A you will have become aware, there has been a problem with the ceiling in this bearing room, which is caused by the accommodation upstairs. I just want to you will have become aware, there has been a problem with the ceiling in this bearing room, which is caused by the accommodation upstairs. I just want to you do with the inquiry, and I want to let you know that to do with the inquiry, and I want to let you know that 22 we have been assured by those upstairs that the problem has been rectified.  Page 93  Page 94  First of all, just continuing on from this morning's discussions, the issue of peer-on-peer abuse was flagged up and I dilke to go to Ms Emily Cherry, first of all, please, from Bamardo's. Just a short contribution or a nobservation, please.  MS CHERRY: Okay, so very shortly, just first one quick observation which is we can't talk about obligations to resource. We did some polling for teachers recently, and social workers and policie, and 40 per cent of them told us that children are waiting too long on waiting lists and experiencing further abuse and neglect as a result of not getting service. That's too shocking and we can't talk about obligations to report without obligations to resource. We did some polling for teachers recently, and social workers and polled a report called "Boys Too", which holes service. That's too shocking and we can't talk about of behaviour in children. Barnardo's runs six services that work with young people hat year. We have just launched a | 8  | this afternoon.  | 8  | Then I would like to crack on with all the five         |
| 11 (1.20 pm) 12 (1.20 pm) 13 This is so as to ensure, or do our best to ensure, that those who have travelled great distances and have come to help and give us really important information of how other purisdictions are dealing with these issues have an apportunity to be heard. 14 MS KARMY-JONES: Thank you, everyone and welcome back. 15 I just have a quick announcement to make about the 16 remainder of this afternoon. 16 remainder of this afternoon. 17 As you will have become aware, there has been 17 is caused by the accommodation upstairs. I just want to 19 is caused by the accommodation upstairs. I just want to 19 is caused by the accommodation upstairs. I just want to 19 is caused by the accommodation upstairs. I just want to 19 is caused by the accommodation upstairs. I just want to 19 is caused by the accommodation upstairs. I just want to 19 is caused by the accommodation upstairs. I just want to 19 is caused by the accommodation upstairs. I just want to 19 is caused by the accommodation upstairs. I just want to 19 is caused by the accommodation upstairs. I just want to 19 is caused by the accommodation upstairs. I just want to 19 is caused by the accommodation upstairs. I just want to 19 is caused by the accommodation upstairs. I just want to 19 is caused by the accommodation upstairs. I just want to 19 is caused by those upstairs that the problem 12 is result to a found that it is problem 12 is result to a found that it is problem 12 is result to a found that it is problem 12 is result to a found that it is problem 12 is result to a found that it is problem 12 is really just so we can make sure that all those people around the horseshoe who have travelled a long way are able to be heard, just in case we have to call a half due to any more issues with the ceiling.  Page 93  1 Pirst of all, just continuing on from this morning's 12 is really just so we can make sure that all those people around the horseshoe who have travelled a long way are able to be heard, just in case we have to call a half due to any | 9  | (12.23 pm)   | 9  | remaining presentations without the usual built-in      |
| those who have travelled great distances and have come to help and give us really important information of how other jurisfictions are dealing with these issues have an opportunity to be heard.  As you will have become aware, there has been a problem with the ceiling in this hearing room, which is a problem with the ceiling in this hearing room, which is a problem with the ceiling in this hearing room, which is consider whether it's appropriate to continue. We're hoping it will be, and then, after that break, we will return and pick up with just discussion. All right?  Control. It's not the fault of anyone on this floor or control. It's not the fault of anyone on | 10 | (The luncheon adjournment)                               | 10 | pauses for discussion and public gallery contributions. |
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| Is a layer a quick amouncement to make about the remainder of this afternoon. At the end of those five presentations, we will take a break and we will have another review and just consider whether it's appropriate to continue. We're hoping it will be, and then, after that break, we will make a break and we will have another review and just consider whether it's appropriate to continue. We're hoping it will be, and then, after that break, we will make a break and we will have another review and just consider whether it's appropriate to continue. We're hoping it will be, and then, after that break, we will rake a break and we will have another review and just consider whether it's appropriate to continue. We're hoping it will be, and then, after that break, we will rake a break and we will have another review and just consider whether it's appropriate to continue. We're hoping it will be, and then, after that break, we will rake a break and we will have another review and just consider whether it's appropriate to continue. We're hoping it will be, and then, after that break, we will rake a break and we will have another review and just consider whether it's appropriate to continue. We're hoping it will be, and then, after that break, we will rake a break and we will have another review and just consider whether it's appropriate to continue. We're hoping it will be, and then, after that break, we will rake a break and we will have another review and just consider whether it's appropriate to continue. We're hoping it will be, and then, after that break, we will rake a break and we will have another review and just consider whether it suppropriate to continue. We're hoping it will be, and then, after that break, we'll return and pick up will have the support whether whethe | 13 |  | 13 | to help and give us really important information of how |
| At the end of those five presentations, we will take a break and we will have another review and just a break and we will have another review and in the dof a saginst children were from the gener on other peers in the last year and that those children were from the gener of peers o | 14 | MS KARMY-JONES: Thank you, everyone and welcome back.    | 14 | other jurisdictions are dealing with these issues have  |
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| a problem with the ceiling in this hearing room, which is caused by the accommodation upstairs. I just want to make it absolutely clear that if's out of the inquiry's 21 control. It's not the fault of anyone on this floor or 22 to do with the inquiry, and I want to let you know that 22 to do with the inquiry, and I want to let you know that 23 we have been assured by those upstairs that the problem 24 has been rectified. 24 has been rectified. 25 However, because we have some concerns about it, 25 However, because we have some concerns about it, 26 However, because we have some concerns about it, 27 Page 93 Page 94  1 First of all, just continuing on from this morning's 26 discussions, the issue of peer-on-peer abuse was flagged 30 up and I'd like to go to Ms Emily Cherry, first of all, 4 please, from Barnardo's. Just a short contribution or 5 an observation, please. 6 MS CHERRY: Okay, so very shortly, just first one quick 6 observation which is we can't talk about obligations to report without obligations to resource. We did some 9 polling for teachers recently, and social workers and 10 police, and 40 per cent of them told us that children 11 are waiting too long on waiting lists and experiencing 12 further abuse and neglect as a result of not getting 13 service. That's too shocking and we can't talk about obligations to report without obligations to resource. 14 hat work with young people who experience HSB, we work with children from the age of five years up and we worked with 530 young people hav people ast year. We have just 14 hat work with young people who experience HSB, we work work work work work work on the specifically at the experience of boys around harmful 22 sexual behaviour, who are often not recognised by 0n to offend, and what our research is telling us is 24 mandatory reporting and that is that the DrE included 15 mandatory reporting and that is that the DrE included 15 mandatory reporting and that is that the DrE included 15 mandatory reporting and that is that the DrE included 15 mandator | 16 | remainder of this afternoon.                             | 16 | At the end of those five presentations, we will take    |
| 19   | 17 | As you will have become aware, there has been            | 17 | a break and we will have another review and just        |
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| Page 93  Page 94  Pag | 23 | we have been assured by those upstairs that the problem  |    |   |
| Page 93  Page 94  Pag | 24 |  | 24 | way are able to be heard, just in case we have to call  |
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| specifically at the experience of boys around harmful sexual behaviour, who are often not recognised by professionals as being victims themselves before they go on to offend, and what our research is telling us is  MR PERRY: Thank you.  MR PERRY: Thom Mandate Now.  MR PERRY: Yes, a quick thing for Mr Gallimore about mandatory reporting and that is that the DfE included  | 20 |  | 20 | Mr Perry, Tom Perry                                     |
| professionals as being victims themselves before they go on to offend, and what our research is telling us is  MR PERRY: Yes, a quick thing for Mr Gallimore about mandatory reporting and that is that the DfE included   | 21 | -  | 21 | MR PERRY: Thank you.                                    |
| professionals as being victims themselves before they go on to offend, and what our research is telling us is  MR PERRY: Yes, a quick thing for Mr Gallimore about mandatory reporting and that is that the DfE included   | 22 | ž , , , , , , , , , , , , , , , , , , ,                  | 22 | MS KARMY-JONES: from Mandate Now.                       |
| on to offend, and what our research is telling us is  24 mandatory reporting and that is that the DfE included   | 23 |  | 23 | MR PERRY: Yes, a quick thing for Mr Gallimore about     |
|  | 24 |  | 24 | mandatory reporting and that is that the DfE included   |
|  | 25 |  | 25 | social workers into mandatory reporting. It wasn't part |
| D 05   |    | D 05   |    | D 0/  |
| Page 95 Page 96  |    | Page 95  |    | Page 96   |

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1 of Baroness Joan Walmsley's amendment 43 in the Serious 2 Crimes Bill in 2014 which secured the consultation from 3 government, neither were the police. 4

Those two professions were put in by the DfE and 5 really they need to tell you why that is, because 6 I don't understand it. It wasn't sought. So that's 7 number 1.

