



Child Sexual Abuse Strategy 2018 - 2020

“We owe our children, the most vulnerable citizens in our society, a life free of violence and fear”

Nelson Mandela

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Section One

1. Introduction

The last four decades have been witness to a changing landscape of language and framings for Child Sexual Abuse (CSA) – from incest in the 1970s, through a number of other terms, to the current distinction of Child Sexual Exploitation (CSE) and Female Genital Mutilation (FGM) being a category within CSA. Each shift has meant that different forms and/or contexts of abuse have been recognised, which also opens up space for survivors to speak and for agencies to listen and hear.

The shift in language and perceptions should not be seen as a pendulum effect. It is more of a clock face on which some parts are highlighted and others in shadow: holding all forms of and contexts for CSA in view at the same time has been elusive for research, policy and practice.

The Cambridgeshire and Peterborough Safeguarding Children Board (CPSCB) recognise the need for cases of CSA to be recognised and addressed. The CPSCB has the following aim –

“To ensure that there is recognition of child sexual abuse cases in Cambridgeshire and Peterborough and that from early help to statutory intervention there should be appropriate, consistent and timely responses across all agencies”

To achieve its aim CPSCB, will seek to ensure that all partner agencies work together so that anyone who comes into contact with children and young people is able to recognise, understand and know how to respond to cases where a child or young person may be at risk of harm from CSA.

This strategy seeks to explain;

- What is child sexual abuse
- How agencies in Cambridgeshire and Peterborough recognise and respond to child sexual abuse
- What this means for people and organisations and how they exercise their duties and responsibilities to protect children and young people

The CPSCB recognises that this task is particularly difficult when signs and indicators of CSA are not always easy to spot and the consequences of action or inaction may have great significance for the child, young person, their family and those involved with them.

This strategy has been created to help improve the ways in which needs and risks are understood, recognised and responded to at all stages of the “child’s journey”. It is not a “stand alone” document and should be considered alongside a number of other strategies, including the CPSCB Threshold document, CSE Strategy and Harmful Sexual Behaviour Strategies, Online safeguarding strategy and information regarding FGM. Together these reflect the many different aspects of CSA and priority concerns of organisations and professionals.

Over time those responsible for ensuring the safety and protection will be supported to evidence how they are implementing this strategy through the CPSCB section 11 (Children Act 2004) self-assessment and their own governance and accountability structures and processes.

“The world is a dangerous place, not because of those who do evil, but because of those who look on and do nothing”

Albert Einstein

2. Definition of Child Sexual Abuse

Working Together 2015 defines child sexual abuse as;

“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 (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.”

Whilst it is recognised that there are many definitions of CSA, the Working Together definition will be used for the purposes of this Strategy.

CSA includes many areas, the following discusses some of these areas but is not exhaustive.

Child sexual exploitation (CSE)

CSE is a form of CSA. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. It can involve children and young people of all ages and genders from all social and ethnic backgrounds.

CSE has received increased national media attention over recent years. Locally, there have been a number of countywide police investigations into CSE that have resulted in successful criminal convictions. Partner agencies across the County have worked in partnership to ensure that CSE is recognised and responded to appropriately. Multi-agency working around the area of CSE is underpinned by the CSE strategy and accompanying resources. For further information relating to CSE please refer to CSE Strategy <http://www.safeguardingpeterborough.org.uk/wp-content/uploads/2018/05/CSE-Strategy-Feb-2018.pdf>

Online abuse

Online Safeguarding’, ‘eSafeguarding’, ‘Internet Safety’, ‘eSafety’, ‘Digital Safeguarding’ and ‘Online Safety’ are all interchangeable terms used to varying extents. However, regardless

of the term used, all should relate to ensuring children and adults using technologies both now and in the future do so safely and responsibly.

