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PART A



Part A.

**CONFIDENTIAL**

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Begins: 1/7/88.  
Ends: 5/7/88.



PO -CH /NL/0396



PART A

Chancellor's (Lawson) Papers:

LORD JUSTICE BUTLER -  
LOSS REPORT ON CHILD  
PROTECTION

DD's: 25 Years

*[Signature]*

13/12/95.

PO -CH /NL/0396

PART A



CONFIDENTIAL

CH/EXCHEQUER

REC.

1-JUL 1988

ACTION

COPIES

TO

Prime Minister

1/7/88.

This is to follow up discussion in Cabinet on the Report by Lord Justice Butler-Sloss. Our handling proposals are set out in Tony Newton's letter of 24 June to members of H Committee. Briefly the Report will be published with a parliamentary statement on 6 July and the Judge will make a statement simultaneously in Middlesborough. A copy of the draft parliamentary statement is attached.

With the Report we shall be issuing the following set of documents:-

- DHSS/Welsh Office guidance to social services and health authorities "Working Together for the Protection of Children from Child Abuse", which stresses the importance of inter-agency working and has been amended to take account of the Report;
- Home Office guidance to the police;
- DES guidance to the education authorities;
- guidance for doctors on the diagnosis of child sexual abuse, prepared by the Standing Medical Advisory Committee;
- guidance for senior nurses on the management of child abuse work, prepared by the Standing Nursing and Midwifery Advisory Committee; and
- a report by the Social Services Inspectorate on a survey of current arrangements for inter-agency working, which shows good progress in most areas.

Our positive reactions which go wider than the Judge's recommendations will be seen as a substantial response from the Government. We shall be able to look forward to the possibility of a Bill but naturally not commit ourselves in public to introduction next session.

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With Tony Newton's letter we circulated the short version of the Report. We believe the Report to be well balanced. This is seen more readily from the full version. I am therefore enclosing as extracts the Judge's conclusion on the major participants from chapters in the full Report and also her final conclusion in which she brings the criticisms together. I think these show that those press reports which suggested that the paediatricians had been vindicated were inaccurate. Tony Newton is discussing with John Wakeham on Monday what if any reference is to be made of criticism of Stuart Bell.

I am copying this minute and attachments to other members of the Cabinet, the Lord Advocate, the Attorney General, the Captain of the Gentlemen at Arms and Sir Robin Butler.

  
JM

1 July 1988



With permission, Mr Speaker, I wish to make a statement about the Report by Lord Justice Butler-Sloss on the findings of her inquiry into the handling of suspected child abuse cases in Cleveland in the early part of last year. The Report, and a short version of it, are available in the Vote Office.

Mr Speaker, the whole House will be united in its condemnation of sexual or other abuse of children, and in its support for proper action to protect children from it. But it will be no less united in insisting that this must be achieved in a way which does not trample on the rights of parents and inflict unnecessary distress on the very children we wish to be helped.

It is clear from the Report that this balance was not achieved in Cleveland during the period in question. The House would wish me to express the deep regret of all of us to those who have suffered as a result, and not least to the children themselves.

The Report contains substantial criticism both of individuals, including the consultant paediatricians, Dr Higgs and Dr Wyatt, the police surgeon, Dr Irvine, and the social worker, Mrs Richardson, and of important aspects of the managerial response to the situation as it developed. It confirms that there was an overall failure to achieve essential communication and co-operation between police, health and social services.

It is for the employing authorities to address the issues about individuals and to take the necessary action. The Government expect that action to be thorough, speedy and effective. The help of the Government's own medical advisers, of the Social Services Inspectorate and of the [Chief Inspector of Constabulary] will, of course, be made available to assist the authorities in taking it.

At the same time, Mr Speaker, the Government itself intends to make sure that the more general lessons to emerge from the Report are applied not only to prevent a recurrence of similar events but to improve the handling of child abuse throughout the country.



First, as I have already said, the Report confirms the fundamental importance of the professional people and agencies concerned with child abuse working closely together within agreed guidelines. It underlines that any action must rest on a balanced assessment of different strands of evidence, and should be judged in the light of all the circumstances of the family as a whole. And it re-emphasises the need for parents to be kept informed, consulted, and given reasonable access to their children unless this would be against the best interests of the child itself.

These lessons are reflected in comprehensive guidance which is being issued today by my Department and the Welsh Office, and in parallel circulars also being issued today to the police by my rt hon Friend the Home Secretary and to the education service by my rt hon Friend the Secretary of State for Education and Science. They will be further reinforced later this year by guidance on social work practice which is in an advanced state of preparation.

On the specific point of ensuring effective co-operation between different agencies, I am also publishing today a survey by the Social Services Inspectorate of current arrangements. I am glad to say that it shows a generally satisfactory picture. In the few cases where this cannot be said, we shall continue to monitor the position closely through the Inspectorate to see that it is improved.

