St Helens
Safeguarding Children
Partnership

Child Sexual Abuse Practitioners Handbook 2023- 2025

“Thinking the Unthinkable”

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

Nelson Mandela

Contents

Introduction

The St Helens Safeguarding Children Partnership (SSCP) acknowledges the need for cases of CSA to be recognised and addressed effectively. The SSCP has the following aim –

> *"To ensure that there is recognition of child sexual abuse cases in St Helens and that from early help to statutory intervention, there should be appropriate, consistent and timely responses across all agencies"*

To achieve its aim the SSCP, 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.

Before looking at the forms of CSA and the action to be taken it is essential that practitioners understand the following rule:

When dealing with any form of CSA practitioners must consider whether speaking to a child's parents or carers would place a child at further risk or provide opportunities for evidence to be destroyed/altered.

If you are unsure, please speak to your **Safeguarding Lead** or contact the **MASH** on **01744676767** for further guidance and advice.

This handbook has been developed as a go to guide when concerns are raised in relation to Child Sexual Abuse. The handbook sits under the wider **CSA Strategy 2023-2025.** The wider strategy covers each of the sections in this handbook in more depth and also contains additional tools resources, learning and sections on the below areas. The CSA Strategy 2023-25 can be found (INSERT LINK TO WIDER STRATEGY)

- Video Library for Practitioners
- Key Themes from Serious Case Reviews and Local Child Safeguarding Practice Reviews
- Understanding Perpetrators
- Support & Practitioner Wellbeing
- Strategic Aims and Objectives
- Performance and Quality Assurance Framework
- Governance
- Agency and Professional Responsibilities

"There were so many times when I thought about telling someone but it was just like, how do you bring it up? How do you just walk into a room and go to someone, 'oh by the way this happened'?"
(IV29, Female 18 years)

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.

10 . Professionals should recognise the importance of the child's natural safety network and work to involve them in any plans and assessments.

Why is child sexual abuse difficult to identify?

It is important to remember that disclosures around Child Sexual Abuse are **rare**, and professionals should not rely on this to act on concerns. There are many reasons as to why children and young people cannot disclose the abuse. Reasons include:

- Having no one to turn to
- Not understanding they were being abused
- Being ashamed or embarrassed
- Concerns around how adults will react
- Being afraid of the consequences of speaking out
- Being ostracised by peers or fear of getting peers into trouble
- The feeling they will not be believed, or they will be blamed
- The feeling the process will be out of their control
- The abuse is historical, and they think they have left it too late to tell people
- Confusion or embarrassment around sexual identity.

Understanding How Perpetrators Manipulate Professionals

It is important to understand that grooming tactics are not isolated to the family. In cases of Child Sexual Abuse, one key drive of perpetrators is to hide their offending. Recent reviews, both locally and nationally, highlighted that offenders will groom professionals who are working with children and families in order to allay concerns. This is done using similar tactics as to those used to groom the immediate family members of the children whom they abuse. Examples of the methods identified from reviews include:

- Playing down concerns through offering reassurance which is not substantiated or evidenced through clear identified safety factors.

- Diverting professionals concerns away from CSA to other risk factors. This can include seeking help for parental drug misuse, neglect, mental health, undiagnosed behavioural conditions such as ADHD etc.

- Disguised compliance (also known as disguised non-compliance) – Telling professionals what they want to hear to avoid any further exploration of risk. **Disguised compliance** may look like:
  Focusing on one particular issue – parents make sure one thing goes well to deflect attention away from other areas (e.g. with Daniel Pelka, school attendance improved whilst the abuse continued).
  Being critical of professionals – parents will seek to blame other professionals for things not happening, again deflecting attention away from things they have not done and seeking to split the professional group working with the family.
  Failure to engage with services – parents will promise to take up services offered but then not attend appointments due to other problems.
  Avoiding contact with professionals – parents will agree to certain targets and then avoid further contact with professionals.

- Seeking help from professionals to protect a child from others. This can be raising concerns about the child's parents or in cases of sexual abuse by a mother or father this could be through raising concerns of harmful sexual behaviour in their child(ren). Additionally, this can

be raising concerns about people outside of the family which portrays the parental offender as a protective factor.

Remember: Often practitioners have an unconscious bias that perpetrators of CSA are males, this can lead to females and mothers being overlooked and the associated risks under explored.

Definition of Child Sexual Abuse

Working Together 2018 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 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 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 this is not an exhaustive list.

Intra-familial Sexual Abuse

What is intra-familial CSA?

There is no single agreed definition of intra-familial CSA. However, it is generally recognised that, in addition to abuse by a relative (such as a parent, sibling or uncle), it may include abuse by someone close to the child in other ways (such as a step-parent, a close family friend or a babysitter). This understanding is in accordance with Crown Prosecution Service guidelines on the Sexual Offences Act 2003, which state:

"These offences reflect the modern family unit and take account of situations where someone is living within the same household as a child and assuming a position of trust or authority over that child, as well as relationships defined by blood ties, adoption, fostering, marriage or living together as partners."

In thinking about whether abuse is intra-familial, perhaps the most important question for professionals to consider is: 'Did this perpetrator feel like family to the child?'