Individuals often associate online safeguarding with online grooming, cyberbullying or inappropriate images/video. However, there is also a much broader and developing agenda particularly in relation to the growth of social media including information privacy, sexting, gambling, radicalisation, self-generated content and numerous other risk areas. In line with this, online safeguarding is an increasingly common thread running across a number of related and already embedded areas such as child sexual exploitation (CSE), anti-bullying, anti-social behaviour and the radicalisation of young people amongst others. If we are to be effective in our approach, it is essential that colleagues across all related agendas work together cohesively to ensure a common and collaborative approach and ensure the online aspects are appropriately reflected in related risk areas.

The prevalence of online messaging, social networking and mobile technology effectively means that children can always be 'online'. Their social lives, and therefore their emotional development, are bound up in the use of these technologies. We can no longer adequately consider the safeguarding or wellbeing of our children and young people without considering their relationship to technology - we can no longer seek to support and protect them without addressing the potential risks which the use of these technologies poses. One of these risks revolves around sexual offending and sexual abuse.

Agencies are working together to ensure that the profile of "online" abuse is recognised and responded to. For further information regarding Online abuse please see the CPSCB Online safeguarding strategy (http://www.safeguardingpeterborough.org.uk/children-board/professionals/lscbprocedures/#LSCB_Strategies)

Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) involves the partial or total removal of external female genitalia for non-medical reasons and is a form of CSA and violence against women and girls, as well as being a violation of their human rights.

The term FGM covers all harmful procedures to the female genitalia for non-medical purposes. There are 4 types – all are illegal and have serious health risks.

FGM is also known as female circumcision, cutting or sunna and is practiced by families and communities for a variety of complex reasons including religious or cultural reasons but often it is believed that it is beneficial for the girl or woman. However, FGM has no health benefits, it is dangerous, a criminal offence and causes harm to girls and women in many ways.

The age at which girls undergo FGM varies enormously according to different communities. The procedure may be carried out when a girl is new born, during childhood or adolescence, just before marriage or during the first pregnancy. However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk.

FGM related legislation

FGM is illegal. Under the FGM Act 2003, a person is guilty of an offence if they excise, infibulate or otherwise mutilate the whole or any part of a girl's or woman's labia majora, labia minora or clitoris, except for necessary operations performed by a registered medical professional on physical and mental health grounds.

It is also an offence to assist a girl to perform FGM on herself. Any person found guilty of an offence under the Act will be liable to a maximum penalty of 14 years imprisonment or/and a fine.

For further guidance and resources regarding recognising and responding to cases of FGM please see the CPSCB FGM resource pack.

www.safeguardingpeterborough.org.uk/children-board/professionals/female-genital-mutilation/

Harmful sexual behaviour

Child and Young People can be perpetrators of sexual abuse. This is known as harmful sexual behaviour. Examples of harmful sexual behaviour include;

- Inappropriate touching
- Using sexually explicit words and phrases
- Using sexual violence or threats
- Penetrative sex with other children or adults

Children and young people who develop harmful sexual behaviour harm themselves and others.

A study by Hackett et al (2013) of children and young people with harmful sexual behaviours suggested that two thirds had experienced some type of abuse or trauma have often experienced abuse and neglect themselves such as physical abuse, emotional abuse, sexual abuse, severe neglect, parental rejection, family breakdown, domestic violence, and parental drug and alcohol abuse. Around half of them had experienced sexual abuse.

For further information regarding recognising and responding to children who display harmful sexual behaviour please refer to the Harmful Sexual Behaviour Policy <http://www.safeguardingpeterborough.org.uk/children-board/professionals/procedures/shb/>

3. Key themes and issues

It is recognised that there is a lack of national research into prevalence and causes of CSA. The most recent research and statistics have identified the following:

- 
1 in 20 children in the UK have been sexually abused
- **Over 2,900 children were identified as needing protection from sexual abuse in 2015/16**
- 
1 in 3 children sexually abused by an adult did not tell anyone
- **Over 90% of sexually abused children were abused by someone they knew**
- **Around a third of sexual abuse is committed by other children and young people**

- 
Disabled children are over 3 times more likely to be abused than non-disabled children
- **1 in 3 internet users are children**
- 

1 in 4 children have experienced something upsetting on a social media site
- **More than 9,000 attendances to NHS services in England last year involved the identification or treatment of female genital mutilation (April 2016 to March 2017)**

Local information

To inform the work of this strategy the CPSCB sought the views of children, young people, parents' carers and professionals. Their views were sought through a series of online questionnaires that ran between 23rd January and 2nd March 2018.

