

Summary

- RCPCH (“the College”) welcomes the Children’s Wellbeing and Schools Bill and its intentions to ensure children get the best start in life to thrive and drive lasting change for children and families, however this Bill must go further and must, in our view, be amended to provide greater protection to children’s wellbeing and health.
- This evidence submission outlines our support for New Clause 10 tabled by Jess Asato MP and New Clause 2 tabled by Simon Opher MP. It also raises questions on Clause 3 of the Bill regarding multiagency child protection teams.
- England has some of the worst child health and wellbeing outcomes in Europe. While paediatricians welcome the Bill as an important first step to addressing this, there are several missed opportunities to legislate in this Bill, and several areas for improvement. These must, in our view, be addressed if this Bill is to truly meet its stated aims. This evidence submission outlines RCPCH’s evidence and recommendations on these areas, including:
 - **Equal protection from physical punishment:** Failure to address physical (corporal) punishment is a key omission in the Bill. With evidence clear of the harms to children’s health and wellbeing, RCPCH, alongside other children’s organisations, supports **Amendment New Clause 10 (NC10) and consequential Amendment 11**, to remove the “reasonable punishment” defence from Law in England by amending section 58 of the Children Act 2004.
 - **Multi agency safeguarding:** It is positive to see steps to strengthen multi agency safeguarding with the inclusion of **Clause 3** requiring safeguarding partners to establish multi agency child protection teams for local authority areas. The College urges the Government to ensure that doctors, with expertise in clinical child protection matters, are a mandatory part of these teams.
 - **Free school meals:** RCPCH supports **amendment NC2** to extend free school lunch provision to all children in primary schools.
- Given the strong focus of the bill on children’s wellbeing and consequences for children’s services, we would urge the committee to ensure that those working to support children’s health and wellbeing across children’s services have their voices heard in the scrutiny of this Bill. RCPCH wishes to signal its willingness to give oral evidence to the committee.
- If the committee would be interested in hearing directly from paediatric experts to discuss our evidence further, please contact bruce.warwick@rcpch.ac.uk.

Equal protection for children from assault

RCPCH supports amendment NC10

- The Children’s Wellbeing and Schools Bill seeks to improve the safeguarding and welfare of children. In the spirit of this policy intention, it should be amended to address the issue of physical punishment of children, and ensure all children have the same protections from assault.

- Currently in England and Northern Ireland, a parent can use the defence of ‘reasonable punishment’ to justify physically punishing a child in certain circumstances, for example by slapping, smacking, or hitting. RCPCH recognises that the scope of the Bill, insofar as potential amendments pertaining to reasonable punishment, is England-only and RCPCH will pursue the Northern Ireland matters separately.
- Physical punishment has negative consequences for children’s physical and mental health and wellbeing as well as their social, emotional and behavioural outcomes.
- **RCPCH, alongside NSPCC, Barnardo’s and the Children’s Commissioner for England support Amendment NC10, tabled by Jess Asato MP to remove the ‘reasonable punishment’ defence from law in England.** This would give children the same protection from assault as everyone else, and provide absolute clarity to parents, to professionals seeking to support them and, crucially, to children themselves about how they can expect to be treated.

Evidence to support Amendment New Clause 10 and consequential Amendment 11

- The following summarises the case for amending the Children’s Wellbeing and Schools Bill to remove the ‘reasonable punishment’ defence from law in England. Further evidence and information can be found in the joint evidence submission from RCPCH, NSPCC and Barnardo’s and in research evidence.^{1,2}

Physical punishment affects children’s health, wellbeing and safety

- A narrative review of almost seventy studies published in The Lancet in 2021³ showed that physical punishment was linked with no positive outcomes for children. Rather, it was linked to increased child behaviour problems over time.
- In April 2024 RCPCH’s report⁴ highlighted the range of negative health impacts of physical punishment in childhood, with children who experience physical punishment potentially being up to three times (2.6x) as likely to develop poorer mental health and potentially more than twice (2.3x) as likely to experience serious physical assault and abuse.

The current legal position is unjust and dangerously vague

- The ‘reasonable punishment’ defence – a common law defence to battery of a child in England⁵ – means that something, which may otherwise constitute assault or battery, is permissible because it was done by an adult (parent or carer acting *in loco parentis*) to a child on the grounds of punishment. In effect, this means that children have less protection from physical harm than everyone else in society.
- There is no definition as to what is ‘reasonable’. It is dependent on circumstance and open to interpretation. The in-built ambiguity in the current law leaves children exposed to potential significant harm.