Secondly, the Report indicates that medical examination is only one aspect of assessment, and in particular that the test of reflex anal dilatation should not on its own be taken as conclusive evidence of sexual abuse.

That view is confirmed by the report of a sub-committee of my Rt Hon Friend's Standing Medical Advisory Committee, which we asked to consider these matters in parallel with the Inquiry. That report is also being published today, and will be distributed widely to the medical profession.

We are also publishing today and similarly distributing to the nursing profession, guidance for senior nurses on the management of child abuse work



from my rt hon friend's Standing Nursing and Midwifery Advisory Committee. Copies of all the reports and guidance to which I have referred have been placed in the Library.

Thirdly, the Report shows a clear need for better training for those who handle child abuse work. We are starting work immediately on the development of a substantial new programme of training, which will build on the more targeted initiatives already undertaken, by extending to the child care field our Training Support Programme for Social Services Departments. We shall make available in 1989/90 a grant of 70 per cent in support of expenditure of £10m.

Lastly, in commenting on the framework of child care law, the Report endorses the view that it needs to be made simpler and clearer, and to contain greater safeguards against precipitate action. It gives general support to the proposals which the government has already put forward in the White Paper on the Law on Child Care and Family Services, including the replacement of Place of Safety Orders by a new Emergency Protection Order with clearer criteria and more limited duration.

Some further work on points of detail in the proposals is being undertaken in the light of particular recommendations in the Report, and we will announce our conclusions soon as possible. I can however tell the House today that we intend to provide for an earlier opportunity to challenge Emergency Protection Orders than proposed in our White Paper.

A Bill to implement the White Paper proposals, modified as may be agreed in the light of the Report, will be brought before Parliament at the earliest practicable opportunity.

[Lord Justice Butler-Sloss proposes for consideration the idea of an office for child protection. The Government are proposing to issue a consultation paper on this before the House rises. An office of child protection, if agreed, could be the first step towards a family court.]



Mr Speaker, we are extremely grateful to Lord Justice Butler-Sloss for the thorough and comprehensive work she has done, and to her three assessors - Professor Hull, Mr Chant and Mr Soper - who have supported her in her conclusions and recommendations.

The issues with which they have had to deal are immensely complex one, and the Report reflects the inescapable fact that there is no single simple answer. In acknowledging that, it is right also to balance the picture which has emerged from Cleveland with recognition of how much valuable and successful work is done in this difficult field by doctors, nurses, social workers and police throughout the country.

But the plain fact is that what happened in Cleveland should not have happened, and must not be allowed to happen again. The measures I have announced today are designed to see that it does not.



NOTE ON REPORT'S FINDINGS ABOUT WHETHER OR NOT  
THE CHILDREN WERE ABUSED

The Judge has made no finding on whether sexual abuse did or did not occur in the cases in the review. She reviews the medical techniques of diagnosis at some length and notes that in only 18 of 121 cases was reflex anal dilation said to be the sole physical sign. She nevertheless finds that the sign was given undue weight by the paediatricians.



8.8.74 Her method of diagnosis, followed also by Dr Wyatt, was to exclude other factors and come to the conclusion there was no cause other than sexual abuse. This elimination of other factors did not allow for the boundaries of present knowledge and the possibility of the unknown. In the current state of knowledge she was unwise to come to a firm conclusion rather than a strong suspicion on physical signs alone. As a recently appointed consultant venturing into a new field, at a time when the work of Hobbs/Wynne had not been widely affirmed her reliance upon the physical signs alone and the anal dilatation test in particular was premature. To give a firm diagnosis of sexual abuse without other grounds of suspicion, no prior allegation or complaint by adult or child and no social family history was to risk the upheaval of the family and the child without the assurance that the diagnosis would be substantiated. She lacked appreciation of the importance of the forensic element of her work, and the need to justify her conclusions at case conferences, care proceedings and/or in the criminal courts.

8.8.75 From the evidence before the Inquiry we are satisfied that she did not examine children for sexual abuse other than on occasions when in her professional judgment there were grounds to do so. Further we have in general no reason to question the accuracy of her clinical observations. It was the certainty of the conclusions drawn from the findings which was open to criticism. She was prepared to reach a conclusion upon sexual abuse and give an unequivocal diagnosis without giving an opportunity for others such as social workers to obtain a wider assessment of the family. She herself admitted the child to the hospital and then expected the social worker to obtain a place of safety order.