- One questionnaire was aimed at secondary school children (148 responses)
- One questionnaire was aimed at parents/ carers (531 responses)
- One questionnaire was aimed at professionals. (347 responses)

In addition, a number of focus groups were held with children in several primary schools across the County.

The questionnaires aimed at secondary schools children and parents/ carers mirrored one another and sought information about their perceptions of CSA and the statutory processes surrounding it.

The results evidenced that both young people and parents are unclear about what constitutes CSA, who can be a victim and how and when they can disclose abuse.

In contrast professionals reported that they felt confident in recognising and working with cases of CSA, but were unclear about the role of the forensic medical examination.

4. Why is child sexual abuse difficult to identify?

CSA can be difficult to identify for numerous reasons:

- Children may not recognise they are being sexually abused
- Children often don't talk about sexual abuse because they think it is their fault or they have been convinced by their abuser that it is normal or a "special secret".
- Children may also be bribed or threatened by their abuser, or told they won't be believed.
- A child who is being sexually abused may care for their abuser and worry about getting them into trouble.
- Children and young people may be exploring their sexuality and become victims of CSA and are unsure about how to disclose

Young people disclose for a variety of reasons including:

- not being able to cope with the abuse any longer
- abuse getting worse
- wanting to protect others from abuse
- seeking justice

Reasons for not disclosing include:

- having no one to turn to
- not understanding they were being abused
- being ashamed or embarrassed
- being afraid of the consequences of speaking out
- abuse is historical and they think they have left it too late to tell people
- confusion around sexual identity

Disclosing abuse is a difficult journey and an estimated 90% of young people have had negative experiences at some point. This was mainly as a result of agencies responding poorly to the disclosure.

In a recent study of CSA the young people said they wanted:

- someone to notice that something was wrong;
- to be asked direct questions;
- professionals to investigate sensitively but thoroughly;
- to be kept informed about what was happening.

"I didn't know I was sexually abused until I found out what it was"

Quote from young person

5. Identifying child sexual abuse:

The following information is aimed to help professionals in considering and recognising possible cases of CSA. This information is not exhaustive and it should be remembered that whilst some children may display some (or all) of these symptoms other victims may disclose none of them.

Children who are sexually abused may:

- stay away from certain people
- they might avoid being alone with people, such as family members or friends
- they could seem frightened of a person or reluctant to socialise with them.

Show sexual behaviour that's inappropriate for their age

- a child might become sexually active at a young age
- they might be promiscuous

- they could use sexual language or know information that you wouldn't expect them to.

Have physical symptoms

- anal or vaginal soreness
- an unusual discharge
- sexually transmitted infection (STI)
- pregnancy.

Long term effects of abuse and neglect include:

- emotional difficulties such as anger, anxiety, sadness or low self-esteem
- mental health problems such as depression, eating disorders, post-traumatic stress disorder (PTSD), self harm, suicidal thoughts
- problems with drugs or alcohol
- disturbing thoughts, emotions and memories that cause distress or confusion
- poor physical health such as obesity, aches and pains
- struggling with parenting or relationships
- worrying that their abuser is still a threat to themselves or others
- learning difficulties, lower educational attainment, difficulties in communicating
- behavioural problems including anti-social behaviour, criminal behaviour.

Historical child sexual abuse

We are aware that a significant number of children and young people across the UK will be the victims of historical sexual abuse. Practitioners should be mindful that this may impact on the indicators and behaviours detailed above. Cases of suspected historical child abuse must be taken seriously by agencies and appropriately investigated.