Identifying Child Sexual Abuse

The below table has been produced by the Centre of Expertise on Child Sexual Abuse and highlights a number of possible indicators of CSA. When present each relevant indicator should be fully explored and assessed to help practitioners identify CSA at the earliest opportunity.

Emotional	Behavioural	Physical	Abusive behaviour	Family vulnerabilities
•Nightmares or sleeping difficulties without explanation •Mood swings including fear, insecurity or withdrawal •Developing new or unusual fears of certain people or places •Distracted and distant at odd times •Fear of intimacy or closeness •Eating disorders •Substance or alcohol misuse •Self harm •Suicidal thoughts or actions •Depression and anxiety •Regression to younger behaviour (e.g. bedwetting or thumb sucking) •Other mental health difficulties •Disassociation •Post-traumatic stress disorder (PTSD) •Thinks of self or body as repulsive or bad •Psychosomatic symptoms e.g. tummy ache	•Disclosure •Asks another child to behave sexually or play sexualised games •Sexually uninhibited/inappropriate behaviour towards themselves or others. •Mimics sexualised behaviour with animals or toys •Inserting objects into vagina or anus •Compulsive masturbation or self-soothing behaviour •Writes, draws, plays or dreams of sexual or frightening images •Change in eating habits, e.g. refuses to eat or overeats •Unusual personal hygiene (none or overly) •Resists removing clothes at appropriate times (e.g. bath, bed or toileting) •Running away from home •Wetting and soiling accidents unrelated to toilet training •Leaving clues that seem likely to provoke discussion about sexual issues •Talks about a new older friend •Suddenly has money, toys, or gifts without reason •Uses new words for sex or genitals •Aggression or violence to others •Fear of dentistry	•Bruising or marks in unusual places •Persistent or reoccurring pain during urination and bowel movements •Repeated urinary tract infections •Discolouration, bleeding or discharge in genitals, anus or mouth •Tears to anus or vagina •STDs including genital warts •Pregnancy •Evidence of self harming behaviour •Significant weight gain or loss •Difficulty swallowing when eating	•Buying a child gifts •Singling out a child either to favour them or bully them •Wanting to spend more time with the child than the parent •Offering to babysit •Play fighting/tickling •Encouraging a child to engage in 'grown up' activities •Encouraging a child to dress provocatively •Leaves bedroom and bathroom door open •Undermining the other parent •Putting the other parent down •Interrupting the relationship between parent and child •Gets involved in personal care of the child •Encouraging nudity in the home •Behaving secretively •Wears inappropriate clothing around the house •Talks about sex, makes sexual jokes •Wants to be left alone with children •Changes in sexual behaviour •Seems to be behaving more like a child •Mood swings and erratic behaviour •Complains of not being trusted	•Poor attachment •Poor mental health •Substance and alcohol misuse •Parental absence through work commitments •History of maternal sexual abuse •Children or adults with disabilities •Poor communication •Lack of sex education •Domestic abuse – current and previous •Previous sexual offending •Social isolation

Historical child sexual abuse
We are aware that a significant number of children, young people and adults 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.

Tools to help practitioners in identifying Child Sexual Abuse:

Signs and indicators - A template for identifying and recording concerns of child sexual abuse


CSA Signs & Indicators.pdf

This template aims to create a common language among professionals to discuss, record and share concerns that a child is being, or has been, sexually abused. It aims to help you:

- consider, identify and clearly record signs which may indicate that sexual abuse is or has been taking place
- discuss and explore concerns that a child is being or has been sexually abused and communicate those concerns to other organisations and agencies.

Effective Responses to CSA in the family

Adult survivors and children value services that listen to, believe and respect them. There are often higher levels of satisfaction with services provided by the voluntary sector – including rape crisis centres, counselling services and independent sexual violence advisors – than with statutory services such as police, hospitals and social care.

Many children who experience CSA in the family receive no support because the abuse remains undisclosed. If a disclosure occurs, professional responses and the availability of services can vary widely. While children and young people highlight the importance of being supported in the aftermath of disclosure, their experiences suggest that services often fail to support them through difficult child protection and legal processes. Children value support from professionals who are trustworthy, authentic, optimistic and encouraging; show care and compassion; facilitate choice, control and safety; and provide advocacy.

Sexual abuse can be difficult to think about and to talk about: it can feel complex, emotional and even scary. You might worry about 'getting it wrong', having to have difficult conversations, 'opening a can of worms', and not knowing what to say or how to respond. You might also worry about 'contaminating evidence' – saying the wrong thing to a child by asking a leading question which may jeopardise a criminal trial.

However, it is important to recognise that you can talk to a child in many ways without fear of affecting a criminal trial – and to remember that the child's welfare should be the paramount consideration. Fear of getting it wrong can prevent you from asking children anything at all, yet research shows that they need 'help to tell'.

The below guide aims to help you communicate with children in relation to child sexual abuse, including when you have concerns that such abuse is happening.


Communicating with children.pdf

Family-focused interventions

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.

Interventions that focus on the whole family as well as the individual child are important. Children and young people often feel responsible for the distress of their family in the aftermath of sexual abuse, and this can be reduced through providing support to non-abusing family members.

The below guide aims to help you provide a supportive response to parents when concerns about the sexual abuse of their child have been raised, or when such abuse has been identified.