8.8.76 This form of management of the problem was due to a number of factors:

- In her experience of physical abuse a place of safety order was the likely consequence of the medical diagnosis and she treated sexual abuse in the same way. Her training and inclination led her to the view that families overburdened by social difficulties needed control for their future management which she understood was provided by a place of safety order;
- She also saw the need for a place of safety order for the sake of the child to protect from continued abuse, and believed strongly in the element of compulsive behaviour of abusers suggested in some textbooks. She was also much influenced by the concept of 'disclosure work' the results of which she accepted without question and which she saw as the 'gold standard'. If disclosure was to take place it required a period for the child away from the parent, thereby necessitating removal of the child from home and the denial or restriction of access by the parents. This also applied to siblings who might be silenced. She also saw the result of those interviews as confirmation of her diagnoses, rather than an independent assessment.

8.8.77 The diagnosis was her sole responsibility; the admission to the ward of the hospital was at her direction. Other than retaining the child on the ward for a limited period her responsibility except to advise, came to an end. There were however three matters which contributed to the total reliance of Social Services upon her judgment and gave her diagnosis added authority which was disproportionate.

- First she met in Mrs Richardson someone who shared her outlook and believed equally fervently that there was a great deal of undetected sexual abuse and they were finding it. Mrs Richardson had great influence in her capacity of Child Abuse Consultant and in her personality over other social workers at all levels.
- Secondly, Dr Higgs ought to have appreciated the effect upon social workers with their statutory duty to protect the child of such a firm and unequivocal diagnosis of serious sexual abuse. She encouraged them in their approach to her diagnosis and recommended the taking out of place of safety orders and the children remaining isolated from the family. This does not excuse the social workers who had their own independent judgement to exercise, but it is understandable why they did not do so.
- Thirdly the memorandum of Mr Bishop effectively underlined Dr Higgs' view of the management of these cases.

8.8.78 Her enthusiasm and authority placed her in the position of professional leadership. It is easy with hindsight to see how the situation began and developed. What is less easy for us to understand is how Dr Higgs let it go on. It only came to an end when others installed and operated mechanisms which precluded her taking action on her own. Her view that she was discovering abuse which was 'there to be found' never



faltered during the months of May and June and while abuse of some children did come to light the numbers admitted got out of control.

8.8.79 The numbers of children diagnosed by her or by Dr Wyatt in outpatient clinics sometimes on a single day never appears to have given her pause for thought.

8.8.80 She showed an inability to understand the point of view of others or appreciate their difficulties during the crisis. There was from time to time a marked lack of communication with other professionals trying to cope with the problems which arose, such as the nurses. Her obvious ability to deal with children and empathy with them did not extend to their parents.

8.8.81 Both she and Dr Wyatt saw opposition as the denial of those who could not recognise and acknowledge the problem which existed. In as Dr Wyatt called it "managing the denial" both of them ignored or overlooked wise advice from others they might have heeded, including Dr Wynne. Their belief in the validity of the conclusions from the physical signs led them into over confidence in the diagnosis.

8.8.82 In many cases the result of her diagnosis caused unnecessary distress to children and their families; in some it caused yet further moves for children already upset and whose lives had been disrupted. This leads us to the reflection that some of those children suffered harm after they were removed from home whatever may or may not have happened to them previously.

8.8.83 She did not recognise the place of priorities and the inadequacy of the resources in Cleveland to meet the crisis. If intervention was to take place on the scale implied by her practice she shared with others a responsibility to ensure that the resources necessary to meet the needs of the children were available. This included not only suitable accommodation, but also skilled social workers and a sufficient reserve of experienced foster parents for their care. She had a responsibility to recognise that situation and to take it into account for the sake of the children she was caring for.

8.8.84 In assessing and criticising her part in the events last year we have in mind that she alone did not create the crisis. She was one among many professionals and shares with others the responsibility for what happened. To place it all upon her is to distort reality, and an unjust over-simplification of the complex issues which arose in Cleveland.



Dr Wyatt - Paediatrician

8.9.47 Once convinced of the validity of the diagnosis he took a leading role in the detection of children considered by him as having been sexually abused, and in their admission to hospital. In the space of three months he admitted over 43 children on a diagnosis of sexual abuse. This he arranged without any thought for the consequences, the strain upon resources, human, physical and financial. His belief that extensions to wards could be built very quickly was an example of lack of forethought and commonsense. He became emotionally involved in and committed to his diagnosis in respect of the children under his care.

8.9.48 He did not see the need for a full social work assessment before making a firm diagnosis of sexual abuse.

8.9.49 He shared with Dr Higgs the beliefs in the need for the place of safety order, the removal of the children from home and the restriction or denial of access to parents in the cause of 'disclosure work.'

8.9.50 The volume of admissions did not give him any cause to reconsider his practice. He was deaf to words of caution or appeals for restraint. The pressure of the work had a marked effect upon his approach to parents which was commented upon by some parents as very different from his previous caring attitude to them. There can be no doubt that during May, June and the early part of July both doctors were grossly overworked.

