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The NSCB has undertaken two serious case reviews where there has been an allegation of child sexual abuse this audit allow the learning from those reviews to be tested against current cases

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The audits purpose was,

- To examine the effectiveness of joint working between children’s social care, health services and the police.
- To examine in these cases how the voice of the child was gained and utilised with any assessment
- To investigate the impact a “neutral” forensic assessment finding has on the progress of any case.

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Case closure timescales in cases that do not go to ICPC should be reviewed by CSC. Consideration should be given to closure meetings or a multi-agency review prior to final case closure to ensure if there are any ongoing concerns or allegations, there is an opportunity to share these prior to case closure.

Out of the eight cases, four had face to face strategy meeting, two had telephone strategy discussions and two had no strategy discussion or meeting.

The face to face strategy meetings were chaired by two experienced Team managers and two by senior practitioners.

CSC should always consider the need for single agency action when the Police and Health Assessment information cannot substantiate sexual abuse where this is not seen to be appropriate the rationale for such decisions should be explicitly detailed within the assessment.

The Strategy Discussion/Meeting should involve, at a minimum, Children’s Social Care, the Police, the child’s school or nursery, any health services the child or family members are receiving and the referring agency. Other agencies involved with the family may be included, such as Mental Health, Addictions and Probation professionals. The formal Strategy Meeting should be chaired by a Senior Practitioner or Team Manager

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At the end of 2017. in Northumberland there were 8 children and young people who were subject to Child Protection Plans in relation to Sexual Abuse from a total of 234 plans. This equates to 3.4 per cent of the total of Child Protection Plans in Northumberland

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Referral

The eight audit cases were referred by variety of referrers four from parents or grandparents with parental responsibility, three from schools, one from a nursery. One of the cases where the initial referral by a parent was made to Police Scotland it was re-referred to First Contact by Northumbria Police.

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The cases were referred into either the Police or First Contact at a variety of times and the audit group agreed that emergency action overnight was essential to progress any case to ensure the child was safe, and strategy discussions should happen overnight between the Police and EDT which is in line with the NSCB guidance.

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Child Sexual Abuse Audit



Recommendations:

CSC need to ensure that any new referrals to cases held in the ICS Kinship tray are progressed with any new information through First Contact.

CSC First Contact need to ensure there are accurate records of the date of referral and the subsequent actions taken recorded in ICS.

EDT needs to ensure when there is emergency action or communication with the Police that this is clearly recorded on ICS.

All agencies need to ensure that children and young person's disabilities are appropriately recorded on file.

CSC should devise a flowchart for initiating strategy meetings, including inviting all relevant agencies, including GPs, Children's Social Care, the Police, the child's school or nursery, any health services the child or family members are receiving (in addition to those from other Local Authorities) and the referring agency. Other agencies involved with the family may be included, such as Mental Health, Addictions and Probation professionals. This flowchart should not delay strategy discussions out of hours or emergency situations.

CSC should also develop a template agenda for strategy meetings, this agenda will support information sharing as if an organisation receives an invitation, they if they do not attend will also receive minutes and ensure common records are held. It will also support a common process for all strategy meetings.

CSC should ensure compliance with the NSCB guidance regarding face to face strategy meetings should be held in every sexual abuse case and should be chaired by an experienced Team Manager.

The threshold documents should be used at all strategy meetings to support the discussion or meeting to identify the pathway for the case to follow, including out of hours.

EDT should review their record regarding strategy discussions and decisions out of hours and ensure these are available for First Contact and Locality Teams

Northumbria Police should offer assurance that Northumbria Police would actively share information with professionals out of hours when a child at risk and in conjunction with EDT would know to take action to protect a child at risk.

The CCG should consider sharing or setting up secure email addresses of GP practices with First Contact to support sharing of strategy meeting minutes and invites.

'No Further Action' by the Police should not prevent further single agency s.47 investigation and this should be considered by the strategy meeting.

Training/guidance should be provided to all agencies to refresh knowledge about the different burdens of proof required for a Police investigation (beyond reasonable doubt) or a social care investigation (a balance of probabilities).

Health representatives at strategy meetings should raise the issue of health assessments and if a 'welfare' health assessment may be relevant in the case being discussed.

Health or the forensic network to develop leaflets and guidance about health assessments to inform strategy meeting members about the objectives of health assessments and to further strengthen the messages given in training and reports that an 'inconclusive' report or 'neutral' findings, does not mean that abuse did not take place.

Language used within health assessment reports should be clear and unambiguous, the communicator should ensure that their findings are understood and social workers and team managers should challenge any areas that are misunderstood on receipt of information.

The NSCB to feedback to officers and social workers involved of the identification of good practice in this area.

CSC to ensure that social workers continue to attend all ABE interviews and provide support to children and young people both prior to and post interview.

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CSC to ensure that social workers continue to attend all ABE interviews and provide support to children and young people both prior to and post interview.

The NSCB should lead on the production of a service directory in relation to child sexual abuse, outlining the service specification of all services, referral mechanisms and contact details.

The NSCB guidance in relation to engaging with male parents, partners or carers should be widely communicated with NSCB partner organisations.

CSC should always consider the need for single agency action when the Police and Health Assessment information cannot substantiate sexual abuse where this is not seen to be appropriate the rationale for such decisions should be explicitly detailed within the assessment.

CSC should seek clear information from EDT regarding actions taken, documenting the process properly as this initial decision making often sets the direction of the subsequent interventions.

Case closure timescales in cases that do not go to ICPC should be reviewed by CSC. Consideration should be given to closure meetings or a multi-agency review prior to final case closure to ensure if there are any ongoing concerns or allegations, there is an opportunity to share these prior to case closure.

Step down or closure should consider if a step down to EHA is appropriate and this could provide ongoing contact or support at a lower level with the child, young person or family.

CSC should consider if YOT records especially Aim2 assessments should be included in ICS. YOT should routinely be contacted to gain information as part of assessment processes.

Retraction of any allegation should be carefully considered by the multi-agency team and evaluate all the evidence should be undertaken prior to any closure of the case.

If a child or young person allegation is viewed or suggested as 'malicious' or 'false' a full understanding of the allegation and should be gained during assessment.

Information regarding risk to practitioners such as possession or carrying of weapons or threats being made should be shared with members of the multi-agency team to ensure the appropriate risk assessment can be put in place to safeguarding the individual and any professionals.