Supporting Parents and Carers A guide

Coming Soon:

The CSA Centre of Expertise is in the process of developing an assessment tool to assist case formulation in instances of intrafamilial Child Sexual Abuse (CSA) and Harmful Sexual Behaviour (HSB). The tool is designed to help inform social workers carry out robust assessment and analysis in cases where the practitioner has concerns or confirmed cases of intrafamilial CSA and HSB. The tool is currently being trialled before going live, once launched this tool will be included within this handbook.

Child Sexual Exploitation (CSE)

(also consider and explore intra-familial sexual abuse)

Child sexual exploitation is a form of child sexual abuse. 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 in exchange for (a) something the victim wants, and/or (b) the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if sexual activity appears consensual. Child sexual exploitation does not always include physical contact; it can also occur through use of technology'.

Identifying Child Sexual Exploitation (CSE)

There are common vulnerability factors in children that can lead to them being more likely to be exposed to exploitation, and common signs and behaviours displayed by those who are already being exploited. The following are some of the typical vulnerabilities in children prior to abuse:

- Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality)
- History of abuse (including familial child sexual abuse, risk of forced marriage, risk of 'honour'-based violence, physical and emotional abuse and neglect)
- Recent bereavement or loss
- Gang association either through relatives, peers or intimate relationships (in cases of gang-associated CE only)
- Attending school with children who are exploited
- Learning disabilities
- Unsure about their sexual orientation or unable to disclose sexual orientation to their families

- Friends with children who are exploited
- Homeless
- Lacking friends from the same age group
- Living in a gang neighbourhood
- Living in residential care
- Living in a hostel, bed and breakfast accommodation, a foyer or homeless
- Low self-esteem or self-confidence
- Young carer

The following are some of the signs and behaviour are generally seen in children who are already being exploited:

- Regularly missing
- Parents / Care not reporting young person missing
- Drug or alcohol misuse
- Has extra money/new items/ 'gifts' that cannot legitimately be accounted for/received from unknown sources
- Change in physical appearance or behaviour
- Pregnancy, termination or repeat testing for sexually transmitted infections
- Young person has been coerced to take/share indecent images
- Arrested/Involved in criminality
- Found / travelling out of Borough
- Multiple mobile phones
- Young person feels indebted to an individual or group
- Family or young person having to move or leave their home
- Items missing from home
- Young person carrying / concealing weapons
- Absent from school / Non-school attendance
- Services have not been able to engage with child
- Self-harm indicators and/or mental health concerns and/or suicidal thoughts/attempts
- Injuries – evidence of physical or sexual assault
- Relationship breakdown with family and or peers
- Association with older and/or risky peers
- Change in education attendance/Change in education provider/Missing from education/Non-attendance in education

Online Abuse

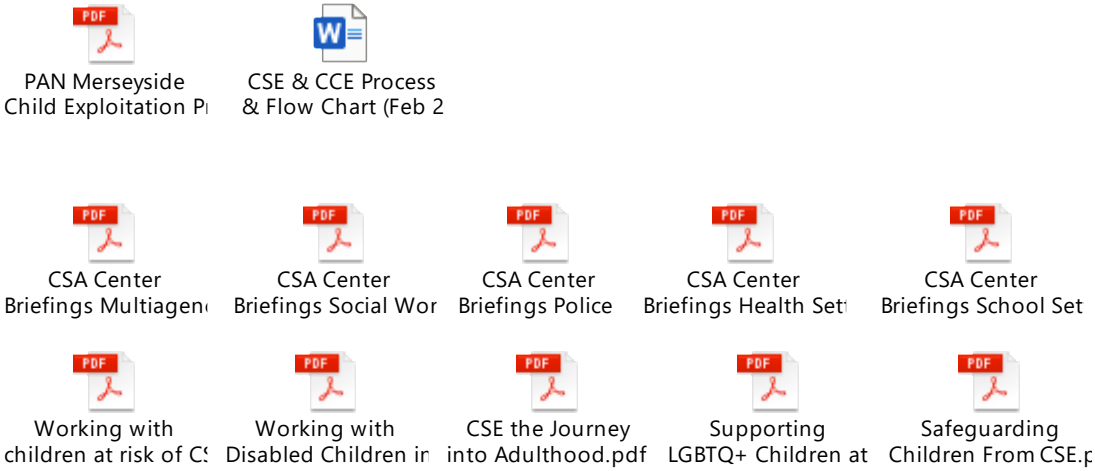
(also consider and explore intra-familial sexual abuse)

Individuals often associate online safeguarding with online grooming, cyberbullying or inappropriate images or videos. 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, revenge porn 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 exploitation including Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE), 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.

Effective Responses to Child Sexual Exploitation (CSE) & Online Abuse

Where practitioners have concerns in relation to Child Sexual Exploitation or online abuse, practitioners should refer to the PAN Merseyside Multi-Agency Protocol which seeks to unify a process of recognition, risk assessment, referral and discussion amongst professionals utilising a

single process and document set for all. This Protocol aligns with local geographical area arrangements to safeguard children and sets out a clear pathway by which to ensure all organisations unify to provide the best service possible for all children and young people who are at risk of being exploited across Merseyside.



