

IOWSCP Thematic Audit: The Multi Agency Response to Child Sexual Abuse

“I have the right to be protected from Child Sexual Abuse.”

Article 34. The United Nations Convention on the Rights of the Child. The Children’s Version

Sexual abuse - Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts, such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. [Working Together to Safeguard Children](#) (page 162).

Key messages for strategic leaders and managers.

Take every opportunity you can to promote awareness and use of the [Hampshire, Isle of Wight, Portsmouth and Southampton Child Sexual Abuse Strategy and toolkit](#) within your agency.

Consider how assured you are of the resources from the toolkit being embedded and used in your agencies’ processes, procedures and practice and take action to seek assurance as needed.

Key messages for practitioners

MAKE SURE your training is up to date and includes, as a minimum, “An introduction to Child Sexual Abuse” available as part of the [IOWSCP workforce development offer](#). Make time to explore the rest of the workforce development offer which includes areas such as Harmful Sexual Behaviour, understanding Specialist Child Sexual Abuse Medical Assessments, information sharing and the Child Sexual Abuse Offender Disclosure Scheme (Sarah’s Law) and undertake the training in Brooks Sexual Behaviours Traffic Light Tool.

CHECK OUT the resources, guidance and research available to you from the [Centre for Expertise on Child Sexual Abuse](#). This includes the [signs and indicators](#) template with [video guidance](#) and training for use. The signs and indicators template is a helpful resource given the key message from research, evidencing **children are not likely to make a verbal disclosure**.

USE [national resources](#) about child sexual abuse in your work with children, young people, families communities and with multi agency partners.

REMEMBER THE IMPORTANCE OF LANGUAGE. The Children’s Society have published a very useful resource “[Appropriate language in relation to child exploitation 2022](#)”.

ALWAYS complete a [child exploitation risk assessment framework](#) (CERAF) where there is concern of child exploitation including child sexual exploitation and **use** your professional judgment to consider the level of risk to the child.

COLLEAGUES IN STATUTORY SERVICES should have a clear understanding of the [Crown Prosecution Service Guidance \(2022\)](#) which considers therapeutic support for children where there is an ongoing police investigation. There is a clear position that safeguarding and promoting the wellbeing of a child is a priority and children’s social care and police need to work closely together.

IF YOU DO ONE THING:

Be proactive, explore and use the [Hampshire, Isle of Wight, Portsmouth and Southampton, Child Sexual toolkit and strategy](#). Share the resources with your colleagues and use opportunities such as team meetings and briefings to discuss child sexual abuse.

Introduction

This thematic audit formed part of the IOWSCP's multi-agency audit plan for 2023/24. It took place in March 2024. Thematic audits are used as a window into current practice, identifying best practice and emerging themes across the cases examined where further practice development is needed.

The thematic audit consisted of:

- * A review of local/national multi-agency data and training attendance and evaluation.
- * A review of the learning and recommendations from a previous IOWSCP Audit undertaken in June 2017.
- * A review of recent published local Child Safeguarding Practice Reviews from other LSCP areas
- * A staff survey with front line staff around confidence in identification and response to child sexual abuse and awareness of the HIPS Child Sexual Abuse Strategy and associated toolkit.
- * A multi-agency case file audit of the circumstances of fourteen children and families
- * National reviews and research- Reports referenced within this report include the [Independent Inquiry into Child Sexual Abuse](#) and the Joint Targeted Area Inspection considering the multi-agency response to child sexual abuse in the family environment.

Multi agency practice strengths

For all cases in the audit, there was multi-agency engagement in the assessments and planning. Where necessary, this included probation. In two cases, an independent expert was commissioned to provide additional expert opinion of the risk to the children from the perpetrator. For each case where it was deemed necessary, a skilled intermediary was used to assist with interviews of younger children and children with disabilities.

There were examples of positive multi agency practice where children had been subject to a child protection plan for a longer period of time so that the child(ren) and family could be supported, and risks assessed and managed. It was noted that where a child has been subject to a child protection plan for longer than 12 months this is reviewed with IOW Children's Social Care Senior Managers to consider if the application of public law outline (PLO) is required. Supervision was a general strength within the audit for Children's Services.

Therapeutic support for children was noted in the audit, with 3 referrals to the Frankie service, and evidence of Emotional Literacy Support Assistant (ELSA) work being utilised in school. Of particular note was a school who ensured this happened for every child on a child protection plan. It is recognised that this is not specialist support for child sexual abuse.