Number 2. DBS was mentioned. DBS fundamentally is a voluntary system, I have to tell you. There is a "nominal law". We're very good at creating these sort of things that appear to be law, but actually, if you don't complete a DBS referral, can anybody tell me what the sanction is? There isn't one. And the DBS is not a prosecuting authority, so therefore, where does the DBS go if they discover a DBS referral has not been made? I just leave that for people to think about.

Also, schools were mentioned, state schools particularly, okay, boarding schools. I just want to raise this thing about what's happened in education, which is the largest regulated activity and makes the secondmost referrals to the local authority after the police, and that is that state schools, grant-maintained schools which still exist but in dwindling numbers, view statutory guidance as best practice. We are now overrun with academies which are quasi-private schools. You

1 don't have to be a teacher to go and teach there. They

2 are commercial institutions, for want of a better

3 description, and, to be frank with you, they suffer the

4 same problems as certainly independent schools now do.

5 The culture in these settings, state school --

6 academies, free schools and trusts and independent

7 schools really has to be understood because there is

8 a unique structure -- there is a unique culture in them

9 and it's not healthy, certainly not for child

10 protection. That's it.

11 MS KARMY-JONES: Okay, thank you very much. You've asked

12 a question. I'm just going to turn to Mr Archer to see 13

if he wants to provide a contribution about that.

14 MR ARCHER: Just very quickly, the requirements in Keeping

Children Safe in Education apply across all settings,

16 there are no distinctions between academies and other

17 schools in relation to safeguarding and I think a point

I was going to make before I was interrupted by the waterfall was to pick up Siobhan's point, actually,

20 which is that, if we are in a world where professionals

21 whoever they are, are not understanding their

obligations, then whether there is mandatory reporting

23 or not, that is something that we will need to tackle

and if Siobhan or others have, you know, suggestions as

to things that would improve that, then I'm very happy

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to hear them

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2 MS KARMY-JONES: Thank you very much.

> Observations from THE PUBLIC GALLERY MS KARMY-JONES: I'm going to open up to the public gallery now, if I may.

CORE PARTICIPANT: Thank you. I am Jonathan West. I have

Yes, the gentleman in the second row, please. One of our core participants, I believe.

made a written submission to the inquiry on the mandatory reporting issue. I very much enjoyed Ms Hancock's description of good practice in her school

and I genuinely wish it were universal, but

unfortunately, it isn't. In the aftermath of the death

of Daniel Pelka that you may remember, a little boy in

Coventry, the Serious Case Review learned that his school had noticed several signs of abuse, including

17 what appeared to be strangulation marks on his neck, and 18 none of these made their way out of the school. The

school was predictably seriously criticised in the

20 Serious Case Review.

> However, what the Serious Case Review didn't look at was whether that school was uniquely bad, so as nobody else was doing that research, I decided that I would

24 myself and I obtained the safeguarding policies for 25 almost every school in Coventry, just over 100, and

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1 reviewed them against a series of quite basic 2 safeguarding requirements all based on statutory 3 reporting, like: is there a designated teacher; is there 4 a list of the sorts of symptoms you should be looking 5

> Daniel's school scored two out of ten. More worryingly, 15 per cent of schools in Coventry scored two or worse. Only 2 per cent scored ten. The average score was five. Five is actually quite useless. It gives you no guarantee at all that a report, even of the seriousness of Pelka, would make it out of the school. Five is the score that Bishop Bell School managed at the time that Jeremy Forrest abducted a pupil to France, so the local authority was completely unaware.

> So was Ofsted. Ofsted didn't have a bad word to say about any of those schools in its most recent inspection reports, so the DfE and Ofsted really are unaware how bad things could be. I would be very happy to collaborate with the inquiry in extending the survey that I conducted to be a nationwide survey, and I would counsel a degree of scepticism on the part of the panel in regard to the evidence provided by representatives of organisations who have been saying how wonderful their organisations have been doing.

Thank you very much.

| 1  | MS KARMY-JONES: Thank you. Can I just say, I presume from | 1        | the Lanzarote Committee on reporting of child sexual   |
|----|---|----------|--|
| 2  | what you say that all the material that you have          | 2        | abuse in member countries. For those of you who may not  |
| 3  | discussed has been published and your review has been     | 3        | be aware, the Lanzarote Committee is the body  |
| 4  | published?  | 4        | established by the Council of Europe to monitor the  |
| 5  | CORE PARTICIPANT: Yes.                                    | 5        | implementation of the Convention on the Protection of  |
| 6  | MS KARMY-JONES: Thank you. Is there anyone else in the    | 6        | Children against Sexual Exploitation and Sexual Abuse.   |
| 7  | gallery? Yes, the gentleman next to you.                  | 7        | The UK became the 44th country to ratify   |
| 8  | CORE PARTICIPANT: Three sentences. The government avoided | 8        | Lanzarote Committee in June of this year, so I'm going   |
| 9  | any recurrence of the Cleveland crisis by leaving         | 9        | to invite Joan Forner Rovira forgive me if I have  |
| 10 | children with the responsibility for the statutory        | 10       | mispronounced that to give us his presentation, which  |
| 11 | response to sexual abuse. The Children's Commissioner,    | 11       | is entitled, "Reporting Suspicions of Sexual Abuse".   |
| 12 | in 2015, estimates that one in eight children receives    | 12       | Joan is a rapporteur on the Lanzarote Committee.   |
| 13 | a statutory response to sexual abuse and that it is       | 13       | Presentation by MR ROVIRA  |
| 14 | largely disclosure-led.                                   | 14       | MR ROVIRA: Thank you very much. I apologise because I have   |
| 15 | Finally, mandatory reporting is necessary to address      | 15       | the suspicion that I'm the only one who is not a native  |
| 16 | the moral vacuum in the duty to report, which has been    | 16       | speaker. No, there are many? Okay, until now, only   |
| 17 | in place for the last 30 years.                           | 17       | beautiful English accents.   |
| 18 | MS KARMY-JONES: Thank you. We have time for one more      | 18       | You already mentioned I want to give a few words   |
| 19 | contribution from the public gallery if anyone has        | 19       | about the Council of Europe, but you already mentioned   |
| 20 | a point they wish to raise on this. The lady in the       | 20       | promotes democracy, rule of law in human rights and the  |
| 21 | back, I think. No? No, maybe I mistook. All right.        | 21       | standard settings for Conventions. Since '48, 1948, we   |
| 22 | Session 2: Opening statement by THE FACILITATOR           | 22       | passed 222 Conventions, and there are 30   |
| 23 | MS KARMY-JONES: Now, as I have said, we're going to then  | 23       | a committee a Convention, it's the 200th one.  |
| 24 | move straight on to the rest of the presentations and     | 24       | The first light, you already mentioned 47 countries  |
| 25 | we're going to begin with hearing about the findings of   | 25       | have signed it, but we are still missing three.  |
|    | Page 101  |          | Page 102   |
|    | 1 450 101   |          | 1 480 1 1/2  |
| 1  | I've put the names: Armenia, Azerbaijan it's actually     | 1        | specifically, to analyse the legal situation in all  |
| 2  | misspelt, "Azerbaidhan" and Ireland. It's a very          | 2        | countries in Europe to see if we could also choose some  |
| 3  | ambitious Convention because we would like to be          | 3        | best practices, because sometimes it's very useful to  |
| 4  | universal, because this is an issue and I put the         | 4        | see what other countries have done.  |
| 5  | little hole a little phrase underneath I don't            | 5        | So next slide, please.   |
| 6  | know if you can see it because it took a lot of time      | 6        | So the general rule, in most countries, you can see  |
| 7  | to get to pass this Convention. You know it's not easy    | 7        | the professionals are bound by internal general  |
| 8  | to find to agree on the text of the Convention            | 8        | confidentiality rules, but more and more and I didn't  |
| 9  | because, if you want all the parties to come in, the      | 9        | put the percentage here, but I have just made it right   |
| 10 | language has to be flexible.                              | 10       | now, I counted, and 39 per cent of the country's members   |
| 11 | I am saying this because Article 12 of the                | 11       | of the Council of Europe are passing specific laws about   |
| 12 | Convention, we wanted to go beyond. We wanted to make     | 12       | this and, when they have specific laws, they put   |
| 13 | reporting a mandatory obligation for countries but we     | 13       | obligations to professionals, because they do it   |
| 14 | realised that that was not possible and I will explain    | 14       | differently; for example, what type of professionals   |
| 15 | you why, because the legal situation amongst the Council  | 15       | like, for example, Albania, Australia, say all those   |
| 16 | of Europe members are very different. Not too different   | 16       | professionals in touch or working with children. Others  |
| 17 | from you, actually.                                       | 17       | prefer, like Austria, the specific sectors, health can   |
| 18 | So Article 12, what it says, actually, it's to            | 18       | be a wide range of professionals. Finland, for example,  |
| 19 | remove all those obstacles and I'm saying this because    | 19       | is mentioning exactly what type of professionals should  |
| 20 | you will see it afterwards that some obstacles have not   | 20       | be reporting and Portugal, for example, I put it because   |
| 21 | been removed in certain countries, to allow because we    | 21       | for all civil servants which are working or that are in  |
| 22 | are very aware about the confidentiality rules imposed    | 22       | touch with children, it's a mandatory reporting.   |
| 23 | by internal law, certain professions.                     | 23<br>24 | Next slide, please.  |
| 24 | It was important that the countries, when we were         | 25       | Promising practices. There are many, actually, I just pick up some. Italy, there is a 15,000 network |
| 25 | asked to reply, and I became rapporteur of this question  | 23       | 1 just pick up some. Italy, mere is a 13,000 network   |
|    | Page 103  |          | Page 104   |
|    |   |          |  |

