

Barking &
Dagenham



BARKING &
DAGENHAM
SAFEGUARDING
CHILDREN
PARTNERSHIP

Barking &
Dagenham

Barking & Dagenham
Child Sexual Abuse Strategy
2026-2029

“Every child safe, every voice heard, every reality faced”

Joint foreword

Every child has the right to grow up free from sexual abuse. As a safeguarding partnership, we in Barking and Dagenham, recognise that child sexual abuse has been allowed to thrive in secrecy and silence for far too long. We will therefore continue to work across the partnership with determination and compassion, to ensure that child sexual abuse is no longer hidden, ignored, or misunderstood.

We want children to consistently be heard, protected, and supported, with perpetrators disrupted and held to account. Informed by the national review into child sexual abuse, we will shine a light on what has too often gone unnoticed - challenging silence, strengthening professional curiosity, and taking collective responsibility. Our collective vision is for every child to be safe, every voice to be heard, and every reality faced.

Barking and Dagenham children's safeguarding partners have been on a six-year journey of improvement determined to improve responses to children and families impacted by child sexual abuse. Working in partnership with the Centre of Expertise on Child Sexual Abuse has provided a strong foundation for the work we have undertaken to date. We believe we have made significant in-roads to address previous poor practice, however the stark messages from the national safeguarding practice review into child sexual abuse in the family, and other national publications has reminded us that we have a way to go and that there should be no let-up; and our own local insights tell us what we need to prioritise.

This strategy sets out Barking and Dagenham's multi-agency approach to preventing and responding to child sexual over the next three years. It is grounded in national research, local data, and learning from safeguarding reviews. The strategy outlines a shared vision, a shared set of strategic aims and a robust action plan that clearly sets out what we will do and what we want to achieve. The partnership remains committed to continuing what we do well and building on areas to improve – so that child sexual abuse is better prevented, identified and responded to.

– April Bald (Operational Director, Children's Care and Support) and John Clements (Independent Scrutineer, Barking and Dagenham Safeguarding Children Partnership)

Executive Summary

This Child Sexual Abuse Strategy sets out how the Barking and Dagenham multi-agency partnership will prevent and improve the response to child sexual abuse over the next three years. Our core vision is: “Every child safe, every voice heard, every reality faced”.

The strategy is driven by a detailed needs assessment that draws on national and local research, data, insights and learning. This needs assessment tells us that child sexual abuse has a much higher prevalence rate than we know about and that for victims and survivors, the impact of this abuse is devastating and can have long term effects. Staff across organisations need to be equipped with the skills, knowledge and confidence to identify and respond to child sexual abuse to tackle this, working in partnership to support victims and families and to hold perpetrators to account.

The strategy builds on work carried out over the last six years with the Centre of Expertise on Child Sexual Abuse to improve the response to child sexual abuse. This has included:

- Partnership training and the sharing of best practice tools and resources via the Centre of Expertise on Child Sexual Abuse
- The development of Child Sexual Abuse Practice Leads in children’s care and support, who support best practice in the identification and response to abuse.
- The provision of holistic and child-centred support for children affected by sexual abuse through the Sunrise Hub – a multidisciplinary service offering medical assessments, emotional support, and therapeutic interventions.
- Collaborating with the NSPCC on a two-year pilot focused on supporting families affected by sibling sexual abuse.
- Ongoing work to prevent offending and reoffending, including via the Building Choices accredited programme.

Overall, the strategy is made up of five partnership commitments in relation to child sexual abuse: Notice and name, learn and lead, protect and support, hear and believe and disrupt and hold to account. The action plan that accompanies this strategy seeks to fulfil these commitments through the following strategic aims:

1. To educate the community so they understand child sexual abuse in all its forms.
2. To develop a skilled, confident, trauma-informed workforce.
3. For safeguarding partners to work more effectively together.
4. For children to receive the medical, emotional and therapeutic support they need.
5. To achieve survivor-centred justice for children by identifying, disrupting and prosecuting perpetrators.
6. To ensure child-centred senior leadership, accountability and oversight
7. To support staff wellbeing in relation to working with children and perpetrators.

We will continue to work closely with the Centre of Expertise on Child Sexual Abuse to carry out the commitments and actions in this strategy. This strategy will be overseen by the Child Sexual Abuse Safeguarding Partnership Delivery Group, reporting to the Barking and Dagenham Safeguarding Children Partnership Board.

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Content warning:

Sexual abuse can be difficult to think and talk about. Thinking about it and talking about it will affect us all in different ways, at different times. We will also assume there will be some reading this document who themselves have been affected by child sexual abuse and many may not have ever told anyone or sought support. Should the contents of this strategy trigger any past or current trauma or difficulty, please consider talking to someone and seek support. [This link](#) provides access to a support service.

1. Introduction

- 1.1 Barking and Dagenham local authority, health, education, police and probation and partners ('the partnership') recognise that child sexual abuse has a much higher prevalence rate than we know about and that for victims and survivors, the impact of this abuse is devastating and can have long term effects. Child sexual abuse can impact on every area of a child's development; psychological, cognitive, social, emotional, behavioural, physical, and sexual. Many of the children referred to the Sunrise Hub for sexual abuse present with more than one additional complex issue, thus, increasing their vulnerability. This includes learning difficulties and/or neurodiversity, sexual exploitation (including online), exposure to domestic abuse, homelessness, substance abuse, parental mental health, and being a refugee or asylum seeker. 74% of children referred in 2023-24 had mental health symptoms, including self-harm, suicidal ideation and previous suicide attempts. 25% of children had a diagnosed or suspected mental health disorder such as disordered eating or low mood. These complexities mirrored the findings from the 2024 [national review into child sexual abuse](#) whose findings included, post-traumatic stress disorder, disengagement from school and learning, pregnancy as a result of the sexual abuse and sadly for some suicide.
- 1.2 Improving the professional response to child sexual abuse therefore remains a key priority in Barking and Dagenham both in terms of preventing and reducing the long-term impact of sexual abuse on individuals and their families but also on public services and society as a whole. The intention of this strategy aims to ensure there is a shared understanding of child sexual abuse across Barking and Dagenham and how, as a partnership, we can work together with children, young people and their families at the earliest opportunity to prevent as well as limit long lasting impact.
- 1.3 This strategy seeks to achieve many things, but in short, focusses on the core following commitments:
- **Notice and name:** This means having a detailed, holistic understanding of the prevalence and impact of child sexual abuse in Barking and Dagenham.
 - **Learn and lead:** This means having a clear vision and aims that govern our approach and continuously learning from the experiences of children and families, best practice and research.
 - **Protect and support:** This means agencies working together to respond in a timely, consistent, trauma-informed and effective way that aims to mitigate the effects of child sexual abuse.
 - **Hear and believe:** This means staff can effectively identify signs and sensitively, confidently respond to child sexual abuse at an early stage.
 - **Disrupt and hold to account:** This means a robust approach to identifying, investigating, and managing perpetrators across all contexts
- 1.4 This shared strategy provides the partnership with a clear direction of travel achieving a range of benefits in practice, such as improvement in the quality of our work and performance and most importantly improved outcomes for children and young people. Being ambitious and setting the strategic tones of our work around child sexual abuse over the next three years ensures we are planning for today and setting the framework for what we need to do tomorrow.

