Intra-familial Child Sexual Abuse Audit: Summary for Practitioners & Managers

October 2020

Background

The East Sussex Safeguarding Children Partnership (ESSCP) Quality Assurance (QA) sub-group is responsible for monitoring and evaluating the effectiveness of the work carried out by partnership agencies to safeguard and promote the welfare of children; and to make recommendations about ways this can be improved.

In October 2020 the QA Subgroup completed an audit on intra-familial child sexual abuse where there had been a referral and multi-agency involvement.

Intra-familial child sexual abuse refers to child sexual abuse that occurs within a family environment. The perpetrator may or my not be related to the child. The main consideration is whether the abuser feels like family from the child's point of view.

Learning for practice

The ESSCP invite you to discuss some of the issues raised in this audit in your team meetings or during group supervision. We encourage your responses to be included in your team minutes and forwarded to the safeguarding lead within your organisation.

Points for discussion:

- Why is it important to cover identity related issues in assessments?
- What therapeutic support is available to child victims?
- Are you aware of the Sussex CSA Pathway? When did you last undertake CSA training?

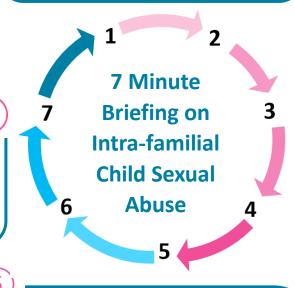


Recommendations for improvement

- MASH Police to raise the need for a Social Worker to always be present at an ABE Interview. If no Social Worker is available, then it should be escalated to the MASH Detective Sergeant.
- Ensure all direct allegations of sexual harm by a child result in a Strategy
 Discussion at the earliest opportunity and within 72 hours. If there is a delay
 in the meeting an explanation must be provided by the Practice Manager.
- Children's Services to review the training offer in respect of child sexual abuse.
- All services need to be clear about sources of therapeutic support for the child victim. This will ensure that the child is able to receive the appropriate support.
- To ensure key agencies receive updates at the end of the Family Assessment including sharing the assessment document with parental consent. Key partners including School & key Health professionals to be informed of the outcome of the Family Assessment. This will ensure that those working with the child are aware of the outcome and able to support the child.

Method

Six cases with multi-agency involvement were randomly ch but reflect a range of disabilities, circumstances, age groups, location and outcome. Each auditor was sent an audit tool based upon the Ofsted framework and populated with the details of each case. Auditors examined their agency records and discuss findings and to agree the learning, the strengths, the factors that supported good outcomes and the recommendations.



Learning Identified

- All agencies should to be clear about sources of therapeutic support for the child victim after Police proceedings have taken place.
- The importance of always covering identity related issues in accompanying Family Assessments, to explore what the impact is on the child and family of these factors in context of the risks identified and generally. This will ensure we have a full understanding of the child and families lived experience around identity.
- To ensure key agencies receive updates at the end of the Family
 Assessment including sharing the assessment document if parental
 consent has been given. Key partners including School & key Health
 professionals to be informed of the outcome of the Family
 Assessment.
- When a child makes a disclosure about sexual abuse professionals involved should appropriately safeguard and respond to the allegation seriously, even when there is no substantive evidence to support this allegation

Strengths of Multi-Agency Practice

In the cases audited, there was evidence of:

- a quick response to safeguard the child victim.
- good, timely and effective initial response in four
- Strategy Discussion being held within timescales in most cases with relevant professional.
- effective management oversight and reviews in four cases.
- safeguards being put into place to protect other children at risk from the perpetrator.
- detailed and relevant referrals made by professionals.
- good multi agency co-ordination in four cases, including effective collaboration between police, social worker and SWIFT to identify risks posed to the child and create an effective plan to safeguard them.
- good information gathering for each case.
- a clear outcome focussed plan addressing the risks in six cases, however the timescales were not always explicit.

Improvement in individual cases

While there was evidence of good multi-agency work in all cases, particular improvements in individual cases were identified, including:

- Strategy Discussions should take place within 72 hours with a clear action plan in place and for the meeting minutes to be sent out within 5 working days.
- Police should share all summaries of ABE interview outcomes with Children's Services so this can be
 uploaded to the e-case file or summarised in the case notes.
- Children's Services provide update to Sexual Assault Referral Centre (SARC) about the offer they have made regarding health assessment for the child victim. Social Worker to promote this work directly with the child and family.
- to be clear about sources of therapeutic support for the child and family.
 - always cover identity related issues in accompanying Family Assessment to explore what the impact is
 on the child and family of these factors in context of the risks and needs identified.
 - to ensure key agencies receive updates at the end of the Family Assessment including sharing the
 assessment document with parental consent. Key partners including School & key Health professionals
 to be told what the outcome of the Family Assessment is.
 - the need to seek consultation with SWIFT Sexual Risk team if there are unanswered questions regarding current or future risk following safeguarding enquiries.
 - for joint visits to take place in a timely manner and the need for the Social Worker and Police to both be present.
 - when an ABE interview takes place, a social worker must be present. It's vital for a Social Worker to attend the ABE to understand the case and put the correct safeguards in place.
 - safeguarding referrals made directly to Children's Services or Police and not by a third party.
 - School Health to follow up with the family when they have been notified that they have not taken up appointments and not discharge a family if they have not engaged in a service.
 - School Health should refer children directly to services instead of signposting them.
 - SPFT when identifying the indicators of potential sexual abuse, should explore these further even if this is simply a discussion with the professional referring them.
 - SPFT to add an alert on the case records and be clear about who is responsible for doing so when safeguarding concerns are identified and shared.



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