of paediatricians that are specially trained to detect, because if you don't provide the sources and you don't train people which are in touch with children, it's kind of difficult to detect sexual abuse.

Netherlands have, for example, a child abuse protocol and they realise, because, you know, they're very good, the Netherlands, they found out afterwards, after they published the protocol, that professionals report three times more, so -- before, compared to before the protocol.

Serbia also have a manual for the implementation, they do little best practices. And definitely the Lanzarote recommendation was to remove obstacles.

That doesn't say it should be mandatory, but that this -- they should be allowed to decide. I'm saying this because it is in a very special case and, sometimes, when I hear about international organisations, I have been devoted to them since -- 26 years already I was at the UN, and now the Council of Europe. There was a special case that we debated, the committee, the case of Belgium, where there was this practice that when there's not a suspicion, it was, like, already acknowledged -- that the father, for example, acknowledged that he had been the abuser of the child and the Social Services did not report and because

the main reason being because of the family unification, they didn't want to disrupt the family, but they were forcing the poor child to live with the abuser.

We asked and we had great debate about this and we said, "But do you have statistics about this issue, do you know it's working well or not?", so that was interesting, that was two years ago, and they revised their policy and they found out that probably what they have been doing for many years was not the right thing to do, because they were not aware what was happening in those cases, and they were, like, challenged, saying, "Okay, if the father commits a crime, robs a bank because he needs to feed the children, you would immediately report, but if he is abusing his own child you would not do anything?".

So they are in the process of changing legislation to become mandatory, which is one of the good things when you work in this international organisation, that you help to change things out.

Next slide, please.

The second, that was about professionals but then we also analysed it because in the Lanzarote Committee, in paragraph 2, it says that any person should be also compulsed to report. We know that -- and this is the difference of course, we know that if you have knowledge

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## that a crime has been committed, you have to report, but what about if you have a suspicion? So many countries and actually I count 12 of them and I had -- we will distribute the report afterwards to see what countries. They already put, as an organisation, the suspicion, in the criminal courts also. So it is very -- this is like a step forward, I would say, compared to what was going on many years ago and some countries even encourage, there's not the suspicion, but they say -- they encourage the population, citizens in general, to report. Albania, countries like Albania, sometimes you are really surprised because sometimes you think that the most advanced countries should have more advanced policies, and that's not usually the case, but Croatia and Albania encourage, and also it's very important because the Lanzarote Committee also encourages to awareness raising campaigns. This is very important, because you may have the rules or you may have the legislation implemented, but nobody knows about the obligation. So that goes and encompasses legislation with campaigns. Austria, for example, has a web page and has

a brochure printed, informing to citizens in general

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what should you do in case you're aware of, you have

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Next slide, please. But also we have other, and that's why -- one of the aims of the Lanzarote Committee, the exceptions, some countries have exceptions, so it's a mandatory obligation to report, except if you are the spouse, so those should be the removed. That actually was the recommendation of the Council of Europe because it doesn't go along with the Articles of the Convention.

Finally, whom to report to, I think that's obviously -- next slide, please, sorry. So it's obvious that most countries has police, public prosecutor and, when there's a specific regulation, as I mentioned before, it says what type of professionals you should report to first, actually, and probably it's even better, because there are special teams and units in many countries that they have been trained and they can really assess if the risk -- because this is very important; assess the risk and actually if there's a really an abuse or not. Netherlands also have a very good practice which implemented the brochure, also explaining -- giving the steps and how to do it and it is easy to access as well online.

Finally, which is what I want to conclude with, because after the Council of Europe -- and the Convention, you know, if you're familiar with it,

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27 (Pages 105 to 108)

a suspicion.

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| 1        | usually works with committees Conventions to                | 1        | So I think that that is a general overview that           |
| 2        | establish monetary mechanisms like many Human Rights        | 2        | I give you. I have the report with different names and    |
| 3        | Conventions, but Lanzarote was different because this       | 3        | policies that I hope, at the end of the meeting, we can   |
| 4        | was a very sensitive issue, actually. There is written      | 4        | distribute. Thank you.                                    |
| 5        | issues that you might think, like human being               | 5        | MS KARMY-JONES: Thank you. Can I just ask one point for   |
| 6        | trafficking, nobody puts a question mark in this issue.     | 6        | clarification: you mention suspicion, does the            |
| 7        | About child abuse, certain countries still are reluctant    | 7        | Lanzarote Committee in their recommendations provide any  |
| 8        | to consider these are a really serious crime. So it was     | 8        | definition or any guidance as to the level a suspicion    |
| 9        | done in a different way, like there is a questionnaire      | 9        | should reach?   |
| 10       | and countries reply to the questionnaire and                | 10       | MR ROVIRA: No, no, unfortunately not. It depends, it goes |
| 11       | recommendations, of course, are not mandatory, they're      | 11       | up to different countries, so it was very difficult.      |
| 12       | just recommendations, but the most important thing is       | 12       | Actually, we tried to define, because it's easy, when     |
| 13       | it's not the Special Committee, it is the whole             | 13       | you get definitions, that they are complete definitions,  |
| 14       | committee who debates, they are not the special experts     | 14       | but it varies a lot from one country to the other         |
| 15       | who analyse reports. It's the whole committee. So           | 15       | •   |
| 16       | countries feel a little bit better to discuss issues in     |          | country. It's reasonable grounds, actually, the           |
| 17       |   | 16       | suspicion has to be based on reasonable grounds.          |
|          | general, not being under one Tribunal saying "You are       | 17       | MS KARMY-JONES: So there has to be a reasonable ground    |
| 18       | doing this bad", so I think you participated, Mr Frank,     | 18       | basis, but is there a definition of a reasonable ground?  |
| 19       | once, and you saw the way that we debate, really, we are    | 19       | MR ROVIRA: No.  |
| 20       | colleagues and we know that we have faults and flaws and    | 20       | MS KARMY-JONES: So in effect, it's left to the discretion |
| 21       | that we have to fix.  | 21       | of those who are applying it                              |
| 22       | What we found out is, when there is a mandatory             | 22       | MR ROVIRA: Of those countries, yes.                       |
| 23       | reporting, a larger number of cases are reported, so we     | 23       | MS KARMY-JONES: which can be different, depending on the  |
| 24       | stop abuse and we protect the child, because sometimes      | 24       | countries and the cultures?                               |
| 25       | we forget about protecting children.                        | 25       | MR ROVIRA: Definitely, definitely. And I can add this if  |
|          | Page 109  |          | Page 110  |
|          |   |          | P   |
| 1        | you allow me, because I also make some research about       | 1        | Presentation by DR MOONEY                                 |
| 2        | the judges and I analyse different sentences from           | 2        | DR MOONEY: Thank you and thank you to the chair and the   |
| 3        | different judges around Europe, and I could realise that    | 3        | inquiry for the invitation to present today. It's been    |
| 4        | this reasonable ground or, for example, what the judge      | 4        | a very interesting and hopefully fruitful discussion to   |
| 5        | would consider really harming a child, varies a lot.        | 5        | date.   |
| 6        | The judges, they are very harsh about the penalties, and    | 6        | My name is Joe Mooney, I am affiliated with the           |
| 7        | the judges that and I found the case of a father            | 7        | UNESCO Child and Family Research Centre in NUI, Galway,   |
| 8        | being the abuser of the child, on a girl for, like, nine    | 8        | and I am just here to give a brief overview, given the    |
| 9        | years, I think it was, and he was charged only with         | 9        | time, of Ireland's experience of mandatory reporting,     |
| 10       | eight months of prison and 100 euros, so sometimes, you     | 10       | which is short lived, I suppose. We're only in that       |
| 11       | feel like so it varies a lot.                               | 11       | sort of area since December of last year.                 |
| 12       | MS KARMY-JONES: So for example, in some instances, corporal | 12       | Irish child protection policies began to recognise        |
| 13       | punishment, for instance, might be seen as just             | 13       | the issue of child sexual abuse quite late on in the      |
| 14       | a physical abuse, but it could be a precursor for sexual    | 14       | 1980s and obliged professionals operating within the      |
| 15       | abuse in different circumstances.                           | 15       | health boards, which are akin, or were akin, to the NHS   |
| 16       | MR ROVIRA: Yes, that's right.                               | 16       | in the UK, to report suspicions to police and their       |
| 17       | MS KARMY-JONES: All right, thank you. Thank you very much   | 17       | superiors. This wasn't statutorily binding and            |
| 18       | for that.   | 18       | I suppose we have spoken about much of the professional   |
| 19       | We are now going to move on to our eighth                   | 19       | obligations, individual professional obligations here     |
| 20       | presentation, which is being given by Dr Joseph Mooney      | 20       | today.  |
| 21       | who is a doctoral research fellow at the National           | 21       | In 1990, the Law Reform Commission in Ireland, at         |
| Ī        |   | 22       | the request of the Attorney General, examined the area    |
| 22       | University of Ireland and it is a report on mandatory       |          |   |
| 23       | reporting in the Republic of Ireland, so if I can turn      | 23       | of sexual offences generally, including sexual offences   |
| 23<br>24 |   | 23<br>24 | against children and mandatory reporting of same. That    |
| 23       | reporting in the Republic of Ireland, so if I can turn      | 23       |   |
| 23<br>24 | reporting in the Republic of Ireland, so if I can turn      | 23<br>24 | against children and mandatory reporting of same. That    |