8.9.51 Dr Wyatt did not make any independent inquiries or read any medical literature on the subject until a late stage in the crisis.

8.9.52 Many of the comments made about Dr Higgs at pages 144-146 apply equally to him. He, too, shares a responsibility for the crisis. But as with Dr Higgs it would be an unjust over-simplification to place the whole burden of the crisis upon the shoulders of Dr Higgs and him. There were many other contributing factors to the crisis.



### **Mrs Susan Richardson**

With her detailed knowledge of the problems the Department was facing in 1986 in dealing with even the current level of child abuse referrals, it might have been reasonable to expect her to adopt a rather more cautious approach to the prospect of a high rate of referrals of child sexual abuse. There was no evidence that in 1987 she sought to exercise a restraining influence on the processes of work.

Mrs Richardson worked hard to achieve improvements. She tried to use the mechanism of the Joint Child Abuse Committee to take other agencies, particularly the Police, with her. She was frustrated by their lack of enthusiasm and seemed unable to appreciate how wary they would inevitably be of her strongly motivated commitment. She was aware of the "theory of denial" which is said to be a barrier to the recognition of the reality of child sexual abuse. The efforts she made with Dr Higgs to win over the scepticism of the Police and the police surgeons had the opposite effect.

What people needed was to build up practical experience in a measured way, establishing trust, developing skills and joint working relationships. Mrs Richardson's commitment to the protection of children and recognition of the problems of child sexual abuse led her forward at a faster rate than the Police were prepared or able to go. In that context, she must bear a significant share of responsibility for the breakdown in relationship between the two Departments.

When pressed as to how she would regard a situation in which a child had no behavioural problems, where the parents appeared to be good parents, where there were no surrounding circumstances to suggest abuse had taken place but a diagnosis of sexual abuse was made on purely physical signs, Mrs Richardson agreed in evidence that in such a case, the Social Services Department should investigate; if having investigated, the situation was found to be as described then she would regard the outcome as inconclusive. The possibility of sexual abuse could not be ruled out but in the circumstances, it would be extremely unlikely that the Department would be in the position to take matters further. But there was little reflection of this view in the advice she gave.

Mrs Richardson was at pains to point out to us that she was primarily concerned to approach her responsibilities in a child-centred way. She was less concerned with things which she regarded as being "adult agendas". There was much in her attitude and approach which would have been commendable if she was acting as advocate for a child rights' organisation. But the reality was that she occupied a position of some considerable importance and influence in a public authority. Her position was such as to require her to weigh any advice she gave not only with the interest of children but also the rights and responsibilities of parents, the proper consideration of the use of statutory authority, the good name of Cleveland Social Services Department and the wider public interest.

In the closing submission made on Mrs Richardson's behalf it was said "that some might seek to argue that what happened in Cleveland was caused in part by the conjunction forced on them by their jobs of a number of persons from different, though relating, disciplines, all holding strong views about child abuse. Even if the evidence supports this thesis, no single one of those persons can be blamed for the common thread in their backgrounds and the coincidence and necessity which brings her into contact with the others."

In the part she played in subsequent events, she did not have the managerial skills, or the foresight to control or contain the escalation of problems that eventually overwhelmed the department.



### Dr Irvine - Senior Police Surgeon

7.37 The issue of child sexual abuse presents difficult problems for all professionals involved in its detection and aftercare. Dr Irvine is an efficient and conscientious police surgeon who tried his best to face these difficulties and got out of his depth. He found himself placed in the position of medical adviser to the Cleveland Constabulary, and did nothing to extricate himself. His strongly held views and emotional behaviour did not help a situation which required a calm, cool and dispassionate evaluation of the problems. Unfortunately his views were strongly reinforced and to some extent formed by his early conversations with Dr Roberts, who was far from neutral on the issues concerned (see chapter 11). The firm approach of Dr Higgs was met by an emotional response of equal strength from him.

7.38 He occasionally expressed his opinions without all the available information and in ignorance of the wider issues of child sexual abuse. He did not appear to have advised the police to seek an outside and independent medical opinion. On the contrary he encouraged them in their stand. He bears a measure of responsibility for the troubled relationships between the Police and the Social Services Department, and the lack of balance in some of the media coverage.

7.39 Dr Irvine is not alone in finding the problem of child sexual abuse within the family deeply distressing nor in his concern that families should not be falsely accused. However, on the evidence presented he appears to have adopted a position where his examination was unlikely to support an allegation or complaint and he often implied that negative findings refuted it. He rejected out of hand clinical symptoms and signs that other doctors considered significant; furthermore he became emotionally and personally involved in a way that compromised his professional position.