1.5 This strategy has also been developed to improve the ways in which we understand children and young people, and the risks they become susceptible to. Child sexual abuse comes in many different guises, and it is important that agencies that work with children and young people are able to recognise and responded to all forms of abuse. This strategy is not an isolated document and should be considered alongside other local and national strategies, including our local strategies for child exploitation and neglect.

2. Definitions: What is child sexual abuse?

2.1 The Barking and Dagenham partnership follows the definition of child sexual abuse set out in the Working Together to Safeguard Children 2023 guidance, set out below. This shared definition of child sexual abuse is important because professionals working in this area are more likely to be more effective in the coordination and delivery of intervention if we work from the “same page”, with a shared language and reference points from the onset.

Sexual abuse as behaviour which: “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”.

2.3 The [Centre of Expertise on Child Sexual Abuse](#) offers further information which supports the definition adopted in Barking and Dagenham:

- Sexual abuse can take place online, and technology can be used to facilitate offline abuse.
- Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.’
- Sexual abuse can take place within the family environment and outside of the home.
- Sexual abuse often occurs in conjunction with the other categories of child abuse, especially emotional abuse in order to maintain control

2.4 It should also be noted that a child under 13 is not legally capable of consenting to sexual activity. Any offence under the Sexual Offences Act 2003 involving a child under 13 is rape and should therefore be taken as sexual harm to the child.

3. Typologies of child sexual abuse

3.1 The typology of child sexual abuse offending seeks to define different types of abuse by focusing on the context in which abuse is committed. The contextual factors around different types of offending can be described through the following four key factors:

- Connection between the perpetrator(s) and the victim

- Process involved in accessing / maintaining access to the victim
- The nature of the abuse
- Where / how the abuse took place

3.2 Using this approach, the Centre of Expertise on Child Sexual Abuse has defined nine different typologies of child sexual abuse offending:

- 1) Child sexual abuse within the family environment: The sexual abuse of a child or young person by an adult family member, or by an adult who is connected to the family or to one of its members. e.g., sexual abuse by partner, parent, grandparent, lodger, babysitter, neighbour.
- 2) Child sexual abuse through trusted relationships outside the family environment: The sexual abuse of a child or young person by someone who holds a position of authority over them as a result of a professional or vocational role. e.g., teacher, religious leader, coach, youth clubs, residential settings.
- 3) Child sexual abuse through an intermediary: This type focuses on sexual abuse of a child or young person which is carried out by more than one perpetrator; the perpetrator who initiates the abuse (the initiating perpetrator) seeks to gain access to the child, or to images of the child, through another perpetrator (the intermediary perpetrator) e.g., Child sexual exploitation.
- 4) Child sexual abuse through online interaction: Situations where a perpetrator, operating online, encourages/deceives/coerces a child or young person to take part in online sexualised conversations or sexual acts, and/or to produce images (photos or videos) of themselves that they share with the perpetrator online e.g., via snapchat and other messaging apps.
- 5) Child sexual abuse through viewing, sharing or possessing images: The viewing of images of child sexual abuse that have already been created. This can include viewing, possessing and sharing images (photos or videos) with others, generally (but not exclusively) online e.g., searching for or viewing indecent images of children via the dark web or file sharing sites.
- 6) Child sexual abuse through groups and networks: Child sexual abuse committed by perpetrators who are part of a group or network. This may be a social group, gang or network that meets in person, or a group or network in which members interact online and remain anonymous. The abuse may include contact abuse and/or the creation/sharing of images of child sexual abuse. It is facilitated and encouraged through the perpetrators' membership of the group/network.
- 7) Child sexual abuse arranged and perpetrated for payment: Child sexual abuse of a child or young person by one or more perpetrators where, in return for payment (either financial or other), a perpetrator ('seller') offers other perpetrators ('buyers') access to the child or young person for contact abuse and/or creates and sells images (photos or videos) of abuse.
- 8) Child sexual abuse through a personal connection: A perpetrator who establishes a personal connection with a child or young person and grooms or coerces them into sexual abuse e.g., connecting with them on social media or asking them to meet up for social purposes.
- 9) Child sexual abuse through attack by an unknown person: This type of abuse describes situations where a perpetrator, who is unknown to the child or young person, attacks and sexually assaults them.

3.3 Child sexual exploitation

As outlined above child sexual exploitation is a form of child sexual abuse. In Barking and Dagenham child exploitation, which includes sexual exploitation, is a key priority of the children's safeguarding partnership. This strategy is therefore aligned to the Barking and Dagenham Adolescent Safety and Wellbeing Strategy which addressed child exploitation and adolescent vulnerability and risks outside the home: This strategy adopts the definition of child sexual abuse in the context of exploitation used by the Department of Education in 2017. This is: "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 (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."

3.4 Harmful sexual behaviour

The Department for Education defined harmful sexual behaviour as follows in 2017: "Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or abusive towards another child, young people or adult". Children exhibit a range of common and healthy behaviours at different developmental stages. When a child or young person behaves in ways that are outside of this range, their behaviour may be called "harmful" because it is harmful to themselves or others. Harmful sexual behaviour therefore describes a continuum of sexual behaviours in children from inappropriate to problematic to abusive.

Some children that exhibit this may be victims themselves of sexual or other forms of abuse and trauma. It is a history of child maltreatment, rather than sexual abuse specifically, that is more strongly associated with later sexual offending.

The partnerships are committed to ensuring that children displaying harmful sexual behaviour are considered as victims in their own right and that alongside assessments and strategies to reduce the harmful behaviour, there should be a focus on the underlying causes of the harmful sexual behaviour and the child's individual needs and lived experiences.