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recommend the integration of a mandatory reporting law into Ireland at that point.

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We had a series of policy obligations and what I mean by that is our National Child Protection and Welfare Guidelines from 1999 republished in 2011 and revised again just last year in 2017, obliging various individuals and professionals who work with children to report instances of child abuse and neglect. Again, not statutorily binding.

We had a history, and up to the current day, of inquiries and reports of institutional, familial and state as well as clerical abuses of children and the non-reporting of same. What those reports highlighted was a culture somewhat of non-reporting and children being -- continued to experience abuse in these various settings.

I want to highlight one specific report and it's the report of the Diocese of Cloyne in County Cork and that was published in 2010. What's significant about the Cloyne report is that many of the policy obligations upon professionals -- social workers; doctors; people working with children -- were in place at this point and all of the reports of abuse that were investigated within that inquiry had occurred within that policy context. Despite that, non-reporting was found and it

led to a wholescale, I suppose, reframing of our child protection practice in Ireland with the review of Children First legislation as something that should be put on the books and a review of child protection policy and practice with the revision into Children First 2011 Guidelines.

That led to debates around mandatory reporting specifically and a law was put on the statute books in 2015, the Children First Act, which obliges people to mandatorily report instances of child sexual abuse. This didn't commence in law until December 2017, just

Next slide, please.

So, what is mandated in Ireland? There are obligations to report instances of abuse, but also to assist with assessments of concerns, so where a mandated person knows, believes or has reasonable grounds to suspect on the basis of information that he or she has received, acquired or becomes aware of in the course of his/her employment or profession as such a mandated person that a child has been, is being or is at risk of being harmed, he or she shall, as soon as practicable, report that knowledge, belief or suspicion, as the case may be, to the agency. And the agency is the Child and Family Agency in Ireland with responsibility for child

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protection also known as Tusla.

There are two exemptions and those are -- also, I should note that harm is defined within the legislation and, also, what constitutes child sexual abuse for the purposes of the Act is also defined within the legislation on the very schedules at the end.

The two exemptions are sexual activity with a 15- to 17-year-old child where the other party is no more than two years older and there are no issues regarding capacity to consent or a relationship of power over that younger party.

Also, where information is received from another mandated professional or person, that is an exemption for that individual receiving that information to report.

Next slide, please. So who is mandated? There are 29 mandated categories listed in the Act, covering a range of professions. We have so-called -- I am calling them the standard categories which are quite frequent amongst jurisdictions that have mandatory reporting. They are: health and social care; organised sports and religion; teachers; and law enforcement. There are also other categories included within the Children First Act in Ireland, for example, managers of language schools, domestic violence shelters, asylum

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seeking and homeless accommodation, just for an example. The Act also provides for what we call mandated

assistance, so a professional who is a relevant mandated person can also be obliged to engage with child protection assessments, for example, provision of reports, attendance at meetings under the legislation.

Tusla, which is the agency responsible, has developed a suite of documents to assist mandated persons in terms of their assisting and reporting, and there is online training. There are also designated persons in each jurisdiction in Ireland to contact if you have concerns about what your obligations are, how to meet those obligations, what the specific thresholds are. So there is a lot of groundwork being done in terms of educating the various professionals involved.

In terms of penalties and sanctions, we have had quite a discussion this morning already about that. The Act doesn't have any teeth in this respect. There are no consequences. Within policy surrounding mandated reporting in Ireland, there are certain hints towards Tusla -- again, the organisation may take administrative action reporting an individual to the representative body or making certain disclosures to the Vetting Bureau in terms of non-disclosure of instances of abuse, but these are policy -- this was in a policy context, so if

|    | IICSA Inquiry Mandatory Re                               | porting | g of Child Sexual Abuse 27                    |
|----|--|---------|---|
| 1  | they were to be challenged, they don't have a statutory  | 1       | obligations under law to report and we do     |
| 2  | backing, I suppose.                                      | 2       | an existing obligation under the Criminal     |
| 3  | Next slide, please. So what is the impact? As            | 3       | (Withholding of Information on Offences       |
| 4  | I say, we are only really in this zone since 2017, at    | 4       | and Vulnerable Persons), there is an oblig    |
| 5  | the very end of 2017. It's very hard to say what the     | 5       | report to the police force in Ireland. Chil   |
| 6  | impact has been, but as we can see from the stats here,  | 6       | abuse is obviously both a crime, but also     |
| 7  | there is an upward curve in terms of reporting. In May   | 7       | Protection concern. Therefore, in Ireland     |
| 8  | just gone, which is the last available figures to        | 8       | there is an obligation under both pieces of   |
| 9  | myself, 1,237 reports were mandated out of a total of    | 9       | one does not excuse you from the obligat      |
| 10 | 5,514. These are all referrals to the Child Protection   | 10      | other. So I suppose, in the Irish experien    |
| 11 | Services in Ireland.                                     | 11      | that context, it would be advisable, perha-   |
| 12 | It's difficult to determine the impact. As I say,        | 12      | countries seeking to adopt mandated repo      |
| 13 | we can definitely see that the referrals are increasing, | 13      | conduct a review of the current legal and     |
| 14 | but anecdotally, we can also see more contact with Child | 14      | obligations so as to avoid replication and    |
| 15 | Protection Services. I am a frontline Child Protection   | 15      | obligations to report.                        |
| 16 | practitioner myself and we do receive a lot more calls   | 16      | Just as an end note, I suppose we do ha       |
| 17 | from agencies and professionals around thresholds,       | 17      | for those reporting abuse specifically with   |
| 18 | around what is mandated, what is not, around whether to  | 18      | employment. That's under an older piece       |
| 19 | make a report or not. So my anecdotal evidence is that   | 19      | from 1998, so that's just important to poin   |
| 20 | the understanding of the Child Protection roles in       | 20      | I have added some further reading and         |
| 21 | general may increase, but, as I say, we won't notice     | 21      | discuss further with anybody at the end o     |
| 22 | until the figures add up and some review is done.        | 22      | Thanks very much.                             |
| 23 | So the final slide, please. We do have a specific        | 23      | MS KARMY-JONES: Can I just ask how t          |
| 24 | context in Ireland. There is nothing within the          | 24      | enforced?                                     |
| 25 | Children First Act that seeks to replace existing        | 25      | DR MOONEY: In terms of the protection f       |
|    | Page 117   |         | Page 118                                      |
| 1  | MS KARMY-JONES: Yes.                                     | 1       | our state Police Service, which would require |
| 2  | DR MOONEY: In the instance and, apologies, I'm not aware | 2       | a reporting between the two if that knowledge |
| 3  | if it's been tested in the courts to date, but in terms  | 3       | to their attention.                           |
| 4  | of the legislation itself, it would specifically         | 4       | So in terms of to answer your question, peer- |