## PART 3

### *Final Conclusions*

1. We have learned during the Inquiry that sexual abuse occurs in children of all ages, including the very young, to boys as well as girls, in all classes of society and frequently within the privacy of the family. The sexual abuse can be very serious and on occasions includes vaginal, anal and oral intercourse. The problems of child sexual abuse have been recognised to an increasing extent over the past few years by professionals in different disciplines. This presents new and particularly difficult problems for the agencies concerned in child protection. In Cleveland an honest attempt was made to address these problems by the agencies. In Spring 1987 it went wrong.

2. The reasons for the crisis are complex. In essence they included:

- lack of a proper understanding by the main agencies of each others' functions in relation to child sexual abuse;
- a lack of communication between the agencies;
- differences of views at middle management level which were not recognised by senior staff. These eventually affected those working on the ground.

3. These tensions came out into the open with Dr Higgs' appointment as a consultant paediatrician to the Middlesbrough General Hospital. She was known to have an interest in the problems of child abuse. As a result of her understanding of the work of Dr Hobbs and Dr Wynne in Leeds, she formed the view that physical signs could help to identify sexual abuse and assist those seeking to protect abused children. She referred the first few children in whom she made the diagnosis to Dr Wynne for a second opinion. In each she received confirmation of her diagnosis, and as a consequence she proceeded with increasing confidence. The presence of the physical signs was elevated from grounds of 'strong suspicion' to an unequivocal 'diagnosis' of sexual abuse.

4. Dr Wyatt, another consultant paediatrician at Middlesbrough General Hospital, became equally convinced of the significance of the physical signs and he enthusiastically supported her.

5. Dr Higgs and Dr Wyatt became the centre point of recognition of the problem. Between them in the 5 months, mainly in May and June they diagnosed sexual abuse in 121 children from 57 families. Children were referred to them in various ways; some were brought by social workers because of a suspicion of sexual abuse or allegations or complaints; others were referred by family practitioners, health visitors, or community medical officers because of a suspicion of sexual abuse; a few from within the hospital were referred by junior medical staff or by nurses. In some the diagnosis arose on children attending outpatient clinics with medical conditions in which the possibility of sexual abuse had not been previously raised. 64 were siblings of or connected with these children.

6. By reaching a firm conclusion on the basis of physical signs and acting as they would for non-accidental injury or physical abuse; by separating children from their parents and by admitting most of the children to hospital, they compromised the work of the social workers and the Police. The medical diagnosis assumed a central and determining role in the management of the child and the family.

7. It was entirely proper for the two paediatricians to play their part in the identification of sexual abuse in children referred to them. They were responsible for the care of their patients. Nonetheless they had a responsibility to examine their own actions; to consider whether their practice was always correct and whether it was in the best interests of the children and their patients. They are to be criticised for not doing so and for the certainty and over-confidence with which they pursued the detection of sexual abuse in children referred to them. They were not solely nor indeed principally responsible for the subsequent management of the children concerned. However, the certainty of their findings in relation to children diagnosed by them without prior complaint, posed particular problems for the Police and Social Services.

8. The response of the Social Services Department to the diagnoses of the two doctors was determined in the main by the newly appointed Child Abuse Consultant, Mrs Richardson, who supported and agreed with Dr Higgs' approach. She advised that immediately the diagnosis was made the child should be moved to a 'place of safety' for further investigation and evaluation and this was ensured by obtaining a place of safety order from a Magistrate. This practice was confirmed by the issuing of a memorandum by the Director of Social Services which in practice had the effect of endorsing the medical diagnoses of the two



paediatricians. In most cases the social workers' own professional responsibilities required them to make a wider assessment before taking action. The number of children separated from their parents increased dramatically and required both the consultants and Social Services managers to reappraise their practice. This they failed to do. They had a responsibility to look into the numbers of referrals and the method of diagnosis. As the crisis developed, both doctors and social workers had a duty to consider their priorities, particularly with children from families with long-standing problems who were well known to Social Services.

9. Another element was the attitude of the Police encouraged by their senior police surgeon, Dr Irvine, who took the view that Dr Higgs was mistaken in her diagnoses. The Police retreated from the multi-disciplinary approach into an entrenched position. They can be criticised for allowing a rift to develop and taking no effective step to break the deadlock. There was no reaction at senior level to the problems being raised and passed on to them by operational officers. The Police blamed the attitude and approach of Mrs Richardson for their reactions. They should not have allowed personalities to stand in the way of an objective assessment of the situation and the need to resolve it. Their requirement that the diagnoses of Dr Higgs should be reviewed by the senior police surgeon was unhelpful in the circumstances.

10. There was a failure by middle and senior managers in each agency to take action appropriate to the seriousness of the situation. The disagreements between the Police and Social Services were allowed to drift and the crisis to develop. In particular, the Chief Constable and the Director of Social Services failed to understand the depth of the disagreement between their staff and as a consequence failed to take some joint action to bring their two agencies together.