Sexting: advice for professionals - Advice about sexting and what to do to help a young person who has received or sent an explicit image, video or message.

https://saferinternet.org.uk/guide-and-resource/sexting-resources - The UK Safer Internet Centre has developed two resources that provide advice and guidance to help young people consider the consequences of posting sexting images online and what they can do if they find themselves in a position where they have lost control of their images.

Online Safety (proceduresonline.com) - Agencies are working together to ensure that the profile of "online" abuse is recognised and responded to. This link provides further information regarding Online abuse.

Report Remove: Remove a nude image shared online | Childline - For anyone and especially children it can be scary finding out a nude image or video yourself has been shared online. The Report Remove tool is for young people in the UK to get the image or video removed from the internet.

https://www.mariecollinsfoundation.org.uk/assets/news_entry_featured_image/Helping-my-autistic-child.pdf - When you are caring for an autistic child, it can feel like there are lots of extra things to think about. How we respond to an autistic child who might have been sexually harmed online can impact on their recovery so it's important to send the right messages from the start.

https://www.mariecollinsfoundation.org.uk/assets/members_area_downloads/Finding-out-your-child-has-been-harmed.pdf - A resource for parents who find out their child has been harmed through Technology-Assisted Child Sexual Abuse.

https://www.mariecollinsfoundation.org.uk/assets/members_area_downloads/Conversations-with-your-child-about-technology-assisted-harm.pdf - Guidance on conversations with your child about online/ technology assisted harm

Harmful Sexual Behaviour (HSB)

(also consider and explore intra-familial sexual abuse)

Harmful Sexual Behaviour (HSB) is developmentally inappropriate sexual behaviour which is displayed by children and young people and which may be harmful or abusive. It can be displayed towards younger children, peers, older children or adults. It is harmful to the children and young people who display it, as well as those it is directed towards.

Identifying Harmful Sexual Behaviour

All children go through phases of sexual development. Just like every other part of growing up, some children mature sooner or later than others. For example, some children may have developmental delays whilst others may reach puberty early. Below are some examples of age-appropriate healthy sexual behaviour.

From 0- to 4-years-old At this stage, you might notice natural exploratory behaviour emerging for the first time like: • enjoying being naked • kissing and hugging people they know well, for example friends and family members • touching or rubbing their own private parts as a comforting habit • showing curiosity about or attempting to touch the private parts of other people • being curious about the differences between boys and girls • talking about private body parts and their functions, using words like 'willy', 'bum', 'poo' and 'wee' • role playing about different relationships, for example marriage.	**5- to 9-year-olds** As children get a little older they become more conscious of sex and their own sexuality. This can be displayed by: • becoming more aware of the need for privacy • asking questions about sex and relationships, such as what sex is, where babies come from and same-sex relationships • kissing, hugging and holding hands with a boyfriend or girlfriend • using swear words or slang to talk about sex after hearing other people use them.
9- to 13-year-olds During these ages, children begin to get more curious about sex. Examples of healthy sexual behaviour during this stage are: • having a boyfriend or girlfriend (of the same or different gender) • using sexual language as swear words or slang • wanting more privacy • looking for information about sex online (this might lead to accidentally finding sexual pictures or videos) • masturbating in private.	**13- to 17-year-olds** During adolescence, sexual behaviour becomes more private with young people and they begin to explore their sexual identity. They might be: • forming longer-lasting sexual and non-sexual relationships with peers • using sexual language and talking about sex with friends • sharing obscenities and jokes that are within the cultural norm • experimenting sexually with the same age group • looking for sexual pictures or videos online.

Effective Responses to Harmful Sexual Behaviour (HSB)

Practitioners must ensure that **all** children within the household are supported via "Keep Safe" work where concerns in relation to sexualised behaviour are identified in relation to any child within the same household. The completion of "Keep Safe" work must be clearly evidenced within agency records.

St Helens Safeguarding Children's Partnership has a Harmful Sexual Behaviour Protocol which clearly illustrates to professionals how to address concerns or incidents of HSB. The Partnership has also created The ERASE Protocol; this is an assessment tool which support practitioners in identifying and responding to Harmful Sexual Behaviour, securing the correct response for all involved.

The ERASE protocol is to be used only by practitioners who have undertaken the ERASE protocol training which is available via the SCP training catalogue.

ERASE Protocol & Assessment Tool

The below toolkit is designed for parents, carers, family members and professionals, to help everyone play their part in keeping children safe. It has links to useful information, resources, and support as well as practical tips to prevent harmful sexual behaviour and provide safe environments for families.

Lucy Faithful HSB Prevention toolkit.p

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 beliefs but often it is thought 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.