There are no accurate figures on the full spectrum of harmful sexual behaviour, however, one UK study found that two-thirds of contact child sexual abuse was perpetrated by other children and young people including sibling sexual abuse and child-on-child sexual abuse (Hackett, S (2014) Children and Young People with Harmful Sexual Behaviours).

A significant proportion of online-facilitated sex offences are committed by young people, and the frequency of sexually harmful behaviour such as sexist name-calling, receiving unsolicited explicit sexual material and being pressured to send nude pictures means that some children and young people consider the harmful sexual behaviour normal. Tackling child on child harmful sexual behaviours and sexual harassment is a societal problem and requires a multi-agency and community wide effort to address.

Ofsted undertook a rapid review of sexual abuse occurring in schools and colleges in England in 2021 and spoke to more than 900 children and young people. It found that for some children, sexual harassment and online sexual abuse are so commonplace that they saw no point in reporting them. Ofsted also reported that reproductive and sexual health education was felt to be “too little, too late” and was not equipping children and young people with the advice they needed to navigate their lives. Children and young people worry about how adults will react, and fear not being believed or being blamed; girls especially did not want to talk about sexual abuse for fear of being ostracised by peers or getting them into trouble. Professionals were found to have consistently underestimated the prevalence of online sexual abuse. Relationships, Sex and Health Education becoming a statutory part of the curriculum is a key opportunity to develop awareness and prevention of child sexual abuse and harmful sexual behaviour.

4. The national picture – data, learning and equality and diversity

4.1 National data on child sexual abuse

Child sexual abuse is one of the most hidden forms of child abuse. Every year far more children are sexually abused than agencies identify. Our close joint working with the Centre of Expertise on Child Sexual Abuse has highlighted key data and trends in relation to child sexual abuse.



Fig. 1 – 2023-24 data from the Centre of Expertise on Child Sexual Abuse

In addition:

- Children and disproportionately likely to be victims of sexual offences – making up 40% of victims but only 20% of the population
- The most serious and repeated offences are more likely to be committed by known persons
- Surveys identify sexual abuse as being as common as other forms of childhood abuse
- Police recording of child sexual abuse increased between 2014-15 and 2023-24 and charges are starting to rise – but the time taken for a case to progress from charge to completion has increased by 29% between 2020-21 and 2023-24

4.2 National learning on child sexual abuse

4.2.1 Wider learning from national reviews, research, experts and most importantly the voice of children plays a key role in informing this strategy. Key messages that have influenced our partnership work in Barking and Dagenham are described in this section.

4.2.2 [Ofsted's joint targeted area inspections \(JTAI\) of the multi-agency response to child sexual abuse in the family environment](#)

A [report](#) of inspections that took place between September 2018 and May 2019 consider the extent to which children's social care, health professionals, youth offending services, the police and probation officers effectively work together to safeguard children who are subject to, or at risk of, sexual abuse in the family environment. The report calls on professionals to give sexual abuse a higher priority in local areas.

4.2.3 [Independent inquiry into child sexual abuse \(IICSA\)](#)

This [Inquiry](#), published in October 2022, highlighted significant findings following seven years of investigation. Over four million pieces of evidence were examined, and more than 6,000 individual stories and testimonies were heard from victims and survivors, some of whom had never previously spoken about what had happened to them. The Inquiry revealed fundamental systemic failings, with adults and organisations repeatedly putting their reputations ahead of protecting vulnerable children – either ignoring or actively covering up abuse. The Government set out its response to the recommendations which included a proposal to introduce a mandatory reporting duty for those working with children in England to report child sexual abuse. They also accepted the call for a single set of core data and guaranteed provision of specialist therapeutic services including adherence to the Victim Code of Practice.

4.2.4 [National review, protecting children and responding to child sexual abuse within the family "I wanted them all to notice"](#)

This [national review](#) was published in November 2024, commissioned by the Child Safeguarding Practice review panel. It centres around an analysis of 136 serious child safeguarding incidents, 41 related serious case reviews (SCRs) and local child safeguarding practice reviews (LCSPRs). It explores the specific challenges which feature in the identification, assessment, and response to child sexual abuse within the family environment. It sets out recommendations and findings for national government and local safeguarding partners to protect children at risk. The review aptly titled " "I wanted them all to notice" contains key learning that cannot be ignored.

4.2.5 Key messages arising from this is summarised below:

Staff are not equipped with the knowledge, skills and guidance to identify and respond confidently	Overwhelming reliance on children to verbally report before taking action	Children are not being opportunities to communicate what is happening, not believed when they do	Overarching fear and uncertainty among staff to name sexual abuse based on misconceptions around sufficient evidence	Fear of interfering with possible future criminal investigation - staff feel they should not talk to children directly about abuse
Criminal standard of proof frequently used as threshold for safeguarding response, rather than balance of probabilities	Police taking no further action understood to mean the child has not been sexually abused	Needs not always adequately considered in strategy discussions, right information not consistently shared	Lack of clarity about the need for joint social work / police child protection investigations	Strategy discussions do not always include someone who knows the child and how best to communicate with them
Little or no reference to children's race, ethnicity or culture - or how this informs the response	Limited discussion of child's disability or how this might affect them	Practitioners not always clear on role to support children's wellbeing and recovery	People with lived experience highlighted importance of services to prevent offending or reoffending	Need a better understanding of how a child's distress may show in behaviour
Misconception that children cannot access therapeutic support while a criminal investigation is underway	Foster carers insufficiently informed or supported to look after children with behavioural or mental health issues	Not taking sufficient account of parents' contexts and vulnerabilities	Over-reliance on parents/carers to protect children, without guidance or support to do this	Staff not advising parents about partner previous convictions or investigations
Difficulty in responding to needs of all children if child sexual abuse has happened	Staff need good supervision, time and space to reflect	Lack of effective risk assessment and information sharing if sexual offending history is known	Adults posing a risk of sexual harm not always understood, shared and effectively assessed	Poor access to relevant information when families move across local authority areas

4.2.6 Casey review into child sexual exploitation by grooming gangs

This [review](#) into the scale, nature and drivers of child sexual exploitation by grooming gangs highlighted ongoing systemic issues, particularly in data collection and inter-agency coordination, that continue to undermine prevention and response efforts. It is therefore pertinent for our partnership to consider the key recommendations in this review when setting our strategic aims and objectives: In Barking and Dagenham, we know almost 70% of our children who have suffered or are at risk of sexual exploitation have experienced childhood sexual abuse.