11. The lack of appropriate legal advice at case conferences contributed to the failure of those most closely involved with the children to appreciate that the medical opinions they had acted upon might not provide a satisfactory basis for applications in care proceedings. This deprived them of an useful check in consideration of the advisability of the removal of the children from home.

12. There was an understandable response from parents when the diagnosis of sexual abuse was made. Their child was admitted to hospital; a place of safety order was served on them; access was restricted for the purpose of 'disclosure work'. They were uncertain of their responsibilities, distressed and angry. They did not know what to do or where to turn. They were isolated. As the numbers grew many of them formed themselves into a support group and they then received increasing support from others both locally and nationally. The media reported the situation and the crisis became public knowledge.

13. Most of the 121 children diagnosed by Drs Higgs and Wyatt as sexually abused, were separated from their parents and their home, 70% by place of safety order. The majority have now returned home, some with all proceedings dismissed, others on conditions of medical examinations and supervision orders. A few children went to one parent or a different parent and a few children were committed to the care of the Council.

14. It is unacceptable that the disagreements and failure of communication of adults should be allowed to obscure the needs of children both long term and short term in so sensitive, difficult and important a field. The children had unhappy experiences which should not be allowed to happen again.

15. It is however important to bear in mind that those who have a responsibility to protect children at risk, such as social workers, health visitors, police and doctors have in the past been criticised for failure to act in sufficient time and to take adequate steps to protect children who are being damaged. In Cleveland the general criticism by the public has been of over-enthusiasm and zeal in the actions taken. It is difficult for professionals to balance the conflicting interests and needs in the enormously important and delicate field of child sexual abuse. We hope that professionals will not as a result of the Cleveland experience stand back and hesitate to act to protect the children.

16. In many Inquiries it is social workers who are under scrutiny for their failure to act in time. We are concerned that in advising a calm, measured and considered approach to the problem of child sexual abuse, we are not seen to imply either that there are never occasions when immediate action may need to be taken or that there is not a problem to be faced and children to be protected. It is a delicate and difficult line to tread between taking action too soon and not taking it soon enough. Social Services whilst putting the needs of the child first must respect the rights of the parents; they also must work if possible with the parents for the benefit of the children. These parents themselves are often in need of help. Inevitably a degree of conflict develops between those objectives.



17. We are also concerned about the extent of the misplaced adverse criticism social workers have received from the media and elsewhere. There is a danger that social workers, including those in Cleveland, will be demoralised. Some may hesitate to do what is right. Social workers need the support of the public to continue in the job the public needs them to do. It is time the public and the press gave it to them.

18. Whilst it was important to try and identify what went wrong, it is equally important not to let that identification impede progress in the future, in Cleveland and elsewhere. We make criticisms of individuals. Those criticisms must not be permitted to obscure the wider failings of agencies; nor would we wish to suggest that the identification and management of sexual abuse within the family is easy. It obviously is not.

19. We hope that the troubles of 1987 will recede for those concerned with the protection of children in Cleveland, and that they will work together, to tackle the exacting task of helping children who are subject to sexual abuse to the lasting benefit of the children, the families and their community.

How society acknowledges the existence of, recognises and then handles child sexual abuse poses difficult and complex problems. There are some issues of importance upon which we did not receive evidence and which we have not addressed. These include specifically the nature of abusers and the reasons for sexual abuse of children; the effectiveness and appropriateness of the strategies used once the problem has been identified; and the response of society and the agencies to those who abuse.



CONFIDENTIAL



FROM: MISS M P WALLACE

DATE: 4 July 1988

PS/CHIEF SECRETARY

cc Mr Anson  
Mr Phillips  
Miss Peirson  
Mrs Case  
Mr Revolta  
Mr Saunders

**BUTLER-SLOSS REPORT: PARLIAMENTARY STATEMENT**

The Chancellor has seen Mr Moore's minute of 1 July, attaching a draft Parliamentary Statement on the Butler-Sloss report.

2. He feels that the second and third paragraphs of the draft are inadequate at present, since they do not bring out strongly enough the need to protect children and parents from the horrors of a false diagnosis of sexual abuse.

3. He has also noted the square bracketed passage at the foot of page 3, on the establishment of an office for child protection, as a potential first step towards family court: he would have thought this should not be trailed in this way without prior Ministerial discussion.

A handwritten signature in dark ink, appearing to read "mpw".