s under law to report and we do have g obligation under the Criminal Justice ling of Information on Offences Against Children rable Persons), there is an obligation there to he police force in Ireland. Child sexual bviously both a crime, but also a Child concern. Therefore, in Ireland at present obligation under both pieces of legislation not excuse you from the obligation under the I suppose, in the Irish experience, and in xt, it would be advisable, perhaps, for seeking to adopt mandated reporting, to review of the current legal and policy s so as to avoid replication and multiple s to report. an end note, I suppose we do have protection eporting abuse specifically within their ent. That's under an older piece of legislation s, so that's just important to point out. idded some further reading and I'm happy to rther with anybody at the end of the seminar.

Y-JONES: Can I just ask how that protection is

etween the two if that knowledge did come

EY: In terms of the protection for reporting?

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of the legislation itself, it would specifically
5
          stipulate that an employer cannot sanction an employee
                                                                              5
 6
          for reporting abuse to the appropriate authorities and
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 7
          in fact would encourage that. The protection is there
                                                                              7
                                                                              8
 8
          under that law. It's the Protection for Persons
                                                                              9
 9
          Reporting Child Abuse Act 1998.
10
        MS KARMY-JONES: All right. One other thing. You
                                                                             10
11
          mentioned -- and forgive me if I missed it -- the
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12
          exception of, for example, abuse between -- with
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13
          a two-year age difference of 15 to 17 and that being
                                                                             13
14
          an exception. How are, for example, younger
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15
          peer-on-peer type situations dealt with?
                                                                             15
        DR MOONEY: I suppose, the age of criminal responsibility in
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16
17
          general in Ireland is 12 and, you know, the research --
                                                                             17
18
          and it's been flagged here -- would suggest varying
                                                                             18
19
                                                                             19
          percentages from 25 to possibly 30, I think was
20
          mentioned here, of instances of child abuse being
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21
          peer-on-peer, so in terms of those, we have a number of
                                                                             21
22
          agencies that work with children who present with
                                                                             22
23
          sexually harmful behaviour. In terms of reporting to
                                                                             23
24
          the police authorities, there is a liaison document and
                                                                             24
25
                                                                             25
          policy between our state Child Protection Service and
                              Page 119
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| a reporting between the two it that knowledge and come   |
|--|
| to their attention.                                      |
| So in terms of to answer your question, peer-on-peer     |
| abuse, over the age of 12, criminal responsibility,      |
| there is a reporting piece between the state Child       |
| Protection and state Police Services.                    |
| MS KARMY-JONES: Thank you. Okay. We're now going to move |
| on to a presentation given by Emmanuelle Wachenheim      |
| I hope I am pronouncing that correctly who is            |
| a Magistrate and project officer from the Directorate of |
| Criminal Affairs and Pardons in the Ministry of Justice  |
| in France. You're going to tell us about legislative     |
| mandatory reporting duties of child sexual abuse in      |
| France. Thank you very much.                             |
| Presentation by MS WACHENHEIM                            |
| MS WACHENHEIM: Thank you. I am Emmanuelle Wachenheim,    |
| a French Magistrate, currently working at the French     |
| Ministry of Justice. I am really sorry for my English    |
| and my French accent. I hope you will understand what    |
| I want to say. There are a lot of slides, so maybe it    |
| will help to follow.                                     |
| So mandatory legislations to report child sexual         |
| abuse are provided in France in both civil law and       |
| criminal law. I will focus my presentation especially    |
|  |

on criminal law, but let me first introduce to you briefly the civil duties. As part of a broader child protection, the French civil law provides for reporting information. This applies especially for the services in a role in child protection of -- in the protection of childhood.

To that purpose, shared secret rules allow all professionals to communicate between them so as to share confidential information and to assess particular information.

From a criminal perspective, I'm going to set out two main aspects: the legal framework and its implementation. Looking in more detail at criminal roles, I identified three main situations: first, an obligation of reporting binding upon the state employees; second, a sanction to a third party for failing to stop or to report a crime; and, third, special rules applicable to professional secrecy.

So the first one -- the next slide, yes. The broad scope of obligation of reporting makes every state employee under an obligation to refer any crime he or she knows about to the prosecutor without delay. For example, this obligation is binding upon judges, teachers and some doctors employed by the state who may be aware of such cases, when exercising their functions.

Next slide.

Outside the public service, there are two offences of general application leading to a crackdown on anyone refrains from protecting minors or reporting sexual abuse. The first offence deals with the duty of action in the event of an imminent peril. As a consequence, professional secrets are not applicable. However, here the subject matter is more protecting rather than reporting, but the second offence requires reporting every child abuse from judicial or administrative authority. You can go on to next slide.

This offence is a result of a more specific offence for failing to report a crime which it's still possible to prevent, or to limit effects, or perpetrators may likely commit another crime.

The recent legislative revolutions have led to the gradual increasing of its scope.

Next slide.

It first only applied to minors under 15. In 2016, the offence has been extended to all minors and, this summer, French law made sentences stricter when the crime is committed against a minor under 15. Some characteristics of this offence have been gradually pulled out by the courts. This report has to be made as quickly as possible. No specific form is required.

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It's a deliberate offence and it includes relatives but it excludes those who took part in the crime.

Professionals who are subject to secrecy fall under a specific case. Indeed, the Health Public Code -- that's the next slide -- the Health Public Code provides that the doctor who notices that the minor is a victim must warn judicial or administrative authorities unless there are special circumstances, but we have to say that our Criminal Code is articulated, more skilled, and leads to the following balance: doctors may report to relevant authorities, mistreatment they notice. They cannot be subject to any civil disciplinary or criminal action for breaching the professional secrecy in that case. But this is an ability to report.

Nevertheless, there are two situations -- maybe it's on the next slide -- in which it's compulsory. The one after. When the doctor is a civil servant and, you know, the event of a judicial order, for example, in the case of expertise. Until very recently, even during this summer, several amendments have been filled to make this reporting from the doctor compulsory, but after debating, the new writing was finally abandoned and it's still "an ability" now.

The report of the French criminal legislation may be completed by some example of our experiments, so that's

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my second part. And it's on the next slide. First, two directives issued by the government

clarified the feedback system in the school environment. They remind reporting procedures, they insist on training for professionals and, on the next slide, you

will see that they set up justice reference to education offices and school reference to which public prosecutor offices

Next slide, a second experiment, if the service is facilitating the report. We -- in each department, a cell -- we could say maybe an office of gathering, rolling information -- has been established with the aim to ensure the early tracking of a child in danger. These offices also act as a filter regarding all the cases referred to the judicial authority.

We have also a toll-free number, a national number, which makes it possible, 24 hours a day, to answer calls from any child or adult exposed to this type of situation.

Let's come to some statistics to finish.