4.3 National equality and diversity information

- 4.3.1 “The Children Act 1989 promotes the view that all children and their parents should be considered as individuals and that family structures, culture, religion, ethnic origins and other characteristics should be respected.” (Working Together 2018)
- 4.3.2 The United Nations Convention of the Rights of the Child states the following under Article 2 1: “Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child’s or his or her parent’s or legal guardian’s race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status 2. States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child’s parents, legal guardians, or family members.”
- 4.3.3 In the development of this strategy, considerations pertinent to; age, disability, gender reassignment, race, religion or belief, sex and sexual orientation have been considered as we remain ever mindful of the huge barriers children face in being able to talk about their experiences of sexual abuse:- Feelings of shame and embarrassment, fear of a negative response, fear that their abuser would act on their threats, worry about not being believed or being blamed , uncertainty about what is abusive or difficulty in finding the words to describe the abuse. However, there are children we work with that will have additional barriers because of their sexuality, race and ethnicity, gender or disability.
- 4.3.4 Davis’s (2019) work on adultification provides some hypotheses about why Black girls may not disclose child sexual abuse to professionals– and equally may not be readily identified by professionals as being vulnerable to child sexual abuse. The concept of ‘adultification’ refers to the ways in which Black children are viewed as more adult-like, more mature, more sexually aware and less innocent than their White counterparts throughout all stages of childhood. Davis quotes: “These studies found that the collective understanding of the normative child – innocent, vulnerable and in need of protection – is White” – noting that this can lead to an unconscious blind spot for professionals when identifying child sexual abuse. Other assumptions about Black girls – for example, that they are seen as ‘strong’ – may silence Black children and young people from speaking out while also increasing their vulnerability to child sexual abuse.
- 4.3.5 Some LGBTQI+ children may harbour mistrust in statutory services having experienced stigma, institutional homophobia and transphobia which then may create barrier to reporting of abuse and seeking help.

- 4.3.6 A child’s immigration status (e.g. unaccompanied minor) could act as a barrier as they lack knowledge about systems and services and may have additional language barriers .Their circumstances may be further compounded by isolation , not having family and friendship network or being part of an inclusive school/community (consider the current political context in the U.K with community unrest regarding migrants). This isolation can both simultaneously make them more vulnerable to grooming and abuse and less able to seek support.
- 4.3.7 Disabled children are at increased risk of sexual abuse and are less likely to be heard and protected due to communication barriers. Children with communication impairments (speech, language, hearing, intellectual disabilities) may struggle to explain what happened. They may have limited access to interpreters or communication aids can prevent them from being understood. Adults may misinterpret their attempts to talk about their experience of abuse as “behavioural issues” rather than a call for help. Disabled children often rely heavily on adults for personal care (e.g. bathing, dressing, toileting), which can blur boundaries and normalise inappropriate touch. If the abuser is also a caregiver, the child may fear losing essential support if they talk out about what is happening to them. They may be perceived as less credible, “childlike,” or incapable of understanding abuse making their voices less likely to be believed. They may have fewer opportunities to access sex education, leaving them with less knowledge of what constitutes abuse

5. The local picture – data, learning and equality and diversity

5.1 Local data on child sexual abuse

Following national trends, the Centre of Expertise on Child Sexual Abuse estimates that far more children are sexually abused than agencies identify in Barking and Dagenham.

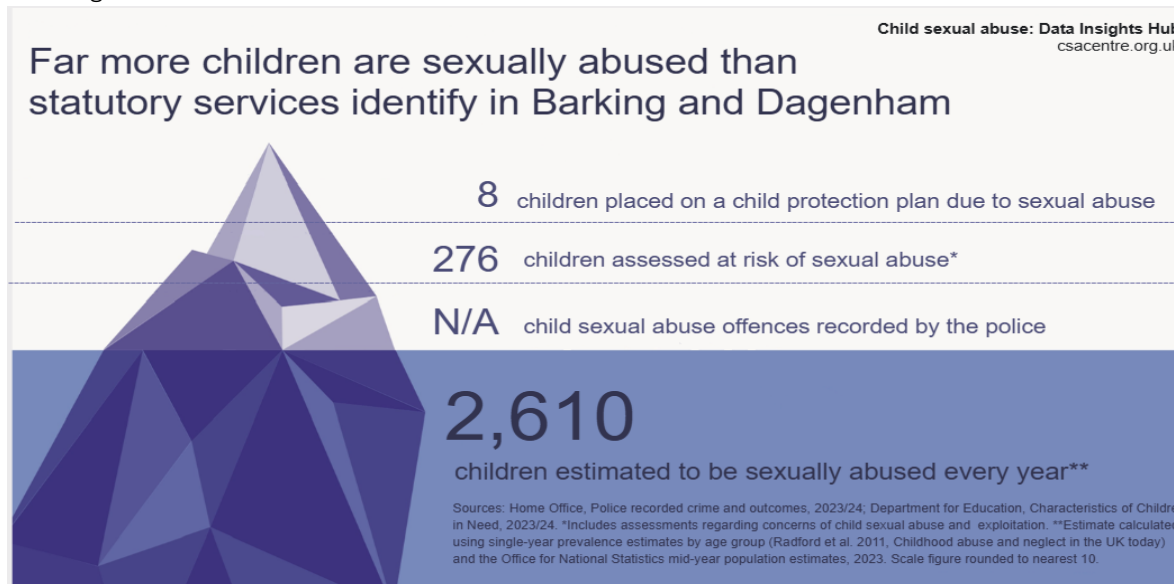


Fig. 2 – 2023-24 data from the Centre of Expertise on Child Sexual Abuse

5.1.1 Main messages from data

The local prevalence data underscores the strategic importance of maintaining a robust, multi-agency response to child sexual abuse in Barking and Dagenham. Child sexual abuse was identified in 3% of all contacts with the multi-agency safeguarding hub (MASH) and 8% of referrals to children’s social care between April and June 2025, with a notably high conversion rate of child sexual abuse-related contacts to referrals (83%), indicating strong frontline recognition and escalation.

The data reveals higher prevalence among older children, females, and those identified as White British, with schools and police being the most frequent sources of child sexual abuse-related contacts. Over half of child sexual abuse-related child protection plans have been open for more than a year, reflecting the complexity and long-term nature of these cases. With 12% of all open cases involving child sexual abuse at some point in the last five years, with care and child in need plans alongside child protection plan outcomes – overall the demand on services remains significant. These insights reinforce the need for sustained investment in workforce development, cross-agency coordination, and trauma-informed interventions.