6. Tools to help assess cases of CSA

Brook Sexual Behaviours Traffic Light Tool:

Professionals who work with children and young people often struggle to identify which sexual behaviours are potentially harmful and which represent healthy sexual development.

The Brook Sexual behaviours Traffic Light Tool supports professionals working with children and young people by helping them to identify and respond appropriately to sexual behaviours.

The tool uses a traffic light system to categorise the sexual behaviours of young people and is designed to help professionals:

- Make decisions about safeguarding children and young people
- Assess and respond appropriately to sexual behaviour in children and young people
- Understand healthy sexual development and distinguish it from harmful behaviour

By categorising sexual behaviours as green, amber or red, professionals across different agencies can work to the same standardised criteria when making decisions and can protect children and young people with a unified approach.

https://www.brook.org.uk/brook_tools/traffic/Brook_Traffic_Light_Tool.pdf

7. How children seek help

Research is clearer about why children do not seek out help than how they do. However, children often develop their own methods of communicating a problem or concern with which the professional needs to become attuned.

Gorin (2004) identified the reasons for children not seeking help as including fear of the abuser, fear of the consequences, fear of not being believed, and fear of loss of control. The behaviours associated with these fears and designed perhaps as coping mechanisms are likely to include avoidance, inaction, confrontation, risk taking, recourse to informal support.

A key message for professionals here is that children are more likely to speak to adults in whom they have confidence and who care about them. It is important that the adult is able to listen and take a measured response based on presenting risk and bearing in mind the reasons why children don't seek help. The importance of establishing a strong, respectful and approachable relationship with the child is of paramount significance particularly as children tend to choose who they talk to.

I used to talk to my dog and it helped me

Quote from young person

8. How parents seek help

The blocks for parents seeking help are strikingly similar to the reasons why children don't seek out help. However when parents do ask for help it appears that many don't receive it.

The key message for professionals is the need to be proactive in seeking support for families who are struggling and not to shy away from engaging such families in constructive dialogue about ways in which help can be provided. Equally important is the role that fathers play in caring for their children. Fathers tend to be excluded from such conversations and as a result their role may be ignored or not fully understood within the dynamics of the family's functioning.

9. Prevention of CSA

The following tools/ information/ agencies are available to help talk to children/ young people, families and carers about CSA. Please note that the following information is not exhaustive but is a selection of help and support that is available.

NSPCC – Underwear rule –

The NSPCC has developed a campaign with 5 easy rules to keep children to stay safe;

- **Privates are Private** - Your underwear covers up your private parts and no one should ask to see or touch them. Sometimes a doctor, nurse or family members might have to. But they should always explain why, and ask you if it's OK first. Remember, what's in your pants belongs only to you
- **Always remember your body belongs to you** - No one should ever make you do things that make you feel embarrassed or uncomfortable. If someone asks to see or tries to touch you underneath your underwear say 'NO' – and tell someone you trust and like to speak to.
- **No means No** - You always have the right to say 'no' – even to a family member or someone you love. You're in control of your body and the most important thing is how YOU feel. If you want to say 'No', it's your choice.
- **Talk about secrets that upset you** - There are good secrets and bad secrets. If a secret makes you feel sad or worried, it's bad – and you should tell an adult you trust about it straight away
- **Speak up, someone can help you** - It's always good to talk about stuff that makes you upset. If you're worried, go and tell a grown up you trust – like a family member, teacher or one of your friend's parents. They'll say well done for speaking out and help make everything OK. You can also call Childline on **0800 1111** and someone will always be there to listen

The “PANTS” information on the NSPCC website contains useful information for both professionals and parents about how to talk to children about CSA. There are a number of helpful resources to available, including resources aimed at children with disabilities. Available are lesson plans, teaching guidance, a PANTS presentation, leaflets and guidance - including the underwear rule in five languages. For further information visit <https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/underwear-rule/>

Guide for parents –

The NSPCC have also developed a guide for parents. It contains useful advice about signs and symptoms of CSA and also gives advice about how to spot a potential abuser.