Over the past few years, the majority of report of sexual abuse came from the police and the percentage of disclosure by the state authority is about 10 per cent. On the next slide, you will find that the distribution of this report coming from the state authorities has

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| 1  | remained constant. The majority of report comes from       | 1  | Session 2: Discussion chaired by THE FACILITATOR   |
|----|--|----|--|
| 2  | the department and the social services. That's in blue.    | 2  | MS KARMY-JONES: I just want to, before we move on to the   |
| 3  | After comes the school and only then the other             | 3  | other international presentations, just bring in   |
| 4  | partners like hospitals or justice. Last but not           | 4  | Ms Vicky Lenton, who is a counsellor and group   |
| 5  | least and this was the last slide, maybe let me            | 5  | facilitator in private practice, if that's all right,  |
| 6  | show you the convictions, the statistics of convictions.   | 6  | who hasn't had an opportunity yet to give us any   |
| 7  | Only the last line precisely sets out the situation of     | 7  | contribution. Just to ask, so we have heard from the   |
| 8  | minor victims, but as you can see, convictions based on    | 8  | last two presentations that in the Republic of Ireland   |
| 9  | the failure to report are not uncommon. There were 88      | 9  | there are no statutory sanctions for failing to report   |
| 10 | last year.   | 10 | child sexual abuse. However, in France, individuals can  |
| 11 | So as a conclusion, I would say that the French            | 11 | be penalised. We have seen 88 in 2016 for a failure to   |
| 12 | procedure includes several specific texts in terms of      | 12 | report. Do you have any comments or observations on  |
| 13 | reporting in the civil law and in criminal law and the     | 13 | that from your   |
| 14 | specificities are wider as far as child sexual abuse is    | 14 | MS LENTON: Yes, from doing professionals' training and   |
| 15 | concerned because we have obviously criminal               | 15 | supervising, what we find is that, even though there are   |
| 16 | specificities and procedure in offences, but that's        | 16 | all sort of regulations and guidelines of what to do,  |
| 17 | maybe for next time because time is over, so thank you.    | 17 | there is so much fear in professionals of, "What's going   |
| 18 | MS KARMY-JONES: Thank you very much. 88 convictions.       | 18 | to happen to me if I get it wrong?", and I don't think   |
| 19 | MS WACHENHEIM: 88.   | 19 | there is enough support coming from their organisations  |
| 20 | MS KARMY-JONES: You may not be able to answer this, but do | 20 | in supporting them in how to report it and I think   |
| 21 | you have any idea the nature of the people, you know,      | 21 | having sanctions will just up that fear.   |
| 22 | what professions?  | 22 | MS KARMY-JONES: Do you think that the guidance given is  |
| 23 | MS WACHENHEIM: No, I can't. No, no, we don't have the      | 23 | sufficient in terms of what should be reported   |
| 24 | statistic.   | 24 | MS LENTON: No.   |
| 25 | MS KARMY-JONES: That's very interesting, thank you.        | 25 | MS KARMY-JONES: let alone how to report it?  |
|    | Page 125   |    | Page 126   |
| 1  | MS LENTON: No, because there is so much confusion. I think | 1  | how to work with the dicalogues and also the impact on   |
| 2  | it's clearer when a child has disclosed, but when you      | 2  | how to work with the disclosure and also the impact on<br>the professional. I think that was the fourth bit that |
| 3  | get adult survivors disclosing that they feel that         | 3  | come up for me, that we need to support professionals  |
| 4  | a child is at risk, people really panic about, "What do    | 4  | too when they take disclosure. We need to support them   |
| 5  | I do? Where is the balance of putting the person that      | 5  | in what to do and the impact on them and that they will  |
| 6  | I am working with first or putting a child that maybe      | 6  | also be protected.   |
| 7  | I haven't got the name of first?" and, again, it creates   | 7  | MS KARMY-JONES: Okay, I just want to know if   |
| 8  | a lot of panic.  | 8  | Mr Gareth Edwards from the National Police Chiefs'   |
| 9  | I think for me, sitting here today, there's sort of        | 9  | Council Head of Strategic Vulnerability Centre has any   |
| 10 | four areas. There's been the area of children who do       | 10 | observations on that?  |
| 11 | disclose and I think for me personally I feel I have       | 11 | MR EDWARDS: I think I would share a number of those points   |
| 12 | a responsibility to do something with that. Then we        | 12 | made, actually, they were very well articulated.   |
| 13 | have children who are not disclosing, and I think the      | 13 | I think there is certainly more work being done to raise   |
| 14 | problem is we have got adults who cannot hear and we       | 14 | awareness of what the signs are. There is more and more  |
| 15 | have to have training in how adults learn to use           | 15 | training being delivered, but is it enough at the  |
| 16 | a language that allows other people to disclose. Then      | 16 | moment? I'm not sure. I think we definitely need to  |
| 17 | we have got practitioners who don't get enough support     | 17 | continue to invest in this space.  |
| 18 | in working with child sexual abuse. You know, there's      | 18 | I think supporting our professional workforce is   |
| 19 | panic when they hear it. They don't know how to take it    | 19 | incredibly important. We have significant concerns   |
| 20 | and I think that creates avoidance.                        | 20 | around the welfare of officers, particularly those, for  |
| 21 | MS KARMY-JONES: When you say they don't get enough         | 21 | example, who are routinely viewing indecent images of  |
| 22 | training, do they get training to recognise what the       | 22 | children, but also those who are dealing with what we  |
| 23 | signs may be?  | 23 | are seeing as increasingly complex investigations,   |
| 24 | MS LENTON: They will, but that's often a few days. I don't | 24 | potentially secondary trauma. I think there are some   |
| 25 | think there is an ongoing training into understanding      | 25 | real concerns around that and it's certainly something   |
|    |  |    | , · · ·  |
|    | Page 127   |    | Page 128   |
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| 1  | we are aware of and working towards in terms of support.  | 1  | about training, very quickly, and that is                 |
|----|---|----|---|
| 2  | MS KARMY-JONES: Thank you.                                | 2  | training a real concern because everyone talks about      |
| 3  | Just one question, Mr Perry, Tom: do you have any         | 3  | training, that's all you hear: "Training training         |
| 4  | counter views in relation to support or otherwise of      | 4  | training."  |
| 5  | individual sanctions on professionals that you would      | 5  | There is no accreditation scheme for any                  |
| 6  | like to mention at this stage?                            | 6  | safeguarding training in this country. You can be         |
| 7  | MR PERRY: Forgive me, if I may, just one question about   | 7  | a plumber today and a safeguarding trainer tomorrow.      |
| 8  | Ireland, if I may.  | 8  | Now, that creates an infinite variability and very poor   |
| 9  | MS KARMY-JONES: Clarification.                            | 9  | standards and that really does need addressing. It's      |
| 10 | MR PERRY: Yes, clarification, I do apologise. It was said | 10 | not dissimilar, actually, to but I will bear              |
| 11 | that there was no sanction for failing to report. My      | 11 | correction gracefully because something may have          |
| 12 | understanding is there is a sanction for failing to       | 12 | happened in the intervening period of time since I last   |
| 13 | report, it's just elsewhere within the statutory          | 13 | looked at it but LADOs, for example, Local Authority      |
| 14 | legislation. So in other words, it's an indictment.       | 14 | Designated Officers, for whom I have a huge amount of     |
| 15 | You can have an indictment for not reporting              | 15 | time, I have to say, much undervalued people. My          |
| 16 | an arrestable offence or something of that ilk. You've    | 16 | understanding is there is no accredited training scheme   |
| 17 | got that in Irish law.                                    | 17 | for LADOs. So, again, there is infinite variability.      |
| 18 | DR MOONEY: Yes, where something constitutes a crime under | 18 | I mean, how has this been allowed to drift in this way?   |
| 19 | the Withholding of Information Act there is a separate    | 19 | I just don't understand it, but perhaps somebody can      |
| 20 | obligation.   | 20 | explain.  |
| 21 | MR PERRY: Quite right. It's a separate obligation         | 21 | MS KARMY-JONES: So you would be supportive of             |
| 22 | MS KARMY-JONES: When it's withholding information about   | 22 | consolidation, some form of consolidation of training?    |
| 23 | a crime, which is slightly different, isn't it.           | 23 | MR PERRY: Certainly for LADOs, accredited scheme, because |
| 24 | MR PERRY: Absolutely and that's very similar to           | 24 | then you know, what we really need to get into much       |
| 25 | Northern Ireland, in fact, but there is also a point      | 25 | more, I think, is, if you like, almost airline mindset,   |
|    | Page 129  |    | Page 130  |
| 1  | okay? I heard a very interesting Canadian academic        | 1  | thank survivors for exercising their voice and choice in  |
| 2  | talking about this, actually, and it's airline mindset,   | 2  | this manner to participate in research and teach us       |
| 3  | airline language. People talk about referrals. To         | 3  | about the realities of child sexual abuse.                |
| 4  | whom? To whom? Is it a referral to the LADO? Is it        | 4  | To orient you to Canadian statistics, I will just         |
| 5  | a referral to Children's Services? Is it a referral to    | 5  | have you look at the first slide that has one in          |
| 6  | the head? Who is it a referral to? Where are we           | 6  | three so one in three Canadians is the infographic        |
| 7  | talking about?  | 7  | one in three Canadians have reported some form of         |
| 8  | The language is all over the shop and people are          | 8  | childhood maltreatment and about 10 per cent would        |
| 9  | very scared to say: I don't understand what you're        | 9  | report childhood sexual abuse.                            |
| 10 | talking about. And, you know, I don't have a problem      | 10 | From the perspective of the child, what I think is        |
| 11 | saying that, but many people do and we really do need to  | 11 | really clear is the child wants the sexual abuse to       |
| 12 | get into this safety-critical language which we do not    | 12 | stop. That's their primary concern. And I think that's    |
| 13 | have.   | 13 | one that we have to keep in mind.                         |
| 14 | MS KARMY-JONES: All right. Just you mentioned Canada and  | 14 | Next slide, please. So central to mandatory               |
| 15 | we're now going to move on to the position in Canada      | 15 | reporting is a child and adolescent right's framework.    |
| 16 | quickly and go on to our 10th presentation of the day,    | 16 | The United Nations Convention on the Rights of the        |
| 17 | which is from Dr Christine Wekerle, who is the Associate  | 17 | Child, the CRC, is an approach that virtually all         |
| 18 | Professor in Paediatrics at McMaster University, who is   | 18 | countries have signed on to and that makes it unique.     |
| 19 | going to tell us about mandatory reporting in Canada.     | 19 | Like the UK, Canada is a signatory country and we are     |
| 20 | Dr Wekerle?   | 20 | tasked with the specific protections and the various      |
| 21 | Presentation by DR WEKERLE                                | 21 | forms of child sexual abuse are articulated explicitly.   |
| 22 | DR WEKERLE: Thank you very much. Hi to everyone here and  | 22 | All of Canada has mandatory reporting laws and the        |
| 23 | hello to everyone out in live stream land. I'm pleased    | 23 | first being enacted in Ontario in 1965 for child          |
| 24 | to be able to present on the Canadian context and, on     | 24 | physical and sexual abuse. As mandatory reporting laws    |
| 25 | Canadian research and the point of research, I must       | 25 | are the jurisdiction of the provenances and territories   |
|    | Page 131  |    | Page 132  |
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an initiative is underway to have a national document, the Canadian Children's Charter. And just as a note, the key messages will be in coloured blocks.