Work to support the family where parents may have learning needs was noted. This enabled the parents to understand the risk, the implications of a safety plan and their responsibilities to ensure it was maintained. In one case [Lucy Faithful foundation](#) supporting resources were shared with parents to develop their understanding and knowledge.

Throughout the audit, the panel noted the proactiveness and tenacity of multi-agency practitioners and their perseverance in establishing relationships with children and families.

Additional findings

- * [The HIPS Child Sexual Abuse Strategy and toolkit](#) were published in March 2023. The findings from the staff survey indicated that while awareness of the strategy and toolkit was over 60%, of that 60% two thirds of respondents had not accessed the Child Sexual Abuse toolkit.
- * There was some evidence within the multi-agency case file auditing of use of LSCP tools and resources, these included the [HIPS Unborn/Newborn Baby Protocol](#), the HIPS Child Exploitation Risk Assessment Framework (CERAF), [Hampshire and Isle of Wight Safeguarding Partnerships Thresholds Chart](#) and the Brook Traffic Light tool. The signs and indicators template from the Centre for Expertise on Child Sexual Abuse was not evident within the audit and it is noted this template is included within the HIPS Child Sexual Abuse toolkit.

- * There is a need to consider how children and young people who are neurodivergent understand healthy relationships, appropriate behaviour and boundaries. This includes the importance of education as a preventative measure and also therapeutic work to enable children to understand risks and consider appropriate behaviours. The [Cygnet](#) parenting support programme for parents and carers of autistic children, is delivered on the island and supports parents with managing conversations around sexual development and puberty.
- * The HIPS Child Sexual Abuse toolkit includes links to [sources of support for children and families](#). It was not evident within the audit that sources of support were widely known by practitioners.
- * Within the audit of fourteen cases of children and families, there was no evidence of use of the [HIPS Escalation Policy for the Resolution of the Professional Disagreement](#). Given the complexity of the circumstances of a number of children, this is of interest.
- * As similarly noted in a previous IOWSCP audit, professionals may assume that information is shared across health providers. This is not always the case. It is a finding in Child Safeguarding Practice Reviews that terms such as ‘health’ being used as a blanket phrase for health providers is not helpful and we should challenge each other to be clear who information has been shared with, naming the health provider, their role and name.
- * The audit gave a mixed view of multi agencies use of workforce development opportunities considering child sexual abuse.

National and Local Prevalence

The majority of child sexual abuse is hidden; never reported or uncovered by an official agency. The most recent data estimates that 15% of girls and 5% of boys will experience child sexual abuse before the age of 16. Only 1 in 8 will become known to professionals at the time. [Child sexual abuse: Trends in official data](#). Children with special educational needs and disabilities are three times more likely to be abused than their peers and additional barriers can sometimes exist when recognising abuse in children with special educational needs and disabilities [Child abuse and neglect in the UK today \(nspcc.org.uk\)](#).

Figure 1. The scale of child sexual abuse compared with agencies' identification of it



Isle of Wight Data

% of children who were the subject of a child protection plan under the category sexual abuse at 31 March 23.
 *% given as yearly averages ** Southend-on-Sea is our nearest statistical neighbour

	2019	2020	2021	2022	2023
National	4.3%	3.8%	3.9%	3.8%	3.7%
IOW	10.2%	6.6%	8.8%	6%	9%
Southend-on- Sea	<i>Not provided</i>	<i>Not provided</i>	<i>Not provided</i>	<i>Not provided</i>	6.3%

The [JTAI report of the multi-agency response to child sexual abuse within the family environment](#) was published in February 2020. Six local authority areas were inspected under the framework and a report produced on the overarching findings. The findings from these inspections were incorporated into the HIPS Child Sexual Abuse strategy and toolkit. The JTAI found:

- Sexual abuse within the family environment needs to be talked about.
- Professionals find this area of practice very difficult, and confidence needs to be built. Local area leaders across all agencies must provide better training and support for frontline professionals on the issue of sexual abuse in the family environment.
- Child sexual abuse in the family environment is not a high enough priority.
- Preventative work is absent or focused on known offenders. Programmes aimed at children cannot exist in isolation as children need adults to keep them safe.
- Professionals rely too heavily on children to verbally disclose abuse.
- When children have displayed harmful sexual behaviour, often it is solely their behaviour, not the cause, that professionals respond to.
- Practice in this area is too police-led and dependent on determining whether a crime has been committed and is not sufficiently child-centred.
- The JTAI report also noted that “too often health agencies are not involved at all.”
- There was reference to the quality of criminal investigations of child sexual abuse in the family environment and identified the length of time taken is sometimes poor. Delays in the forensic examination of digital equipment, which can take up to a year to do, can mean that investigations take too long and impact on children’s well-being.
- The JTAI report identified that the length of time taken to investigate meant in some cases this also led to a delay in children receiving the therapeutic support they needed, which was further exacerbated by the misunderstanding by some professionals about children not being able to access support during investigations. There was a lack of communication between the police and children’s social care services and consequently a lack of challenge by the latter about the police’s delays and decision-making.
- The report highlighted that children and non-perpetrating parents, and family members are not supported well enough. Professionals need to better understand the relationship between abusers and non-abusing parents or guardians. In most cases, it will be unrealistic to expect non-abusing parents to protect their children from harm without significant support from agencies and partnerships.

The conclusion to the JTAI report is powerful and essential reading for all involved in the protection of children. The report states that child sexual abuse in the family environment needs to be a priority across government departments and local areas. “Too often, responses leave children repeatedly victimised, perpetrators unidentified, who therefore remain a risk to children, and known victims not supported well enough.” The conclusion referenced the role communities, organisations and the media have to play and the need to create an environment in which children and adults are able to talk about sexual abuse more easily.

Finally, the report states “In conclusion, **we can no longer stay silent on this issue. We have to talk about it and act.** Everyone needs to play their part in identifying, preventing and tackling child sexual abuse in the family environment.”

HIPS Child Sexual Abuse Strategic Priorities

In March 2023, Hampshire, the Isle of Wight, Portsmouth, and Southampton (HIPS) launched the Child Sexual Abuse Strategy and associated toolkit.

The strategy was produced to support a coordinated approach to preventing child sexual abuse and improve the identification, protection, and support for children and their families. It was created to improve the ways

in which children's needs and risks are understood, recognised, and responded to at all stages. It is not a "stand alone" document and should be considered alongside other relevant HIPS/Local Safeguarding Children Partnership's (LSCPs) strategies, in particular the [HIPS Child Exploitation and Extra Familial Harm Strategy](#).

The HIPS Child Sexual Abuse strategy identifies eleven strategic priorities for partnership agencies.

1. To develop/promote children, young people, families, communities, and practitioners' understanding and recognition of sexually abusive behaviour and to ensure appropriate, consistent, and timely responses across all agencies.
2. To ensure agencies understand and support each other's roles in the prevention, recognition, and assessment of child sexual abuse and that they work together to maximise outcomes for children.
3. To raise practitioners' awareness of the prevalence, typology, cause, and hidden nature of child sexual abuse, increasing their ability to identify and assess those at risk.
4. To develop practitioners understanding of the journey of disclosure of child sexual abuse, the barriers that may prevent it and strategies to help overcome these.
5. To provide a coordinated multi-agency response that enables practitioners to develop joint solutions for the shared responsibility for protecting children and pro-actively pursue perpetrators.
6. To ensure a holistic approach that meets the health, wellbeing, safeguarding, and criminal justice needs of victims.
7. To provide practitioners with access to resources and training to equip them to deliver consistent, effective, and timely responses to children and young people at risk of or experiencing sexual abuse.
8. To promote the health and sexual health and wellbeing of children through education for all children, support for families and communities.
9. To ensure that children identified as likely to have been sexual abused are referred in a timely way to services that can address mental, psychological, and physical health needs including prevention or treatment of sexually transmitted infections and prevention or detection of pregnancy.
10. To courageously prevent, pursue and prosecute perpetrators of child sexual abuse, increasing public confidence and strengthening public protection, whilst also recognising that child perpetrators (children who have harmed) have vulnerabilities, may be victims themselves, and may require a proportionate response.
11. To explore and evidence the incidence of child sexual abuse to inform the planning of services and support for children who have been sexually abused and their non-abusing family members. In line with the recommendation from the Independent Inquiry into Child Sexual Abuse (IICSA), a core data set can be considered by LSCPs which will support local and HIPS understanding of characteristics of victims and perpetrators, vulnerability factor and contextual factors such as settings where child sexual abuse occur.