Our quarter 1 contact to child protection plan data reflects the Centre’s “iceberg ” infographic and therefore is a reminder that there remains a lot more children that have been affected by child sexual abuse that are yet to be identified or appropriately responded to by services. It is imperative that a strategic aim must be to strengthened data insights across the partnership. Our data informing our work is mostly sourced from children’s social care, going forward this needs to be overlaid with police, health and education data so we truly understand our demand and child profile.

The data in this section is drawn from children’s care and support. The action plan in section (9) of this strategy sets out our intention to strengthen insights through improved partnership data.

5.1.2 Contact data, April to June 2025

3% of all contacts received into multi-agency safeguarding hub were recorded as having child sexual abuse as a risk. The tables below shows the demographic and contact source for these contacts and some summary analysis outlining any disproportionality

Gender	All Contacts		Sexual Abuse Contacts	
	Number	%	Number	% of Gender
Male	1579	52%	46	3%
Female	1334	44%	56	4%
Indeterminate	4	0%	0	0%
Unborn/Not recorded	100	3%	1	1%
Total	3017	100%	103	3%

- For all contacts, male children were slightly higher with 52%.
- Contacts with sexual abuse recorded for female children, is higher however with there being slightly more females at 56 (4%) than males at 46 (3%).

Age band	All Contacts		Sexual Abuse Contacts	
	Number	%	Number	% of age
Unborn	107	4%	1	1%
0-4	643	21%	14	2%
5-9	778	26%	17	2%
10-15	1097	36%	53	5%
16-17	392	13%	18	5%
Total	3017	100%	103	3%

- Children aged 10 and over are more likely to have sexual abuse at contact stage, with 5% of all children aged 10-17 having sexual abuse as a stated issue, compared to 2% of 0-4's and 2% of 5-9's.

Ethnicity Summary	All Contacts		Sexual Abuse Contacts	
	Number	%	Number	% of ethnicity
White British	573	19%	36	6%
White Other	296	10%	9	3%
Black	570	19%	21	4%
Asian	547	18%	16	3%
Mixed	272	9%	7	3%
Other	72	2%	0	0%
Not recorded	687	23%	14	2%
Total	3017	100%	103	3%

- Children whose ethnicity was recorded as White British were more likely to have sexual abuse recorded as a contact stated issue at 6% (double the 3% for all contacts), with the Black ethnicity being slightly higher at 4%.
- Please note around 1 in every 4 contacts (23%) did not have their ethnicity recorded at the first point of contact.

Contact Source Summary	All Contacts		Sexual Abuse Contacts	
	Number	%	Number	% of Source
Individual	209	7%	2	1%
Schools/Educataion	685	23%	31	5%
Health	527	17%	6	1%
Housing	18	1%	0	0%
Local authority (internal)	96	3%	5	5%
Local authority (external)	127	4%	4	3%
Police	1194	40%	50	4%
Other Legal Agency	89	3%	1	1%
Other	72	2%	4	6%
Total	3017	100%	103	3%

- Schools and local authority (internal) have the highest % of contacts that have sexual abuse as a stated issue at 5%, with the Police 4% being the next highest source of sexual abuse contacts.

5.1.3 Children's social care referral data, April to June 2025

85 of the 1063 children's social care referrals (8%) had sexual abuse recorded. Overall, 35% of contacts progressed to referral, whereas 83% of contacts where sexual abuse was a stated issue, progressed to a referral.

Gender	All Referrals		Sexual Abuse Referrals	
	Number	%	Number	% of Gender
Male	547	51%	41	7%
Female	482	45%	43	9%
Unborn	34	3%	1	3%
Total	1063	100%	85	8%

- For all referrals, male children were slightly higher with 51%.
- Referrals with sexual abuse recorded for female children was at 9% of all referrals compared to 7% for males.

Age band	All Referrals		Sexual Abuse Referrals	
	Number	%	Number	% of age
Unborn	40	4%	1	3%
0-4	231	22%	11	5%
5-9	273	26%	16	6%
10-15	376	35%	44	12%
16-17	143	13%	13	9%
Total	1063	100%	85	8%

- Children aged 10 and over are more likely to have sexual abuse at referral stage, with 12% of all children aged 10-15, and 9% of children aged 16/17 having sexual abuse as a stated issue, compared to 5% of 0-4's and 6% of 5-9's.

Ethnicity Summary	All Referrals		Sexual Abuse Referrals	
	Number	%	Number	% of ethnicity
White British	260	24%	31	12%
White Other	120	11%	9	8%
Black	259	24%	18	7%
Asian	233	22%	15	6%
Mixed	106	10%	7	7%
Other	22	2%	0	0%
Not recorded	63	6%	5	8%
Total	1063	100%	85	8%

- Children whose ethnicity was recorded as White British were more likely to have sexual abuse recorded as a stated issue at 12% (compared to 8% for all referrals), with the Asian ethnicity being lower at 6%.

5.1.4 Children's social care assessment data, April to June 2025

37 of 1364 completed single assessments had sexual abuse recorded as a factor – 3% of all assessments. This compares to the England average of 4%, the statistical neighbours average of 4% and the London average of 3%.

Gender	Total Assessments		Sexual Abuse Identified	
	Number	%	Number	% of Gender
Male	662	48%	18	3%
Female	665	48%	19	3%
Unborn	46	3%	0	0%
Not Recorded	1	0%	0	0%
Total	1374	100%	37	3%

- The gender balance is the same for both the number of Assessments completed (48%) and the number of assessments with sexual abuse as a factor (3%).

Age band	Total Assessments		Sexual Abuse Identified	
	Number	%	Number	% of age
Unborn	46	3%	0	0%
0-4	290	21%	6	2%
5-9	335	25%	8	2%
10-15	491	36%	18	4%
16-17	202	15%	5	2%
Total	1364	100%	37	3%

- As per the contacts and referral data, the highest age group that had sexual abuse identified at assessment stage was 10-15 (4%), with other age groups being 2%.

Ethnicity Summary	Total Assessments		Sexual Abuse Identified	
	Number	%	Number	% of ethnicity
White British	332	24%	17	5%
White Other	165	12%	1	1%
Black	384	28%	9	2%
Asian	292	21%	7	2%
Mixed	145	11%	3	2%
Other	26	2%	0	0%
Not recorded	20	1%	0	0%
Total	1364	100%	37	3%

- Children whose ethnicity was recorded as White British were more likely to have sexual abuse recorded as an assessment factor at 5% (compared to 3% for all assessments), with Black and Asian ethnic groups being at 2%.