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Next slide. So there are various reporting issues to consider, one being the age of the youth. Most of Canadian laws protect up to adolescence with some variation on the age. Few, though, refer explicitly to developmental delay when implementing the upper age criterion.

Like Ireland, Canada has an exception rule. The age of consent in Canada for sex is 16 and there is a "close in age" exception where 14 and 15 year olds can be having sex with youth who are less than five years

Child service professionals have additional expectations within the professional bodies as well as mandatory reporting and, as been noted, child sexual abuse is a challenge for us collectively as we tend to have a gaze aversion to child abuse and this is amplified with child sexual abuse, the pressures being secrecy and stigma and the risk of PTSD and secondary trauma.

As noted for the UK, there is no global gold standard that is evidence-based for training and this is a problem. The WHO, though, recently issued

evidence-based guidelines on recognising and responding to child sexual abuse and they are quite helpful in starting this process of universality.

Next slide. Moving on Ontario, I think what's relevant, and we haven't really talked about it so far, is that in Ontario there is in no statute of limitations and that's quite important to have in place, as we understand from research the disclosure is a process.

In Ontario, both the public and professionals are required to report reasonable suspicions immediately to their local child welfare agency and this is an ongoing duty such that any new information must also be reported. Further, the youth is system involved or not.

Recent changes haven't raised the age of protection from up to 16, to 16 and 17-year olds. However, this adolescent age for protection doesn't come with mandatory reporting, although investigation services may be provided. The recipient of the information is the filer of the report and police support immediate danger needs.

Next slide. So some key findings are that it confirms that members of the community are reporting their suspicions of maltreatment and there are many more opportunities for healthcare providers to comprehensively assess for maltreatment since they're

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## seeing kids, for example, on vaccination schedules. It is true, though, that CSA is in general under-reported. (A structural disruption) MS KARMY-JONES: Can you just pause there for a moment.

DR WEKERLE: There is an emphasis that CSA is under-reported. MS KARMY-JONES: Let's plough on for a moment, if that's all

right. We will ask someone to come in and just have a look at that and if we can carry on quickly through the rest and let's hope we can get through the Australian presentation, as well.

DR WEKERLE: So despite these laws having been enacted in 1965, the most relevant mandatory reporting study was published last month by Tonmyr et al, and Ben Mathews is the second author. What it did show is that mandatory reporting, looking at both cohorts before mandatory reporting laws and after mandatory reporting laws and in contact with child welfare services, the key message is that mandatory reporting laws increase the contact with child welfare services. For child sexual abuse it went from 11 per cent to 24 per cent and, when child sexual abuse was noted as occurring more than ten times, the contact rate moved from 31 per cent to 41 per cent, so that you have a higher engagement with child welfare in terms of more severe maltreatment and that perhaps

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# Page 134

speaks to concerns that are always raised around 2 over-reporting when the research does not support that.

> However, it's important to know that health needs persist over time beyond service provision. A Quebec population study pointed to the ongoing needs in mental health and increasing needs in physical health among late adolescents and emerging adults. An important component of mandatory reporting, as has been mentioned, is the resourcing of response, that it tends to both parental and child well-being needs as well as the primary need for protection.

Mandatory reporting remains consistent with the prevention emphasis such that it may be a resilience intervention. One does report so that something happens and the something that happens can't only be investigation; it needs to be service provision in supporting the youth over time.

Next slide, please. So this is just a brief idea about what kind of data is important to fairly test mandatory reporting given that the research is so sparse and it needs to be a strategic programme that is nested within a trauma-informed approach that prioritises safety, transparency, support, collaboration, empowerment, and cultural, historical and gender issues. It should consider community readiness and

| 1  | community-based prevention, as well as victim  | 1  | are talking about Canada as a whole?   |
|--|--|--|--|
| 2  | experiences with disclosure and the response process.  | 2  | DR WEKERLE: Yes, it is primarily the same across the   |
| 3  | In Canada, while the professional bodies have  | 3  | provinces where the main differences is some were age  |
| 4  | expectations, as you do here, they do not issue reports  | 4  | they're going to protect up to.  |
| 5  | about their data, so we don't know how many  | 5  | MS KARMY-JONES: Okay, thank you.   |
| 6  | professionals are reporting, we don't know their   | 6  | Without further ado we're going to move on, please,  |
| 7  | experiences with reporting, and this data could be quite   | 7  | to our final presentation, which is from Ms Liana  |
| 8  | informative.   | 8  | Buchanan, Principal Commissioner for Children and Young  |
| 9  | Finally, the mandatory reporting primary goal is to  | 9  | People in Victoria, Australia. Mandatory reporting in  |
| 10   | reduce child sexual abuse rates and uphold community   | 10   | Australia.   |
| 11   | standards so that regular research on child sexual abuse   | 11   | Presentation by MS BUCHANAN  |
| 12   | incidents and child and adolescent health is required.   | 12   | MS BUCHANAN: Thank you and thank you for the invitation to   |
| 13   | Next slide, please. I thank you for your time and  | 13   | speak today. I'm pleased that I am managing to get to  |
| 14   | attention and the references and resources are on the  | 14   | this before any further waterfalls, as my friend on my   |
| 15   | following two slides. Thank you.   | 15   | left has called them.  |
| 16   | MS KARMY-JONES: Thank you very much. Christine, can I just   | 16   | Look, in Australia, like many other countries  |
| 17   | ask one thing: you said that there was no statute of   | 17   | represented around this room and beyond we have been on  |
| 18   | limitations in Ontario. Does that differ across the  | 18   | our own confronting path to understand the extent of and   |
| 19   | provinces of Canada?   | 19   | the impact of child sexual abuse both in the home and,   |
| 20   | DR WEKERLE: I think they're pretty much the same. I think  | 20   | more recently, especially in some of our most trusted  |
| 21   | it's notably different from the United States, where   | 21   | institutions.  |
| 22   | many of the states have statute of the limitations.  | 22   | In 2013, in my home state of Victoria, we had  |
| 23   | MS KARMY-JONES: And the regulations in general, as far as  | 23   | a Parliamentary inquiry into child abuse in  |
| 24   | you understand it, are pretty much the same across the   | 24   | non-government organisations. That's known as the  |
| 25   | provinces, so we're not just talking about Ontario, we   | 25   | Betrayal of Trust Inquiry you will hear me refer to  |
|  |  |  |  |
|  | Page 137   |  | Page 138   |
|  |  |  |  |
| 1  | that and during that inquiry the Australian  | 1  | treated properly   |
| 1  | that and during that inquiry the Australian  | 1 2  | treated properly.  I have been asked to talk about mandatory reporting   |
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| 2 3  | government at a national level announced what was to be<br>a five-year Royal Commission into Institutional   | 2 3  | I have been asked to talk about mandatory reporting in Australia. I'm going to focus on Victoria because,  |
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an obligation on quite a small number of professionals, teachers, doctors, midwives, nurses, police, to make a report to child protection when they believe a child has suffered or is likely to suffer significant harm as a result of physical injury or of sexual abuse and where the child's parents have not protected or are unlikely to protect the child.