IOW Safeguarding Children Partnership - Thematic Audit, Child Sexual Abuse, Multi agency recommendations.

The IOWSCP thematic audit recommendations include the following. These are aligned to the HIPS Child Sexual Abuse Strategy, where applicable. The recommendations will be monitored and assured through the Performance and Quality Assurance Subgroup on behalf of the IOW Safeguarding Children Partnership.

1. For IOWSCP to review the Child Safeguarding Practice Review Panel's national review of intra-familial child sexual abuse (due to be published in Spring/Summer 2024) and consider any recommendations for the safeguarding partners.
2. For an agreed local multi-agency dataset in relation to child sexual abuse to be established (HIPS CSA Strategy priority 11).
3. Statutory agencies should be clear about expectations of training regarding child sexual abuse for frontline practitioners and managers. (HIPS CSA Strategy priorities 3,4,7,).
4. While the value of preventative programmes such as the NSPCC Pantosaurus is recognised, partners, through the IOWSCP, should consider raising community awareness through the development of web-based information, signposting national resources and in the IOWSCP communications plan (HIPS CSA Strategy priority 1).

5. Strategy discussion templates should routinely include the decision regarding a specialist child protection medical assessment and the rationale for the decision.
6. Statutory agencies are requested to ensure relevant practitioners are reminded that a medical may be required for forensic reasons but is always holistic. (HIPS CSA Strategy priority 5,6,9).
7. [Guidance](#) from the crown prosecution service relating to criminal investigations and therapeutic support for children should be issued to relevant social care practitioners, police officers and commissioned services providing therapeutic support. This guidance is clear that investigations should not delay a child's access to therapeutic support. (HIPS CSA Strategy priority 5,6).
8. The increase in investigations relating to indecent images of children has inevitably meant prioritisation of the forensic examination of digital equipment and statutory partners should be reminded of the ICAT MASH policy which states, '*ICAT can inform children's MASH of live investigations at the point a suspect or address is identified by the ICAT intel team where children are linked prior to action being taken by the police.*' This approach supports the effective and timely safeguarding of children. The IOWSCP should seek assurance the ICAT MASH policy remains in operation and is being utilised.
9. For the IOWSCP PQA subgroup to explore a model of multi-agency reflective supervision where there are concerns regarding child sexual abuse and practice is believed to be 'stuck' in some way. This would complement the HIPS Policy for the Escalation and Resolution of Professional Disagreements, statutory processes and single-agency supervision (HIPS CSA Strategy priority 2).
10. Social workers, DSLs in schools and relevant health professionals should be made aware of parenting programmes such as [Cygnet](#) and the content. The programmes should be promoted to parents of children with an autistic spectrum condition.
11. "In conclusion, we can no longer stay silent on this issue. We have to talk about it and act." Within 6 months of this audit, for the agencies involved in the audit to share with the IOWSCP the steps that they have taken to promote practitioner confidence regarding child sexual abuse. This must include promoting [HIPS Child Sexual Abuse Strategy and toolkit](#) including the [signs and indicators of child sexual abuse](#) template to their workforce. The responses will be part of the scrutiny work of the IOWSCP Independent Chair and Scrutineer. (HIPS CSA Strategy priority 1)

SUPPORTING RESOURCES

- * [Hampshire and Isle of Wight Thresholds Chart](#)
- * [HIPS Child Sexual Abuse Strategy and Toolkit](#)
- * [IOWSCP workforce development](#) offer – including training regarding the role of MASH and how to use the Brook Traffic Light tool, Safeguarding Infants eLearning.
- * [Child Exploitation toolkit](#) including the [Child Exploitation Risk Assessment Framework](#) (CERAF)
- * [Lucy Faithful Foundation](#)
- * [Centre for Expertise on Child Sexual Abuse](#)
- * [HIPS Unborn/Newborn Baby Safeguarding Protocol](#)
- * [Working Together to Safeguard Children](#)
- * [Unidentified Adults toolkit](#)
- * [NSPCC Helpline: Better Safe](#) – a short video to share with parents/carers,

The Isle of Wight Safeguarding Children Partnership would like to extend our thanks to the practitioners and managers that supported the multi-agency audit. The input of practitioners was invaluable. It ensured the voice of the child was a central theme to this work.