5.1.5 Child protection data, April to June 2025

As of the end of June 2025, 11 of the 373 children (3%) on new child protection plans had sexual abuse recorded as the child protection category. This compares to the England average of 3%, the statistical neighbours average of 2% and the London average of 3%. It should be noted that numbers of children on a child protection plan for sexual abuse are low and a large sibling group for example, could change the figures significantly.

Gender	CP plans		CP plans Sexual Abuse	
	Number	%	Number	% of Gender
Male	181	49%	3	2%
Female	180	48%	8	4%
Unborn	12	3%	0	0%
Total	373	100%	11	3%

Age band	CP plans		CP plans Sexual Abuse	
	Number	%	Number	% of age
Unborn	12	3%	0	0%
0-4	107	29%	3	3%
5-9	108	29%	4	4%
10-15	129	35%	4	3%
16-17	17	5%	0	0%
Total	373	100%	11	3%

Ethnicity Summary	CP plans		CP plans Sexual Abuse	
	Number	%	Number	% of ethnicity
White British	131	35%	3	2%
White Other	45	12%	0	0%
Black	70	19%	2	3%
Asian	56	15%	5	9%
Mixed	59	16%	1	2%
Other	12	3%	0	0%
Total	373	100%	11	3%

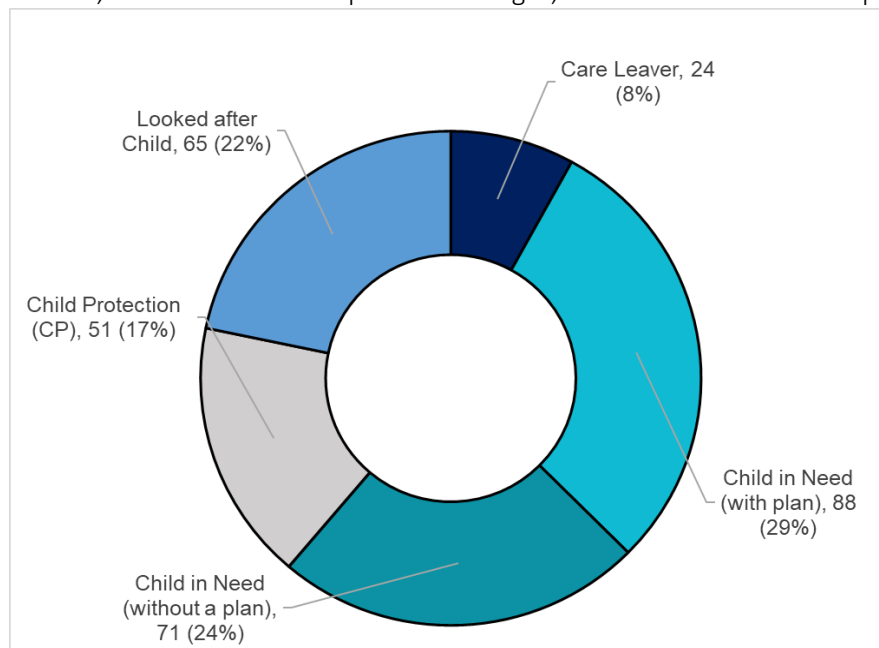
- For all child protection plans, the gender distribution was relatively even, although there were more females on a child protection plan (4%) compared to males (2%).
- There is an even distribution of child protection plan children between the 0-4 and 5-9 age bands (29% each) with 10-15 being the highest at 35%. There is no real difference in the percentage that are on a plan for sexual abuse – with all three of these categories being between 3% and 4%.
- The largest ethnic group of children who were on child protection plan was White British (35%) – followed by Black at 19%.
- 2% of White British children were on a child protection plan for sexual abuse, with Asian being the highest at 9%.

Length of time on a plan	CP plans		CP plans Sexual Abuse	
	Number	%	Number	% of total
less than 3 months	99	27%	2	18%
3-6 months	85	23%	0	0%
6-12 months	114	31%	2	18%
12 to 18 months	50	13%	6	55%
18 months to 2 years	13	3%	1	9%
2 years plus	12	3%	0	0%
Total	373	100%	11	100%

- Over half of sexual abuse child protection plans have been open for more than a year, with 55% (6%) open for 12-18 months. None have been open for 2 years plus, and only 18% (2) have been open for less than 6 months.

5.1.6 Status of children at risk of child sexual abuse

The following data reports on any currently open child or young person where sexual abuse has been identified on Liquid Logic (used in children's social care) in the last 5 years. As of the end of June 2025 there were 2,420 open children and young people, of which 299 (12%) have had sexual abuse identified at either contact, assessment or child protection stages, either in the current or a previous episode of need.



- Of the 299 current open cases which currently have, or have had, sexual abuse identified at any stage in the last 5 years, 88 (29%) are currently Children in Need with a plan, 71 (29%) are children in need without a plan, 65 (22%) are looked after children, 51 (17%) are Children Protection and followed by 24 (8%) as care leavers.

5.2 Local learning on child sexual abuse

5.2.1 Multi-agency audits

A January 2026 multi-agency audit of six cases where children were either believed to be victims of, or were at risk of, child sexual abuse found the following key themes. Areas to improve have been included in this strategy's strategic aims and action plan:

There is commitment, passion, motivation and determination in the multi-agency response to CSA	A good range of specialist support is available	Staff and foster carers show good professional curiosity that enable victims of child sexual abuse to be identified	Staff generally ensure the voice of the child is at the centre, understanding lived experience - but this happens every time.
Local support– including the Sunrise Hub, and ‘ThinkSpace’ – is not always being utilised	Some strategy meetings do not have the right multi-agency attendance	Schools play a vital role in safeguarding children, and need to be consistently proactive in their continued involvement once a concern has been raised	Foster carers are not always confident in providing support to child victims of sexual abuse.
The quality and timeliness of video recorded interviews of children should be consistently good	The response to harmful sexual behaviour needs to be a continued focus	Families with English as a second language may experience additional barriers in identifying and responding to concern	There needs to be a clear offer from CAMHS and therapy for victims of CSA

5.2.2 Local trends

We are seeing increasing volume of referrals regarding children displaying harmful sexual behaviours; therefore, it is important when setting our aims and objectives that we consider the research and learning in this space. Published case reviews show that professionals can find it difficult to respond appropriately to harmful sexual behaviour, the [NSPCC Harmful Sexual Behaviours](#) learning from case review briefing offers important insights.