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Failure to report by professionals who are covered by these provisions is a criminal offence. It's punishable by a fine. This reporting obligation, as you might imagine, is most commonly invoked in the context of abuse in the home and, for professionals in scope, I have to say that whilst not every professional would say they're completely clear, I'm sure that's not the case, but it is a fairly well-established feature of the understanding of these categories of professionals who work with children and their families.

Mandatory reporting to child protection was well and truly affirmed as a concept by our Royal Commission into Institutional Responses to Child Sexual Abuse. In fact, the recommendations of that Royal Commission have led in some jurisdictions, including my own, to the expansion of mandatory reporting, so the Victorian government has announced that in addition to the categories of professionals I've just mentioned, we will now be seeing

mandatory reporting for psychologists, school counsellors, Youth Justice Professionals, early childhood and out of home care sector professionals and persons in religious ministries.

Another form of mandatory reporting that has been introduced, particularly in the wake of our own Betrayal of Trust Inquiry, is a criminal offence, a fail to disclose offence. It was introduced in 2015. It applies to any adult, not just particular professionals, any adult who believes a sexual offence has been committed by an adult against a child under 16 years of age and doesn't report to police. Failure to report is a criminal offence. It can be punished by up to three years' imprisonment.

The final type of mandatory reporting, the newest form, has really only been in place in 2017 and I am particularly able to speak to this because the Commission for Children and Young People has been established as the regulator administering this new scheme. This scheme requires the heads of organisations that work with children. It includes schools, out of home care providers, health, disability services and religious organisations, so all churches. It requires the heads of those organisations to notify us at the Commission for Children and Young People of any

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reportable allegation, that is an allegation of particular abuse by one of their staff, paid or unpaid, and they have to make that report to us within three days. Again, a failure for the head of the organisation to report to us is a criminal offence, in this case punishable by a fine.

Reportable conduct includes physical abuse, physical violence, sexual abuse, which includes sexual misconduct that doesn't constitute a sexual offence, so it's broader than sexual offences. It also includes significant neglect or any behaviour that causes significant emotional or psychological harm to a child.

We have the power as the Commission in certain circumstances to intervene and investigate ourselves if we believe ultimately it's in the public interest to do so, but in most cases our role is to oversee the way the organisation responds to that allegation to make sure that there is a thorough, rigorous, objective investigation and that steps are taken to protect children in the interim.

This scheme sits alongside all of the pre-existing reporting obligations. It doesn't displace the obligation to report to police, it doesn't displace the obligation for certain professionals to report to child protection in some circumstances; it sits alongside of

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those which means, of course, that the Commission, we 2 work very closely with police and with child protection 3 authorities to make sure that the response, whatever 4 that looks like, is coordinated and effective.

> The other element of the scheme is that where there has been at the end of an investigation, whether by the organisation or ourselves, where there's a substantiated finding of reportable conduct by an individual, we at the Commission refer that individual and the information we hold to those who administer our working with children check card so that that individual's capacity to work with children in any setting, whether it's in the same type of organisation or another, that can be reconsidered as a result.

> We have run this scheme since July last year. I have been struck, I have to say, by just how necessary it appears to be. We have seen some remarkable variants in responses to allegations and I have to say some alarmingly poor investigations even by large, sophisticated organisations.

> Many of the problems that were identified in our Royal Commission in Australia continue to feature in the matters that we look at today. We still see a tendency to dismiss or disbelieve children's accounts or disclosures. We still see an inclination to defer to

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the accounts of adults rather than interviewing children directly, even when that would be possible. We still see in some cases, unfortunately, a reluctance to fully investigate those who are trusted or valued within a particular organisation.

Certainly, we expect over time the rigour and approach to investigations of abuse in organisations will improve as our expectations for good practice become the norm and, in fact, in just a year or just over a year we have seen some organisations significantly improve in part because we put a lot of effort into supporting them, working with them, giving them feedback about their process.

I guess I would end by saying I think history in Australia, I think history in many parts of the world, tells us the price of underestimating child sexual abuse is unacceptably high. I would say measures like the Reportable Conduct Scheme help us to actively address some of the flaws that we now know put children at risk. The scheme places a positive, proactive requirement or set of requirements on organisations that work with children. To my mind, this rightly holds those organisations to account to act on abuse or allegations of abuse by their workers or volunteers.

D 4.45

For us, it's very early days as a scheme, but I have

to say early suggestions are, it's proving, an important

2 component of keeping children safe from abuse in

3 organisations. Thanks.

4 MS KARMY-JONES: Thank you very much. That's fascinating.

Can I just ask one thing: you said that the

6 accountability extends beyond professions and applies to

7 any adult who believes a sexual offence has been

committed. Is there a ready reckoner of how that belief

9 is quantified and evidenced that you can help us with?

DR WEKERLE: There is not, so when I mentioned the duty that

11 applies to all individuals, that's separate to the

mandatory reporting duty that sits with certain

professionals. That sits as a criminal offence in the

criminal statute book and, to my knowledge -- I haven't

had that absolutely confirmed from Victoria Police -- to

16 my knowledge there have been no prosecutions against

that offence, so it is largely, as yet, untested in

18 Victoria. That's only been in place as an offence since

2015, so as yet it hasn't been tested.

20 MS KARMY-JONES: And when that offence, when that piece of

21 legislation was passed, as far as you know was there any

guidance with how it would be evidenced, how such

an offence would arise?

DR WEKERLE: To my knowledge there was no specific guidance.

The general concepts I think rely heavily on concepts

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that are quite common in the common law which we rely onin Victoria, Australia.

MS KARMY-JONES: Thank you very much.

Chair, I wonder if now would be an appropriate moment for a break so that we can assess the second waterfall that we had a moment ago and see whether it's possible to proceed. I don't know, chair, whether you wanted, given the time, to give us until 3 o'clock,

9 maybe or thereabouts?

THE CHAIR: Yes.

11 (2.42 pm)

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(A short break)

13 (3.04 pm)

MS KARMY-JONES: Chair, members of the panel, as you are aware, first thing this morning an issue arose with the

aware, first thing this morning an issue arose with the hearing room, which has got worse during the seminar.

hearing room, which has got worse during the ser

17 Can I make it clear it's not an inquiry issue but

a problem that has arisen because of building work being carried out on the floors above; the premises above this

20 floor.

For your health and safety and for the health and safety of the participants and the public gallery and

safety of the participants and the public gallery andall concerned, with much regret you may wish to have to

curtail this seminar this afternoon. I can assure you,

chair, that we will find a way of covering discussions

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## Page 146

1 that we hoped to have today on the date of the next

seminar, which is 30 April, and on behalf of certainly

3 those of us on this side of the bench I would thank

4 everyone who has attended and participated to the very

5 valuable discussion that we have had and made the

contributions that we have heard today. So, chair,

I think perhaps we will have to finish matters now.

THE CHAIR: Thank you, Ms Karmy-Jones. It is indeed disappointing that the water problems were such that we

10 have had to curtail this seminar and I would personally

like to thank all of those who attended today, both at

the table and in the public gallery, for their

forbearance with this problem to allow this seminar to

continue to the point that it did, and also everything

15 you have said about being able to find ways of covering

outstanding issues from today next year and, of course,

17 I'd like to thank everybody concerned with the

18 organisation of today's event and particularly those who

19 have travelled some distance to be with us.

20 I think I can say on behalf of myself and the panel

21 that we have all found today's event extremely

informative. It's raised lots of relevant issues to usand I have no doubt it will contribute valuably to our

thinking about the issues, so thanks to you and to the

policy team, to the hearing centre staff and everyone

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37 (Pages 145 to 148)

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25

| their been involved in this body and themise process of the contributions.    particularly and of these who have attended around the room and for their very valuable contributions.   MS KARM/YONES: Thatk you, chair. (3.08 µm)   MS KARM/YONES: Thatk you, chair. (3.08 µm)   MS KARM/YONES: Thatk you, chair. (3.08 µm)   Pacellatarion by MR ROVIRA   102  |     |   | T  |
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| The room and for their very valuable contributions.   Second 1  |     |   |  |
| MS KARMY-JONES: Thank you, chair.   |     |   | 2 Session 2: Opening statement by THE101   |
| MS KARMY-JONES: Hank you, chair.  |     |   | FACILITATOR  |
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