Identifying Female Genital Mutilation (FGM)

Identifying when someone is at risk of FGM

Practitioners need to be aware of possible indicators that FGM may soon take place. Possible indicators include:

- Family history and family coming from a community known to practice FGM
- Parents state that they or a relative will take the child out of the country for a prolonged period;
- A child may talk about a long holiday (usually within the school summer holiday) to her country of origin or another country where the practice is prevalent;
- A child may confide to a professional that she is to have a ‘special procedure’ or to attend a special occasion;
- A professional hears reference to FGM in conversation, for example a child may tell other children about it;

Where someone has undergone FGM
Likewise, practitioners need to be aware of possible indicators that FGM has taken place. Possible indicators include:

- Prolonged absence from school with noticeable behaviour changes on the girl's return;
- Longer/frequent visits to the toilet particularly after a holiday abroad, or at any time;

- Some girls may find it difficult to sit still and appear uncomfortable or may complain of pain
- between their legs;
- Some girls may speak about ‘something somebody did to them, that they are not allowed to talk about';
- A professional overhears a conversation amongst children about a `special procedure’ that took place when on holiday;
- Young girls refusing to participate in P.E regularly;
- Recurrent Urinary Tract Infections (UTI) or complaints of abdominal pain.
- Dysmenorrhea

Effective Responses to Female Genital Mutilation (FGM)

Where practitioners have concerns in relation to Female Genital Mutilation (FGM), practitioners should refer to the PAN Merseyside FGM Protocol which outlines the agreed approach in St Helens to recognise, risk assess, and respond to incidents or concerns of FGM.


Pan Merseyside FGM Protocol.pdf

Mandatory Reporting of FGM

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 (“the 2003 Act”). It is a form of child abuse and violence against women. FGM comprises all procedures involving partial or total removal or other injury to the external female genitalia for non-medical reasons.

Section 5B of the 2003 Act1 introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report ‘known’ cases of FGM in under 18s which they identify in the course of their professional work to the police.

The duty came into force on 31 October 2015.

‘Known’ cases are those where either a girl informs the person that an act of FGM – however described – has been carried out on her, or where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was, or was part of, a surgical operation within section 1(2)(a) or (b) of the FGM Act 2003.


FGM Mandatory Reporting - procedu


FGM mandatory reporting map.pdf

Where’s the Evidence?

Throughout CSA and FGM investigations it can be common to hear practitioners across the multi-agency partnership use the phrase **‘we don’t have the evidence’**. It is important that practitioners differentiate between the Police evidential threshold and the thresholds of the multi-agency partnership for safeguarding intervention. The evidential threshold for Police to progress a case through criminal proceedings is for there to be sufficient evidence that is ‘beyond reasonable doubt’ as such there may be cases of CSA that do not progress to perpetrators being charged in relation to

the offences. It is important to understand that this does not mean that the abuse did not take place or that there is no ongoing risk.

Wider agencies within the multi-agency partnership must ensure that rather than relying on the Police threshold for prosecution they are correctly implementing on the 'balance of probabilities' threshold to intervene and ensure that children are appropriately safeguarded from CSA. All practitioners must ask themselves the following question:

From all of the information and concerns known, do we believe that on the balance of probability has this child been subject to or at risk of sexual abuse?

If that answer is yes then action must be taken.

As practitioners, we cannot let self-doubt about 'what if I'm wrong' dictate the action we take. We all must move from asking 'what if I'm wrong?' to asking 'what if I'm right?', 'what if this child is being sexually harmed?', and then 'what do we need to do, in the absence of 'solid evidence', to make this child safer?

Referral & Assessment

Regardless of the form of CSA (Intrafamilial, CSE, HSB, FGM) you are considering, anyone who has concerns about a child's welfare can make a referral to People's Services. Referrals can come from the child themselves, practitioners such as teachers, early year's providers, the police, probation service, GPs and health visitors as well as family members and members of the public.

Contacts from practitioners to People's Services usually fall in to three categories:

- Requests for information from Children's social care;
- Provision of information such as notifications about a child or their family;
- Requests, for services for a child, which will be in the form of a referral.

People's Services has the responsibility to clarify with the referrer the nature of the concerns and how and why they have arisen.

All practitioners have a responsibility to refer a child to Children's social care under section 11 of the Children Act 2004 if they believe or suspect that the child:

- Has suffered significant harm;
- Is likely to suffer significant harm;
- Has a disability, developmental and welfare needs which are likely only to be met through provision of family support services (with agreement of the child's parent) under the Children Act 1989;
- Is a Child in Need whose development would be likely to be impaired without provision of services.

Wider Reading:

- Referrals and Enquiries Procedure

Immediate Protection

Where there is a risk to the life of a child or the possibility of serious immediate harm, an agency with statutory child protection powers (the police and Children's Social Care) should act quickly to secure the immediate safety of the child.

Section 47 Thresholds & the Multi Agency Assessment

A Section 47 Enquiry must always be commenced immediately when:

There is reasonable cause to suspect that a child is suffering or likely to suffer significant harm in the form of physical, sexual, emotional abuse or neglect;

Following an EPO or the use of police powers of protection is initiated

Strategy Discussion / Meeting

Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, there should be a strategy discussion/meeting. The strategy discussion/meeting should be co-ordinated and chaired by a People's Services manager.

The initial strategy discussion meeting which instigates the Section 47 Enquiry must take place at the earliest opportunity and always **within three** days at the latest.

Section 47 Enquiry

The Section 47 Enquiry and assessment must be led by a qualified social worker from People's Services, who will be responsible for its coordination and completion. The social worker must consult with other agencies involved with the child and family to obtain a fuller picture of the circumstances of all children in the household, identifying parenting strengths and any risk factors.