Find out more: <https://www.nspcc.org.uk/services-and-resources/research-and-resources/pre-2013/what-can-i-do>

Section Two

10. Principles

To ensure that child sexual abuse is addressed consistently and effectively all agencies interventions whether early help or statutory intervention should work to the following principles:

1. The child is at the heart of what we do. This means that we need to take account of the child's views and feelings and understand the impact on them and their family.

2. All professionals have a responsibility to identify needs and concerns in relation to children and take action to ensure those needs and concerns are addressed at the appropriate level of intervention. This should always be at the lowest possible level to address the issues.

3. Interventions will be conducted openly and honestly with children and families and all agencies will strive to work in partnership with children, parents and carers.

4. Assessments will be holistic, taking account of all views including parents that do not live with their children. Assessments will be evidence based and identify strengths as well as areas of concern. Assessments will focus explicitly on each child in the family.

5. Plans will be clear and directly related to the strengths and concerns identified in the assessment. All plans will have clear timescales that will be reviewed regularly

6. Parents/carers will be expected to take responsibility for making the required changes to address the identified concerns. Professionals will be expected to be clear with parents/ carers about what those changes need to be and the support they will offer to help achieve them.

7. All agencies will work together positively to address the identified needs and risks for the child and their family. Any concerns about the effectiveness of the interventions with the child should be raised as possible in a constructive way to enable progress to be made.

8. Agencies will support information sharing that is in the best interests of the child.

9. Areas of disagreement will be taken seriously and considered with the family. The child and family will have information that tells them how to make a complaint.

Early help and statutory joint working interventions will often be triggered by concerns about signs of CSA so it is important that assessment and interventions to help and protect children reflect this.

11. Assessment

CSA is a damaging form of child abuse. The signs of CSA may not be immediately obvious to the professional and are often part of a complex family picture that can on occasions be explained away or that simply overwhelm the professional. Some children and young people may be the victims of historical CSA, this may impact on possible signs and indicators that the child/ young person may display.

Protecting children and young people involves professionals in the difficult task of analysing complex information about human behaviour and risk. It is rarely straightforward and responses should be based on robust assessment, sound professional judgement and where appropriate statutory guidance.

1. Early help assessment

Working Together 2015 emphasises the importance of local agencies working together to help children who may benefit from early help services. Early help assessments should identify what help the child and family might need to reduce the likelihood of an escalation of needs to the level that will require interventions through a statutory assessment conducted under the Children Act 1989.

Professionals should work within the guidance contained in the Cambridgeshire LSCB Threshold Document when undertaking an Early Help Assessment or [Joint Referral Form to Cambridgeshire and Peterborough Social Care](#)

Where possible early help needs are identified, Cambridgeshire and Peterborough promotes the use of the Early Help Assessment (previously known as a CAF or Family CAF) as the tool for recording the family's unmet needs. Any professional who knows the child can carry out the assessment and liaise with other professionals who might need to be involved. A lead professional, who knows the child and can coordinate the delivery of services, should be identified.

This could be a G.P, teacher, health visitor – the decision should be made on a case by case basis and be informed by the views of the child and family concerned.

An Early Help Assessment must only be undertaken with the agreement of the child and family and requires honesty about the reasons for completing the assessment as well as clarity about the presenting concerns.

Should the child or family decline the offer of an assessment, the professional who identified the concerns should **consider the need to consult the available sources of support discuss the case with Early Help Services or the MASH to determine if the circumstances warrant a statutory assessment by Children's Social Care.**

Saying no to prevention or early help services does not mean that specialist safeguarding services will become involved, except where there is a risk of significant harm to the person concerned, or where they may present a significant risk to others.