¹ Fussey E, Gerry F, Herbert B, S Havighurst, D Higgins, Schaff O, Rowland AG (2024). Equal Protection from Assault in England and Northern Ireland: The Health, Education and Legal Case for legislative change to remove the “reasonable punishment” defence and to prohibit all physical punishment of children. London (UK): Royal College of Paediatrics and Child Health. Available from <https://www.rcpch.ac.uk/resources/equal-protection-from-assault-england-and-northern-ireland>

² Rowland AG, Gerry F, Stanton M. Physical punishment of children: time to end the defence of reasonable chastisement in the UK, USA and Australia. The International Journal of Children’s Rights 2017 Jun 20;25(1):165-95. Available from https://brill.com/downloadpdf/journals/chil/25/1/article-p165_165.pdf

³ Heilmann, A. et al (2021). Available at: [Heilmann et al 2021 Physical punishment and child outcomes The Lancet Accepted author manuscript.pdf](https://www.thelancet.com/journal/S0140-6736(21)00000-0)

⁴ RCPCH (2024). Available at: [Equal protection from assault in England and Northern Ireland: Prohibiting physical punishment of all children | RCPCH](https://www.rcpch.ac.uk/resources/equal-protection-from-assault-in-england-and-northern-ireland-prohibiting-physical-punishment-of-all-children)

⁵ Confined to battery by section 58 of the Children Act 2004

- Where a child has been subject to physical punishment, professionals can find it difficult to assess and respond to potential risk. Professor Andrew Rowland, Consultant Paediatrician and RCPCH Officer for Child Protection said: *“As a paediatrician working in child protection services, I am regularly faced with difficult situations where it is alleged that physical punishment has been used against a child. Yet the current legislation around smacking and physical punishment of children makes it a unique challenge for protective services to have conversations with families, founded on a solid legislative basis, about how they can act in the best interests of their child, and what is acceptable with regard to treatment of children. The adverse health impacts of physical punishment of children are clear and this Bill must be amended to remove the reasonable punishment defence”*.

Evidence from other countries supports legal change

- Scotland, Wales, Jersey and the Republic of Ireland have already repealed their equivalents of the ‘reasonable punishment’ defence; further afield physical punishment is no longer permissible in countries including Tajikistan, Zambia, South Korea and Brazil. Indeed 67 States around the world have taken affirmative action to prohibit all physical punishment of children.⁶
- The longer-term evidence from countries where physical punishment has been prohibited has shown a tangible decrease in the proportion of children who experience physical punishment, and this will have a significantly positive impact on their wellbeing. For example, in Germany, in 1992, 30% of young people had been subjected to corporal punishment; by 2002, the figure was 3%. In Romania, there has been a 22% decrease in caregivers’ use of corporal punishment within a decade following prohibition between 2001-2012. Children’s reports of the use of severe forms of corporal punishment have halved.

Parliamentary process

- RCPCH notes that Welsh Government commits to a post-implementation review of the Children (Abolition of Defence of Reasonable Punishment) (Wales) Act 2020 which is due to be laid before the Welsh Assembly before the end of 2025. RCPCH’s position is that whilst this review is welcome (it being a legislative requirement) it is not necessary for the UK Parliament to wait for this review before approving Amendment NC10 in the Children’s Wellbeing and Schools Bill for three reasons.
 - First, RCPCH does not know of any evidence that public services have been overwhelmed or that there have been prosecutions of parents (for physically punishing a child) that would not already have taken place pre-legislation.
 - Second, a public awareness duty is incorporated in NC10 [58B(1)] and this would raise awareness of the new situation regarding physical punishment of children before the new arrangements come into legal effect (see Amendment 11).
 - Third, consequential Amendment 11 (which is consequential on the inclusion of NC10) introduces a delayed commencement provision so that the abolition of the reasonable punishment defence would not come into effect until 12 months after the Children’s Wellbeing and Schools Act (“the Act”) takes effect. This 12-month period is after the Welsh report is expected to be published, and NC10 has a Henry VIII clause incorporated into it which would enable the UK Government to make any necessary regulations arising from the Welsh Government review, without the Children’s Wellbeing and Schools Act having to be (further) amended.