5.3 Local insights on equality and diversity

As previously noted, local data reveals higher prevalence among older children, females, and those identified as White British in relation to child sexual abuse identified and responded to via children's social care. Given national research that indicates the barriers children can experience related to ethnicity, disability, sexual orientation and insecure immigration status, this strategy includes actions to help address those barriers with a view to ensuring our approach is inclusive.

5.4 Voice of the child

Listening to the experiences and views of children impacted by child sexual abuse must be the most important aspect when determining our approach to responding and setting our strategic aims and objectives. Children's voices must directly shape practice and how child practitioners interact and engage with children. It is only by actively 'hearing' children that we can hope to do what is right by them. It is important to recognise that children express their views, feelings and wishes in different ways and the onus is on the practitioner to be well prepared, creative and observant, ensuring they provide safe and nurturing spaces when spending time with children. Key messages from children are summarised below and have informed this strategy's strategic aims and action plan:

- ✓ Be friendly and approachable – be human
- ✓ Take notice that something is wrong
- ✓ Ask me straight out - don't make me repeat myself
- ✓ Believe me – help me feel held, help me feel it will be ok
- ✓ Take action to protect me
- ✓ Investigate sensitively but thoroughly- I need time, attention and choice
- ✓ Keep me informed about what is happening- I need clarity
- ✓ I need emotional support
- ✓ Support my family –it's a crime that has many victims
- ✓ I couldn't talk about the sexual abuse. It was too difficult. I wanted them all to notice and to ask me what was going on.
- ✓ reassure me of the normality of my responses and support me in understanding the abuse was not my fault

6. Our journey – the response to child sexual abuse so far

6.1 Overview

National and local picture that highlight needs in relation to child sexual abuse, Barking and Dagenham has established a comprehensive, multi-agency response to address child sexual abuse, grounded in systemic reform, reflective practice, and a commitment to child-centred safeguarding. This initiative was launched in 2020 in response to the recognition that child sexual abuse was frequently under-identified, inadequately addressed, and inconsistently documented. Since then, child sexual abuse has been positioned as a strategic priority, with a partnership-led model implemented to ensure both preventative and responsive actions.

6.2 The Centre for Expertise on Child Sexual Abuse

We have been proud to have partnered with the Centre of expertise for child sexual abuse for several years now. Barking and Dagenham alongside another three local authorities across the country were successful in the bid to work with the Centre for Expertise on Child Sexual Abuse, and it was this that really galvanised our system to transform its approach to child sexual abuse. The Centre supported us in developing a theory of change (appendix I), an exercise partners embarked on together to clarify what we wanted to achieve and the most efficient way to get there by breaking down long-term changes into smaller, connected steps. This provided us a clear roadmap for achieving outcomes, fostered stakeholder alignment, improved communication, identified assumptions and risks, and created a robust framework for monitoring and evaluation. The implementation of this logic model has led us to the next stage, set out in this strategy and action plan. Overall, the work of the centre has strongly influenced the development of this strategy our local processes and response pathways, workforce training offer and our practice approaches. Their suite of accessible practice tools support Barking and Dagenham practitioners in understanding best practice when working with children and families impacted by child sexual abuse.

6.3 The Child Sexual Abuse Safeguarding Partnership Delivery Group

Following a local multi-agency review in September 2020 and insights gained from the Ofsted JTAI, it was acknowledged that the response to Child Sexual Abuse required significant improvement within Barking & Dagenham. Consequently, a Child Sexual Abuse Safeguarding Partnership Delivery Group (now a working group under the new multi-agency safeguarding arrangements) was formed to lead and coordinate efforts in this area. Chaired by the Children's Operational Director, the Group reports directly to the Safeguarding Children's Partnership Board. This Working group has brought together senior colleagues across all partner agencies and is driving forward change and embedding best practice. The work programme includes a focus on developing clear child sexual abuse pathways, the implementation of new assessment and intervention tools and approaches, and the use of data and evidence-based research to inform developments. Due to this being an agreed area of improvement for the Safeguarding partnership, there was sufficient capacity and commitment from the partners to undertake the required work needed to implement the improvements.

6.4 Training

The offer from the Centre as part of the bid included a well-attended two-day partnership training course in recognition that dedicated training on child sexual abuse was not a core offer in all agencies training programmes. Child sexual abuse training remains on offer through the Safeguarding Children's Partnership

training programme. In addition, single agencies continue their commitment to upskilling staff in this area: For example, the North East London NHS Foundation Trust incorporates child sexual abuse to the Level 3 safeguarding training. The Police participate in national child sexual abuse training initiatives and have dedicated development days to support staff on topics including child sexual abuse.

6.5 Child Sexual Abuse Practice Leads

An additional aspect of the bid was nominated staff benefitting from an intensive 10-month Child Sexual Abuse Practice Leads programme. We now have over 15 practitioners (with a further 25 being trained) across children's social care services who have completed this, enabling them to act as expert resources within the service. A Service Manager was also appointed as child sexual abuse practice Improvement lead. The work by the practice leads group has been at the heart of our transformation as they have gone on to use their newly gained expertise to not only benefit children they directly work with but are proactively impacting on the practice of others.

6.6 Think Space

One of the most impactful aspects of the Practice leads programme has been the setting up of the weekly Child Sexual Abuse Think Space- Recognising that working with children and their families who have been affected by child sexual abuse can be emotionally demanding on practitioners. These forums offer an opportunity where practitioners can explore complex cases, access tools, and build confidence in navigating the child sexual abuse pathway. Staff feedback on the Think space is evidencing its importance and positive impact –

“The think space was very helpful giving me a different perspective and ideas to work with the child.”