The lead professional should ensure that the circumstances of the child improve as a result of coordinating the delivery of services. Where improvements do not occur, in a timescale appropriate for the child, a referral to Children's Social Care should be considered.

Where the situation is judged to be within the definition of a 'child in need' or the child has suffered or is likely to suffer significant harm, a referral should be made to Children's Social Care immediately.

Under Section 17 (10) of the Children Act 1989, a child is a Child in Need if:

- a. **He/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority;**
- b. **His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or**
- c. **He/she is a Disabled Child.** (definition of disabled child for the purposes of S17 can be found in section 17(11) of the Act)

II. Statutory assessment

Where the above criteria are thought to be met, a referral should be made to Cambridgeshire or Peterborough Children's Social Care who will consider the need to undertake a statutory assessment. Where an assessment is deemed appropriate, the Social Worker will complete the assessment within 45 working days. For further guidance around thresholds for early help and statutory intervention please refer to the Cambridgeshire and Peterborough Safeguarding Children Board Threshold Document¹.

Parental Consent

The clear expectation is that all professionals will discuss their concerns openly and honestly with the child, where appropriate, and their family.

Where a practitioner is requesting support of services on behalf of a child or family, they require consent beforehand – this is regardless of whether they are seeking support from Early Help Services or from Children's Social Care for child in need services. Where the referral relates to immediate safeguarding concerns, and professionals are concerned that seeking consent may place the child at risk of significant harm, consent is not required and contact should be made with Children's Social Care as soon as possible. The reason for not informing the parents or carers of the referral should be clearly recorded by the professional.

Should the child or family decline the offer of an assessment, the professional who identified the concerns should discuss the case with the Early Help Team or their own Safeguarding lead to determine if the circumstances warrant a referral to Children's Social Care.

Saying no to prevention or early help services does not mean that specialist safeguarding services will become involved. Children's Social Care will only become involved if there is a risk of significant harm to the child or where the information provided indicates that significant harm is likely to happen if statutory intervention does not take place. They will always inform the family, and child where appropriate, who made the referral and concerns reported, unless the referral is anonymous

For further guidance please refer to the Cambridgeshire and Peterborough Safeguarding Children Board Threshold Document.

¹ The CPSCB's Threshold Document can be found at <http://www.safeguardingpeterborough.org.uk/children-board/professionals/procedures/threshold-document/>

12. Agency and professional responsibilities:

Responsibility of all agencies

No one agency is able to address the complex elements of CSAS on its own, largely because a child's and family's needs cannot always be met by a single agency. Effective interventions, whether early help, child in need or child protection depend on professionals developing working relationships which are sympathetic to each other's legal responsibilities, agency's purpose and procedures respective roles and agencies capacities.

All agencies represented on the Cambridgeshire and Peterborough Safeguarding Children Board have a responsibility to contribute to the safeguarding of children across Cambridgeshire and Peterborough. Roles and responsibilities are clearly defined in both statutory guidance and the CPSCB Procedures and include the following:

- To view the safety and wellbeing of children as paramount.
- To ensure that achieving the best outcomes for the child is the primary focus when working with CSA.
- To ensure that their workforce understand the significance of all types of CSA on children and equip their workforce to work effectively in situations where CSA is a feature. This includes staff understanding the links of CSA with other types of abuse (particularly neglect) and links with missing from home.
- To share relevant information and collaborate with other agencies and work together to ensure accurate assessments (Brook traffic light tool) and the early identification of needs.
- To harness and develop resources to ensure that interventions are proportionate, effective, and delivered sufficiently early so as to reduce the likelihood of any escalation of adversity for the child.
- To ensure that staff attend the CPSCB training on all elements of CSA and that the training is embedded in practice.