The multi-agency assessment taking place along with the Section 47 Enquiries must be completed **within a maximum of 45 days**

Medical Assessments

Strategy discussions/meetings must consider, in consultation with the named Doctor/ Paediatrician (if not part of the strategy discussion/meeting), the need for and the timing of a medical assessment. Medical assessments should always be considered necessary where there has been a disclosure or there is a suspicion of any form of abuse to a child.

Achieving Best Evidence Interviews

Visually recorded interviews must be planned and conducted jointly by trained police officers and social workers in accordance with the **Achieving Best Evidence in Criminal Proceedings: Guidance on Vulnerable and Intimidated Witnesses** (Home Office 2011). All events up to the time of the video interview must be fully recorded

Outcome of Section 47 Enquiries

Children's social care is responsible for deciding how to proceed with the enquiries and risk assessment based on the strategy discussion/meeting and taking into account the views of the child, their parents and other relevant parties (e.g., a foster carer). Local authority social workers are responsible for deciding what action to take and how to proceed following Section 47 Enquiries.

Early Help Assessment

Working Together 2018 - Working Together to Safeguard Children 2018 (publishing.service.gov.uk) 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 below St Helens Multi-Agency Early Help Standards & Criteria for Expected Practice (which replaces the previous Think Family Procedures) when undertaking an Early Help Assessment.

St Helens Early Help Strategy March 2023

Where possible early help needs are identified, St Helens Safeguarding Children Partnership promotes the use of the Early Help Assessment as the tool to be used for recording the family's needs and strengths and the identified plan of support. Any professional who knows the child can carry out the assessment and liaise with other professionals who might need to be involved. 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 / or family and requires honesty about the reasons for completing the assessment as well as clarity about the presenting worries. Further information on the consent process is available in the above St Helens Multi-Agency Early Help Standards & Criteria for Expected Practice

An Early Help Assessment should only be undertaken with the agreement of the child and / or family using the Multi Agency Consent Form to explain to a family how their information will be shared and stored.

Multi-Agency Consent Form.pdf

Voice of the Child

Any direct work with a child or young person should be thoughtfully planned and prepared for. Questions to ask children about the worrying harmful behaviour should also be matched with what strengths and safety they have in their lives.

Voice of the child how to guide:

Voice of the Child - How to Guide.pdf

There are **5 'WHATS'** to cover. This should be created by/with children. You should plan for, understand and detail:

1. **WHAT** it is like to be them? (Their daily/weekly life, in different settings.)
2. **WHAT** they need? (To be safe, healthy, happy, engaged.)
3. **WHAT** are you as the worker going to do to address this need?

4. **WHAT** is in their plan and do they understand it?

5. And **SO WHAT**? What do you as the worker want to achieve or what difference has it made to the child?

With the above principles in mind the following tools can be utilised by practitioners to obtain, understand and respond to the voice of the child

3 Houses:


3 Houses Question Examples.pdf


SOS-Quick-Reference-Guide_Three-Hou


my three houses template

Wizards & Fairies:


Wizards & Fairies Example.pdf


SOS-Quick-Reference-Guide_Fairy-and-


SOS-Com-Tool_Wizard_A3.pdf


SOS-Com-Tool_Fairy_A3.pdf

Victim Blaming Language

When talking about children, CSA and exploitation, language matters. It can be the difference between a child being properly safeguarded or put at further risk. It is imperative that appropriate terminology is used when discussing children and young people who are victims of CSA, have been exploited, or are at risk of exploitation.

Language implying that the child or young person is complicit in any way or that they are responsible must be avoided. Language should reflect the presence of coercion and the lack of control young people have in abusive or exploitative situations, and must recognise the severity of the impact exploitation has on the child or young person. Victim-blaming language may reinforce messages from perpetrators around shame and guilt. This in turn may prevent the child or young person from disclosing their abuse, through fear of being blamed by professionals. When victim-blaming language is used amongst professionals, there is a risk of normalising and minimising the child's experience, resulting in a lack of appropriate response.

Think…

- Would you use this type of language when speaking to a child or their parents?
- How would the child feel reading or hearing what you have written?
- What would a court or jury think if they were to read your comments in the future?

What Should Practitioners Do?

- Ensure the voice of the child is evident in all recordings.
- Use language that is simple and clear so all family members and professionals are able to understand any concerns.
- Remember, the child is the victim and may not realise they are being exploited or subjected to abuse.
- Avoid language that suggests the child is complicit or responsible for the crimes that have happened to them.
- Always challenge where victim blaming language is evident. If the use of such language continues, consider utilising the Multi-Agency Resolution Procedures - St. Helens Safeguarding Children Partnership - (sthelenssafeguarding.org.uk)

Guidance around using appropriate language can be found here

- Child_Exploitation Appropriate_Language_Guide 2022.pdf (childrenssociety.org.uk)
- guidance-app-language-toolkit-003.pdf (knowaboutcse.co.uk)
-


Making-Words-Mat
ter-A-Practice-Know


Guidance App
Language Toolkit.p

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 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. Further information can be found - Information Sharing (proceduresonline.com) & Working Together to Safeguard Children 2018 (publishing.service.gov.uk)

You can share information without consent in the following circumstances:

- When a child is believed to be at risk of significant harm
- When the public interest in safeguarding the child's welfare overrides the need to keep the information confidential.
- For the prevention, detection or prosecution of a serious crime
- When instructed to do so by a court
- When there is a legal obligation
- When it is in the parent, carer or young person's vital interest to do so.