MOIRA WALLACE



CH/EXCHEQUER	
REC.	- 4 JUL 1988 <i>4/7</i>
ACTION	CST
COPIES TO	



*mmp*  
✓

10 DOWNING STREET  
LONDON SW1A 2AA

From the Private Secretary

4 July 1988

*Dear Geoffrey*

The Prime Minister was grateful for your Secretary of State's minute of 1 July following up the Cabinet discussion on the report by Lord Justice Butler-Sloss. She was pleased to see that the draft Parliamentary statement has been strengthened to reflect the views expressed at Cabinet. She would be grateful if there could be two further drafting changes which I have set out in the attached; and if your Secretary of State could consider the possibility of a further enquiry into the character of the training, for which increased resources are being devoted, together with any necessary proposals for reform of the training programmes to ensure that all the lessons from Cleveland are reflected in future training.

I am copying this letter to the Private Secretaries to the members of Cabinet, the Lord Advocate, the Attorney General, the Captain of the Gentlemen at Arms and Sir Robin Butler.

*Yours sincerely*  
*Dominic Morris*

(D. C. B. MORRIS)

Geoffrey Podger, Esq.,  
Department of Health and Social Security.

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*Ch/ as you see,  
PM shared  
your views.*

*mmp.*



## SUGGESTED ADDITIONS TO STATEMENT

Page 1, third paragraph; after "... as a result" add "to the innocent parents".

Page 3, second paragraph; beginning "Thirdly, the Report shows". At the end add: We need to ensure that this means not just more training, but better training which takes account of all the lessons learnt from the Report.



CONFIDENTIAL

FROM: R B SAUNDERS  
DATE: 5 July 1988

CHIEF SECRETARY

cc Chancellor  
Mr Anson  
Mr Phillips  
Miss Peirson  
Mrs Case  
Mr Revolta  
Mr D Rayner  
Mr Fiddell

## BUTLER-SLOSS REPORT

I attach a draft reply to Mr Moore's minute of 1 July to the Prime Minister.

2. The draft statement for tomorrow raises no specific public expenditure points. But, as the Chancellor has pointed out, there are two particular issues which might be addressed. First, it is wrong for the statement to trail at the bottom of page 3 the prospect of a first step towards a family court. While we endorse the idea of public consultation on an Office of Child Protection (Mr Revolta's submission of 30 June refers), and while the step by step approach is the one best suited to Treasury expenditure interests, nothing should be said in public about a family court until Ministers have addressed the issue again directly. This indeed is what the Lord Chancellor suggests in his letter of 29 June to the Lord President on Cleveland, where he proposes that if the question of the family court is raised, then he should say that the Government hopes to be in a position to make an announcement in the Autumn.

3. Secondly, there is the question whether the second and third paragraphs go far enough in reflecting the discussion at last week's Cabinet. You may however think that the Prime Minister's comment of yesterday deals with this point adequately, and that further comment is unnecessary. In any case, this is dangerous territory for us to get into:

- Butler-Sloss is very careful not to make any comment on the correctness or otherwise of the diagnoses



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- DHSS have told us that an independent medical assessment has been made that the diagnoses of sexual abuse were correct in at least 80% of the 121 cases
- comments in this area are liable to be turned back on us later as bids for extra expenditure.

I suggest therefore that you confine yourself to endorsing the Prime Minister's amendments, including her comment that the extra training provision should result not just in more training, but in better training.

4. Finally, there is a small point on the drafting of the first full paragraph on page 3 of the draft statement. This refers to "extending the Training Support Programme....." Strictly speaking, DHSS previously had only a limited specific grant for 1988-89 for training in the care of the elderly, not a full "programme". The attached draft offers some revised wording.



R B SAUNDERS



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DRAFT LETTER FROM THE CHIEF SECRETARY TO THE SECRETARY OF STATE  
FOR SOCIAL SERVICES

Thank you for sending me a copy of your draft statement on the Butler-Sloss report. I have also seen the Prime Minister's comments recorded in her Private Secretary's minute of yesterday.

I endorse both her comments. I have only two further points. First, in the final paragraph on the third page, I think it would be better to avoid trailing the possibility of a family court. It is not necessary to do this, and would only run the risk of pre-empting the discussion we still need to have before any more general announcement on the family court issue.

Secondly, in the first full paragraph on the third page of the draft, replace "by extending to the child care field our Training Support Programme for Social Services Departments" with "by introducing a new specific grant from next year for training in the child care field in Social Services Departments". This is to reflect the fact that the existing specific grant for training in the care of the elderly is for this year only, although I recognise that you will be bidding in E(LA) for its continuation in future years.

I am copying this letter to other members of the Cabinet, the Lord Advocate, the Attorney General, the Captain of the Gentlemen at Arms and Sir Robin Butler.