Responsibility of Health

Health is a universal service that is accessed by individuals from all of the communities across Cambridgeshire and Peterborough. Health professionals are involved with children and families throughout their lives and as a consequence they get to know families in more detail than other statutory agencies. Health professionals, particularly midwives, health visitors, school nurses and specialist paediatric staff, spend time with children, young people and their families either in people's homes or other establishments (schools/ hospitals) and are very well-placed to identify cases of CSA. It is important that health professionals are alert to the signs of all types of sexual abuse in children and young people and attend the numerous safeguarding training opportunities that are available to them. The nature and impact of sexual abuse is corrosive and cumulative so it is essential that all health professionals maintain accurate, detailed and contemporaneous records that help to form a "picture" of the abuse. When a practitioner identifies concerns regarding sexual abuse in a family they should speak to a member of the Health Safeguarding Children team to determine what the next steps to take are.

Responsibility of Children's Services

Children's Services are responsible for co-ordinating Early Help and statutory assessments of children's needs which include the parent's capacity to meet those needs. The assessment may result in the provision of services designed to address the identified needs

of the child through a child in need plan. Where a child is assessed as having suffered, or being at risk of, significant harm Children's services will convene an initial child protection conference to consider the risks on a multi-agency basis. This may result in the child becoming subject of a child protection plan under the category of sexual abuse. Children's Social Care has the statutory responsibility for child protection cases but it will work with other agencies to develop, implement and monitor a plan (Child in Need or Child Protection) to help the child and their family and stop the abuse.

Responsibility of Adult Services

Children may be at greater risk when they live with parents or carers who have mental health problems, have problems with alcohol and drug misuse, are in violent relationships or have learning difficulties. Professionals working with adults who have these difficulties and have children should be particularly alert to how these may impact on the care they give their children. It is important that professionals from the adult workforce attend safeguarding training so that they are aware of the signs of abuse and neglect and know the pathway to follow if they have concerns.

Adults with responsibilities for disabled children have a right to a separate carer's assessment. The outcome of this assessment should be taken into account when deciding what services, if any, will be provided under the Children Act 1989.

Responsibility of Police

The police have a duty to protect all members of the community and to bring offenders to justice. The welfare of children is a priority for the service, and all officers are responsible for identifying and referring children who are at risk or in need. Any officer can utilise emergency powers to ensure immediate protection of children believed to be at immediate risk of suffering significant harm (this is a very draconian step and should only be utilised in exceptional cases). In these circumstances the police should contact either the early help team or Children's social care. It is important that Police officers attend safeguarding training so that they are aware of the signs of all types of abuse and neglect and know the pathway to follow if they have concerns.

Responsibility of Education

All schools play an important role in the prevention and identification of all types of abuse and neglect. Schools are a universal service that often provide a safe environment for children. Due to the amount of time that school staff spend with children (and their families) they often know the child and their circumstances better than other agencies. Schools provide an essential educative environment for the next generation of parents. Whilst it is recognised that PSHE is not a statutory requirement consideration of issues relating to sexual (including the promotion of wellbeing, self-esteem and staying safe) should be addressed within the school setting. All education staff have a crucial role in identifying the early indicators of sexual abuse, the early help agenda and in contributing to child in need and child protection cases involving sexual abuse.

Responsibility of Housing

The Housing Department may have important information about families, identifying cases of abuse or contributing information to assessments. The Housing Department has a critical role in cases of poor home conditions, social isolation, and domestic abuse. Staff have an important part to play in reporting concerns where they believe that a child may be in need of support through early help or in need of statutory intervention. It is important that housing professionals attend safeguarding training so that they are aware of the signs of all types of abuse and neglect and know the pathway to follow if they have concerns.

Responsibility of Probation Services

In discharging its statutory responsibility, the Probation Service, through its work with offenders (particularly sexual offenders) and their families, may become aware of children who are at risk of sexual abuse. All Probation staff have a responsibility to be aware of the signs of all types of child abuse and to refer appropriate cases to early help or Children's Social Care. Probation staff will work in collaboration with other agencies in contributing to assessments and will follow all relevant child protection policies, procedures and protocols.