Sharing Intelligence Information with Merseyside Police:

The sharing of information and intelligence is key to combating and disrupting CSA. Any information can be shared with Merseyside Police through the use of the "Tell Us" page:

Something you've seen or heard | Merseyside Police

Alternatively anonymous information and intelligence can be reported via Crimestoppers:

Give information | Crimestoppers (crimestoppers-uk.org)

It is important to understand that the above two ways of sharing information do not replace Multi-agency Safeguarding Procedures and should be used in addition to Safeguarding Procedures or for cases where no specific child(ren) have been identified.

Please see the below St Helens Descriptions of Need document for more information:

St Helens
Descriptions of Nee

Services Available

RASASC – RASASC (Cheshire and Merseyside) is a registered charity (1049826) committed to supporting people who have been affected by rape or sexual abuse.

On this website you will find information about RASASC and our services, some facts and advice about what to do if you have just been raped and your options if the incident happened some time ago, information about reporting the crime to the police and what you can do if you do not want to report it. You will also find some links to useful websites and information on other services in the UK that may help you.

https://www.rapecentre.org.uk/

Children's Social Care - If you are a professional, come into contact with children as part of your work, or as a volunteer, you have a statutory duty to keep children safe and therefore report any allegations or concerns about the welfare and safety of a child. It may be that you have identified that a child or young person needs a service, help or support.

If you are concerned that a child is being harmed in some way, or is at risk of being harmed, any concerns should be reported following the St Helens Local Safeguarding Children Procedures and your organisation's safeguarding children procedures.

What to do if you are not sure whether to make a contact or referral

- Talk to the designated professional within your agency or your line manager about your concerns
- Telephone the MASH Team through the Contact Cares Team **(01744) 676767** (Out of hours: ***0345 050 0148***) and ask for the Duty Social Worker

If you believe that a child or young person is at immediate risk, you should report this without delay to the police service on 999.

Professionals - Report a Concern - St Helens Council

Concerned about a child's safety or welfare? - St Helens Council

The Rainbow Centre (Merseyside) - Rape and sexual assault referral centres - Sexual assault referral centres offer medical, practical and emotional support to anyone who has been sexually assaulted or raped. They have specially trained to paediatricians / Forensic Nurse Examiners (FNE) and support workers to care for you. The paediatric SARC at the Rainbow Centre is available for all children under the age of 16 from across Merseyside who have experienced sexual abuse (recent or non-recent). The Rainbow Centre is staffed by dedicated paediatricians, paediatric nurses and other staff who provide medical examinations of children and young people (acute and non-acute) following sexual assault.

PATHWAY for
BOOKING APPOINTN

Phone - 0151 252 5609

Teenage Advice Zone (TAZ) - TAZ is a free and confidential sexual health service for anyone aged 13 to 19. TAZ can help with all aspects of sexual health. TAZ offers the following free services:

- Contraception (contraceptive pill, implant, injection, coil and condoms) and advice about which type is best.
- Emergency Contraception (the Morning After Pill) to prevent unwanted pregnancy (available for up to 5 days after unprotected sex). If TAZ is closed you can get Free Emergency Contraception from a Chemist.
- Pregnancy testing and guidance on the options and next steps if you think you may be pregnant.
- Testing for some sexually transmitted infections, including Chlamydia, Gonorrhoea, HIV and Syphilis (more info about infections here).
- Information, advice and guidance about ANYTHING to do with sexual health, including questions about relationships, puberty, periods, body changes and growing up.

Contact can be made via secure email to taz@sthk.nhs.uk or by post to: TAZ Outreach Team, Lord Street, St Helens. WA10 2SP. Please call 01744 646473 or 07795452161 if you need to discuss matters. For further information please check out our website: www.tazsh.com

Referrals to TAZ should not be utilised for children who are deemed "high" scoring or "Red" cases of HSB due to complex nature of such cases.

Lucy Faithful Foundation - The Lucy Faithfull Foundation is the only UK-wide charity dedicated solely to preventing child sexual abuse. Lucy Faithful Foundation provide a range of services for organisations, professionals and the public including risk assessments and intervention; expert training; specialist consultancy, and public education.

- *Risk assessments and Intervention*
- *Expert training*
- *Specialist consultancy*
- *Stop It Now! helpline*
- *Inform Plus and Engage Plus*
- *Inform*
- *Inform Young People*
- *Get Help*
- *Get Support*
- *Eradicating Child Sexual Abuse* (ECSA) project
- *Public education seminars*
- *Parents Protect*

You can email **contact@lucyfaithfull.org.uk** or call **01372 847160** for further information, or if you have any questions.

https://www.lucyfaithfull.org.uk/

Childline – Removal of nude images shared online - If you're under 18 and a nude image or video of you has been shared online, you can report it to be removed from the internet.