⁶ <https://endcorporalpunishment.org/> (accessed 21 January 2025)

There is public and political support for legal change

- Polling commissioned by the NSPCC has found consistently in 2022⁷, 2023⁸ and 2024⁹, that a majority of adults in England think the physical punishment of children is unacceptable.
- There is cross-party support for this change. At Second Reading, MPs from across the House (Jess Asato MP, David Simmons MP, and Vikki Slade MP) spoke in support of removing the defence of “reasonable punishment” from law in England.

Multi-agency child protection teams for local authority areas

RCPCH seeks further clarity on Clause 3

- RCPCH supports the development of multi-agency child protection teams and believes that these have the potential to significantly improve the safeguarding of children locally.
- Clause 3 requires safeguarding partners for an area to establish one or more multi-agency child protection teams to support the local authority in delivering its child protection duties. These teams are intended to serve a vital function in child protection in identifying, assessing and addressing the needs of vulnerable children in all aspects of their lives.
- Multi-agency teams will join together information and perspectives in order to ensure that services are able to see the whole picture, understand safeguarding concerns and make decisions which are in the best interests of children.
- It is the College’s view that these teams must include a senior doctor with expertise of conducting child protection medical assessments to ensure that the multi-agency team has the best quality advice from a clinical point of view; and to ensure that the cases of individual children coming before the team are expertly managed from the outset.
- RCPCH notes that the presence of a suitable paediatrician in the teams will allow the system to function more effectively because of their skills, expertise, and experience.
- Inclusion of a doctor with child protection expertise will generate system efficiencies by ensuring that the right decisions are taken about individual children – and whether, and if so where and when, they should have a medical assessment. It will also enable the right medical input into an individual child’s case from the start. This is likely to have wider benefits, aside from the system efficiencies, to the child, to individual practitioners, and to the family and/or carers.
- Through the legislative process, we urge MPs to seek to understand how these teams will work with existing child protection structures. For example, by asking how these teams will sit alongside existing designated and named professional structures, including designated doctors and named doctors (or if it is the policy intention of the government that there is to be radical system overhaul). Clarity on the relationship between the proposed multi-agency teams and the existing workforce is essential to ensure that the teams function effectively.
- MPs may also wish to seek assurance that a formal academic evaluation of these new teams has been costed into their creation so that the UK Government has the best possible quality of evidence of impact of these teams and can use that evidence to further develop services in the future.
- Creation of multi-agency child protection teams has the potential, in the future, to influence further strategic changes including nationally commissioned service specifications, with room

⁷ <https://www.nspcc.org.uk/about-us/news-opinion/2022/equal-protection-wales-england/>

⁸ <https://www.nspcc.org.uk/about-us/news-opinion/2023/majority-of-public-want-children-in-england-to-have-same-protection-from-assault-as-adults/>

⁹ <https://www.nspcc.org.uk/about-us/news-opinion/2024/2024-04-30/>

for local modifications, of child protection services as well as the development of children's advocacy centres where help can be sought and clinical and other assessments provided.

Free School Meals

RCPCH supports amendment New Clause 2

- RCPCH welcomes the Bill's measures to deliver free breakfasts for all primary school pupils (clause 21 of the Bill as introduced). RCPCH would have wished this provision to have gone further – we support the introduction of universal free school meals at lunch for all children. This would ensure **all** children are also provided with healthy, nutritionally-balanced, meals at lunchtime.
- Evidence shows that policies such as free school meals are imperative in tackling child health inequalities. For example, research from the Impact on Urban health on the rollout free school meals in London found 84% of parents and carers said the availability of universal primary free school meals helped household finances, and now, through the money they saved, they were able to invest in their family's health by buying foods for a more filling and balanced diet. Children also felt stronger and healthier and had more energy.
- As a first step towards universal provision, **RCPCH therefore supports Amendment New Clause 2**, tabled by Dr Simon Opher MP, **to extend provision of free school meals to all children in primary schools.**

About us

We are the Royal College of Paediatrics and Child Health, the membership body for paediatricians in the UK and around the world. We have about 24,000 members in the UK and internationally, and play a major role in postgraduate medical education, professional standards, research and policy.

Child protection plays a role in everything we do as child health professionals, and is about protecting individual children identified as suffering, or likely to suffer, significant harm as a result of abuse or neglect.