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cc:  
 Chancellor  
 Sir Peter Middleton  
 Mr Anson  
 Mr H Phillips  
 Miss Peirson  
 Mrs Case  
 Mr A M White  
 Mr Revolta  
 Mr Russell  
 Mr Rayner  
 Mr Call

Treasury Chambers, Parliament Street, SW1P 3AG

Lord Mackay of Clashfern  
 Lord Chancellor  
 House of Lords  
 London  
 SW1A 0PW

5<sup>th</sup>  
 July 1988

Dear Lord Chancellor,

**CLEVELAND ENQUIRY: LORD CHANCELLOR'S DEPARTMENT INTEREST**

You copied to me your letter of 29 June to John Wakeham.

I am generally content with your conclusion that you should go out to public consultation on a proposal for a Child Protection Office; and also with your preference for a step by step approach to our internal handling of the range of issues which have been discussed in the Family Court Review. Our officials have had initial discussions of the costings of a Child Protection Office, and I note that your figures are only preliminary at this stage. Much will depend on a judgement about the amount of staff time which would need to be devoted to the average case, and on the future volume of child care cases at the different levels of jurisdiction; but I accept that there is a serious prospect of a saving in public expenditure from your proposal as well as improved value for money. On this occasion therefore I accept that our officials can look further at the costing in parallel with the public consultation process. If a Child Protection Office proves to be more cost effective than present arrangements, then this use of a non-legalistic intermediary in the early handling of child care cases would fit well with the general impetus of the Cleveland Report towards better and quicker informal contact between the agencies involved in the interests of the child.

I am copying this letter to other members of H Committee, Tony Newton and to Sir Robin Butler.

Yours sincerely,

*John Major*

for JOHN MAJOR  
 (Approved by the Chief Secretary)



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Chancellor  
FST  
EST  
PMG  
Sir Peter Middleton  
Mr Anson  
Mr H Phillips  
Mrs Case  
Mr Gieve  
Miss Peirson  
Mr Rayner  
Mr Saunders  
Mr Revolta  
Mr A M White  
Mr Call

Treasury Chambers, Parliament Street, SW1P 3

The Rt Hon Tony Newton OBE MP  
Minister for Health  
Department of Health and Social Security  
Richmond House  
79 Whitehall  
London  
SW1A 2NS

5<sup>th</sup> July 1988

Dear Minister,

**CLEVELAND ENQUIRY INTO CHILD ABUSE**

Thank you for sending me copies of your two letters of 24 June to John Wakeham. I am content with the proposals in your first letter for handling publication of the report.

I am also content with the proposed changes to the Child Care and Family Services Bill set out in your second letter of 24 June. I note that you will shortly be providing more precise estimates of costs reflecting the changes described in your letter. I welcome the fact that you do not anticipate any substantial changes to your provisional estimate of £7-8 million (plus one-off start-up costs of £4½ million for LA staff training), and look forward to confirmation of this.

John MacGregor pointed out in his letter of 22 December 1986 that there could be no presumption that additional resources would be made available to meet extra expenditure arising from child care law reform. I should be grateful therefore for your confirmation that there is scope within your centrally financed health programme to meet the costs arising from your proposals.

I am copying this letter to James Mackay, Douglas Hurd, Kenneth Baker and Peter Walker, to other members of H Committee and to Sir Robin Butler.

Yours sincerely,

A handwritten signature in dark ink, appearing to read 'John Major', written over a horizontal line.

(Approved for) **JOHN MAJOR**  
by the Chief Secretary.



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c.c. CX

Mr Anson.

Mr H Phillips

Mrs Case

Mr Peirce

Mr Revolta

Mr Saunders.

Mr D Ragned

Mr Fellgett.

Treasury Chambers, Parliament Street, SW1P 3AG

The Rt Hon John Moore MP  
Secretary of State for Social Services  
Department of Health and Social Security  
Richmond House  
79 Whitehall  
London  
SW1A 2NS

MP

5<sup>th</sup> July 1988

Dear Secretary of State,

**BUTLER-SLOSS REPORT**

Thank you for sending me a copy of your draft statement on the Butler-Sloss report. I have also seen the Prime Minister's comments recorded in her Private Secretary's minute of yesterday.

I endorse both her comments. I have only two further points. First in the final paragraph on the third page, I think it would be better to avoid trailing the possibility of a family court. It is not necessary to do this, and would only run the risk of pre-empting the discussion we still need to have before any more general announcement on the family court issue.

Secondly, in the first full paragraph on the third page of the draft, replace "by extending to the child care field our Training Support Programme for Social Services Departments" with "by introducing a new specific grant from next year for training in the child care field in Social Services Departments". This is to reflect the fact that the existing specific grant for training in the care of the elderly is for this year only, although I recognise that you will be bidding in E(LA) for its continuation in future years.

I am copying this letter to other members of the Cabinet, Kenny Cameron, Patrick Mayhew, Bertie Denham and Sir Robin Butler.

Yours sincerely,

John Major

for JOHN MAJOR  
(Approved by the Chief Secretary)