Responsibility of Youth Offending Service

The Youth Offending Service aims to prevent offending and re-offending of children aged 10-17. All YOS staff have a responsibility to be alert to safeguarding issues in their work with children and their families. Concerns should be raised with the manager and where appropriate will be referred Children's Social Care.

Responsibility of the Voluntary and Community Sector (VCS)

The VCS undertake a range of programmes around early help, some of which are designed to assist parents in their parenting role. The VCS are therefore well-placed to identify early concerns that relate to abuse and to work with the family in addressing issues quickly. In some cases improvement may not be achieved in sufficient time for the child, or the situation may be judged sufficiently chronic in nature to warrant a referral to Children's Social Care.

Responsibility to share information

Information sharing is essential to enable early intervention and preventative work, for safeguarding and promoting welfare and for wider public protection.

It is important that practitioners can share information appropriately as part of their day-to-day practice and do so confidently.

It is important to remember there can be significant consequences to not sharing information as there can be to sharing information. You must use your professional judgement to decide whether to share or not, and what information is appropriate to share.

Data protection law reinforces common sense rules of information handling. It is there to ensure personal information is managed in a sensible way.

It helps agencies and organisations to strike a balance between the many benefits of public organisations sharing information, and maintaining and strengthening safeguards and privacy of the individual.

It also helps agencies and organisations to balance the need to preserve a trusted relationship between practitioner and child and their family with the need to share information to benefit and improve the life chances of the child.

Please see the Cambridgeshire and Peterborough Safeguarding Children Board Threshold Document for more information.

13. Strategic Aims and Objectives

To support the implementation of this strategy and to ensure that child sexual abuse is widely understood and responded to in joint working arrangements, the CPSCB undertakes to deliver the following objectives:

1. To ensure that all CPSCB partners understand the threshold for intervention in situations where sexual abuse is a feature by:
 - Leading on the review of the Threshold document and re launching it through multi-agency forums
 - Highlighting childhood sexual abuse within the early help offer
 - Ensuring thresholds for intervention are implicitly covered in CPSCB training.
2. To ensure services are delivered in a meaningful and timely fashion for children who are experiencing sexual abuse so as to avoid the need for statutory intervention where possible by developing performance and Quality assurance systems and mechanisms that enable the CPSCB to judge the effectiveness of early help.
3. Raise awareness of child sexual abuse through our website and newsletters and will seek to be involved in and support events and initiatives that will contribute to this.
4. Maintain our commitment to the Family Intervention Programme “Strengthening Families” ensuring as it is rolled out and developed.

14. Performance and Quality Assurance framework

The CPSCB is responsible for scrutinising multi-agency performance data. To assess the impact of this strategy the CPSCB will regularly monitor the following multi-agency quality assurance information:

- What children, young people and their families tell us
- Thematic case audits (both single and multi-agency)

In addition the following outcome indicators will be used to provide the CPSCB with insight into the effectiveness of the strategy.

CSAE -

Number and percentage of initial contacts with sexual abuse / sexual exploitation as a factor at the point of referral	Number of CSE risk assessments completed in period
Number and percentage of referrals with sexual abuse / sexual exploitation as a factor	CSE risk assessment follow-up at six months that shows evidence of reduced risk
Number and percentage of single assessments in which sexual abuse / exploitation is identified as a factor	Number of presentations at GUM clinics where CSE concerns have been identified
Number and percentage of CP listings under the category of sexual abuse / exploitation	Number of children and/or parents referred to / accessing specific courses or services e.g. NSPCC’s ‘Women as Protectors Programme.’

Number of sexual offences recorded by the police against under 18s / rate per 10,000	
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15. Governance

Governance is provided by the CPSCB and scrutiny of progress against the strategic aims and objectives and performance management indicators will be undertaken through the CPSCB Quality and Effectiveness Sub Group.

All Board members are responsible for implementing and embedding this strategy within their own agency and the CPSCB will hold members to account over this.