Report Remove: Remove a nude image shared online | Childline

RASA Merseyside – Children's Service –- The sunflowers project works with children and young people who have been directly or indirectly impacted by sexual abuse between the ages of 6-18 and can offer both counselling and advocacy support, they can also offer parenting programmes to help carers whose children have been victims of abuse

https://www.rasamerseyside.org/our-services/children-s-service

The Independent Sexual Violence Advisor (ISVA) - The Independent Sexual Violence Advisor (ISVA) service that offers support, information, practical and emotional support for all those affected by sexual violence experienced in the past or present. The aim of the service is to help you cope with the after impact of sexual violence, whether reported to the police or not.

RASA Merseyside - ISVA Services

Young Person's Advisory Service (YPAS) - services for male and female survivors under 18, covers the St Helens area, provides mental health (counselling and psychotherapy) and emotional wellbeing services
Young Persons Advisory Service | The Survivors Trust

Tel: 0151 707 1025 Email: support@ypas.org.uk

MOSAC - Mosac provides supporting services, such as counselling, advocacy and play therapy, and additional information resources, in a safe & non-judgemental environment for non-abusing parents and carers whose children have been sexually abused National helpline: 0800 980 1958 https://mosac.org.uk/

NSPCC - The NSPCC are the leading children's charity in the UK, specialising in child protection and dedicated to protecting children today to prevent abuse tomorrow. They are the only UK children's charity with statutory powers, which means they can take action to safeguard children at risk of abuse. The NSPCC provides a range of online information and resources aimed to help and educate children and families. National helpline: 0808 800 5000- https://www.nspcc.org.uk/

Stop it Now - provide a helpline for anyone concerned about child sexual abuse, as well as a secure messaging service and information resources.

Helpline: 0808 1000 900 https://www.stopitnow.org.uk/

Barnardo's - Barnardo's protect, support and nurture the UK's most vulnerable children across the UK – can provide services for survivors of sexual abuse such as therapy and counselling, supporting children, support with court proceedings, supporting wider family, increasing public awareness + information guides and resources. https://www.barnardos.org.uk/

The Survivor's Trust - The Survivors Trust has 120 member organisations based in the UK & Ireland which provide specialist support for women, men and children who have survived rape, sexual violence or childhood sexual abuse. Also provides resources, information, and research. - https://www.thesurvivorstrust.org/find-support

Samaritans - Staffed by volunteers who are available to talk to in confidence for support if feeling sad or upset and don't know where else to turn, 24 hours a day, 365 days a year. Email: jo@samaritans.org.uk - Helpline: 116 123 - https://www.samaritans.org/

Private Therapists and Psychologists - Professional bodies holding directories of accredited therapists required to meet particular standards in order to be registered. - British Psychological Society (BPS): Holds a directory of chartered psychologists, can be found under the 'Find a Psychologist' section. www.bps.org.uk

British Association for Behavioural and Cognitive Psychotherapies (BABCP) - Holds an official register of all accredited Cognitive Behavioural Therapists (CBT), can be found under the 'Public - Find a Therapist' section. www.babcp.com

British Association for Counselling & Psychotherapy (BACP) - Holds a register of counsellors & psychotherapists accredited by the Professional Standards Authority for Health, can be found under the 'About Therapy – How to find a therapist' section. www.bacp.co.uk

Champions & Advice

St Helens & Knowsley Trust (STHK)

Charlotte Atherton – Specialist Nurse Safeguarding Children

Email: charlotte.atherton2@sthk.nhs.uk

Catch 22

Michelle Ford - Merseyside Child Exploitation and Missing From Home Service Co-ordinator

Email: michelle.ford@catch-22.org.uk Mobile 07540668946

Vikki McKenna - Service Manager

Email: vikki.mckenna@catch-22.org.uk Mobile 07979 241502

Children's Social Care:

Matthew Browne

Email: matthewbrowne@sthelens.gov.uk

Complex Safeguarding Team:

Joanne Lethbridge – Team Manager

Email: joannelethbridge@sthelens.gov.uk

Early Help:

Vicky Velasco – Head of Service

Email: vickyvelasco@sthelens.gov.uk

Merseyside Police:

DI Laura Lamping, 0151 777 6578

DS Marie Flanagan 0151 777 6570

DC Emma O'Toole 0151 777 6971

MerseyCare:

Clare Handley – Named Nurse Child MH Acute

Email - Clare.handley@merseycare.nhs.uk

Primary Education:

Justine Kellett – Head Teacher / DSL

justine.kellett@sthelens.org.uk

Secondary Education:

Ian Young – Head Teacher

Email: i.young@rainford.org.uk

Change Grow Live:

James Mawhinney - Senior Social Worker & Designated Safeguarding Lead

T: 01744 410 752 M: 07469355983 F: 01744 410 582

Email: james.mawhinney@cgl.org.uk

Safeguarding Children Unit:

Wendy Bentley – Safeguarding Coordinator

Email: wendybentley@sthelens.gov.uk

Virtual School

Heather Addison – SCIE Coordinator

Email: heatheraddison@sthelens.gov.uk

Safeguarding Children Partnership

Andy Passey – Safeguarding Children Partnership Business Manager

Email: andrewpassey@sthelens.gov.uk

Wirral Community Health & Care NHS Foundation Trust

Katherine Hill – Named Nurse Children

Email: Kathrine.hill@nhs.net