“ I felt listened to and understood, the CSA Practice lead was very knowledgeable and empathetic, I would definitely recommend the Think Space to others ”

“The Think Space helped me to clarify my concerns and plan next steps; it also helped me to cope with the stress and emotions of the case ”

6.7 Staff guidance, tools and resources

It is essential that all staff have access to information about the child sexual abuse services available to children, as well as the support resources provided for practitioners themselves. This is accomplished through quarterly newsletters produced by the Practice Leads. Practice Leads also deliver introductory training sessions on child sexual abuse, ensuring that staff possess the necessary knowledge and tools to identify sexual abuse and respond appropriately with effective interventions. Additionally, the Practice Leads have developed a **Child Sexual Abuse hub** accessible on the intranet to staff, offering resources such as guidance materials created by the Centre of Expertise and direct work tools for use with children and parents. The hub provides information about external community agencies that support children and families affected by sexual harm. An internet site for the Child Sexual Abuse hub is underway for professionals and families to access, signposting them to resources and access support. In addition, NELFT practitioners have access to a **Harmful Sexual Behaviour Risk Tool**. The purpose of the tool is to be used as a resource in identifying child sexual abuse (CSA) by providing structured guidance

The partnership was excited in achieving a second successful bid to be a pilot site to test the [Centre's CSA Response pathway](#). This interactive online resource provides guidance for professionals on how to respond to concerns of child sexual abuse. This pathway sets out clear processes for managing key points from initial concerns, through early help, child protection, and criminal justice responses, ensuring that a child's needs, feelings, and well-being are central to the response. Adopting this pathway across our partnership has helped bring clarity to professionals' responsibilities and actions at each stage of the safeguarding

and child protection process. For example, we ensure that a strategy meeting is held for all children who have experienced sexual as soon as information is known, to agree the multi-agency response at the earliest possible stage. Practice leads promote the pathway and audit activity tests practice against the processes outlined in the Pathway.

6.8 **Quality assurance in children's care and support**

The Child Sexual Abuse Improvement Lead and the Social care's CARES academy Quality Assurance team carry out regular case file audits evaluating the quality of child sexual abuse intervention. Audit activity has evidenced improved adherence to the Child Sexual Abuse response pathway, increased in quality strategy meetings, and greater engagement with medical and emotional wellbeing services. However, challenges remain, including data integration across agencies, delays in achieving justice outcomes, and gaps in the response to harmful sexual behaviour (HSB). This learning informs the ongoing work and focus of the Practice leads group.

6.9 **The Sunrise Hub**

The hub, commissioned by the Integrated Care Board, provides holistic and child-centred support for children affected by sexual abuse. The hub is a multidisciplinary service offering medical assessments, emotional support, and therapeutic interventions. Audit and national reviews continue to find that children experiencing sexual abuse are not routinely offered medical and emotional support. Paediatricians are seldom invited to strategy meetings and there persists to be myths around the timing and purpose of a child sexual abuse medical. To help address this, Barking and Dagenham's children's social care were approached to host a North East London (NEL) **Social Care Liaison Officer (SCLO)**, a role funded by the NHS to work across the seven North East London authorities. The SCLO works from the Sunrise Hub and supports best practice to be consistently embedded across the NEL footprint, achieving seamless coordination between health and social care services. The role has been instrumental in breaking down barriers and as a result we have seen a significant rise in children from Barking and Dagenham being seen by paediatricians either at the **Sunrise Hub** or **The Havens**, a specialist sexual assault referral centre. There is a commitment in children's social care for a referral to Sunrise Hub for a holistic assessment to be considered for all children who have experienced sexual abuse, at any time in their life.

6.10 **Recovery support service**

The Tiger Emotional Support Service, provided by Barnardo's, is part of the Sunrise Hub and provides impactful trauma-informed recovery support to children and families, including parent groups. There has been a rise in Barking and Dagenham children receiving emotional support and therapy from this service, although waiting times can be a challenge.

6.11 **Harmful sexual behaviour**

A Tiger Harmful Sexual Behaviour service (also a Barnardo's commissioned service) provides an intervention programme for children and young people exhibiting harmful sexual behaviour, also running as part of the Sunrise Hub.

6.12 Sibling sexual abuse

Sibling sexual abuse is one of the most complex and challenging forms of sexual abuse for professionals to understand and respond to effectively (Yates and Allardyce, 2023). **The NSPCC Stepping Stones** team is collaborating with Barking and Dagenham on a two-year pilot project focused on supporting families affected by sibling sexual abuse. The initiative aims to strengthen the local authority's response and develop effective pathways for addressing sibling sexual behaviour, ultimately establishing an integrated, whole-family service model. Additionally, the Stepping Stones team offers guidance and support to practitioners, using the Think space model, enhancing their skills, critical thinking, and strategies for managing cases of sibling sexual harm. This service compliments the work offered by our social care Specialist Intervention Service therapy team.

6.13 The Specialist Intervention Service

The service in children's social care provides a range of holistic services for children and families, where a child is in need or has a child protection plan. Services include the family support team and the therapy team who offer direct, therapeutic work with children and young people where a child is in need or has a child protection plan. This includes sibling group work and individual therapy in relation to child sexual abuse and sexual behaviours between siblings.

6.14 Schools and educational agencies

Schools and education agencies in Barking and Dagenham play a pivotal role in both preventing and responding to child sexual abuse. Designated safeguarding leads (DSLs) and the DSL network ensure best practice on child sexual abuse is shared. School staff can access information and advice at an early stage via multi-agency 'vulnerable hot clinics' in their local area, as well as seeking support and advice from the Education and Inclusion Safeguarding Lead. The postholder also sits on the MACE which allows joint up working with young people that have been identified at risk to ensure appropriate safeguarding is taking place across multi agency partners. The Multi-Agency Safeguarding Hub Education Coordinator post helps to ensure effective joint working between education, social care and others in relation to child sexual abuse. In response to schools asking for training and support, LBBD Education have funded staff training via 'Talk Consent' for all schools in the borough to ensure all staff are well equipped with awareness and knowledge should disclosures be made by young people. Early years settings and primary schools have also all been given the 'Talk Pants' packs to help support conversations with our younger children to be confident in recognising what is and is not acceptable with their bodies.

6.15 Mental health support

In addition to the support provide to children from the Child and Adolescent Mental Health Service (CAMHS), mental health school teams (MHSTs) are commissioned to deliver evidence-based interventions that support emotional wellbeing and early intervention for mild to moderate mental health needs, and so contribute to promoting healthy relationships through both group and 1:1 intervention in schools. These may include psychoeducational sessions focused on emotional literacy, boundaries, consent, respectful communication, and navigating peer dynamics- tailored to the developmental stage and needs of each setting. MHSTs also work closely with schools in supporting a Whole School Approach/ethos to mental health, embedding relational education into broader wellbeing strategies. In Barking and Dagenham, MHSTs are responsive to the unique subcultures and presentations within each school community and can adapt their offer to address emerging themes such as harmful sexual behaviours, peer conflict, and digital safety. This work aligns with the CSA Strategy's prevention aims and therefore are incorporating this strand into MHST service development plan.

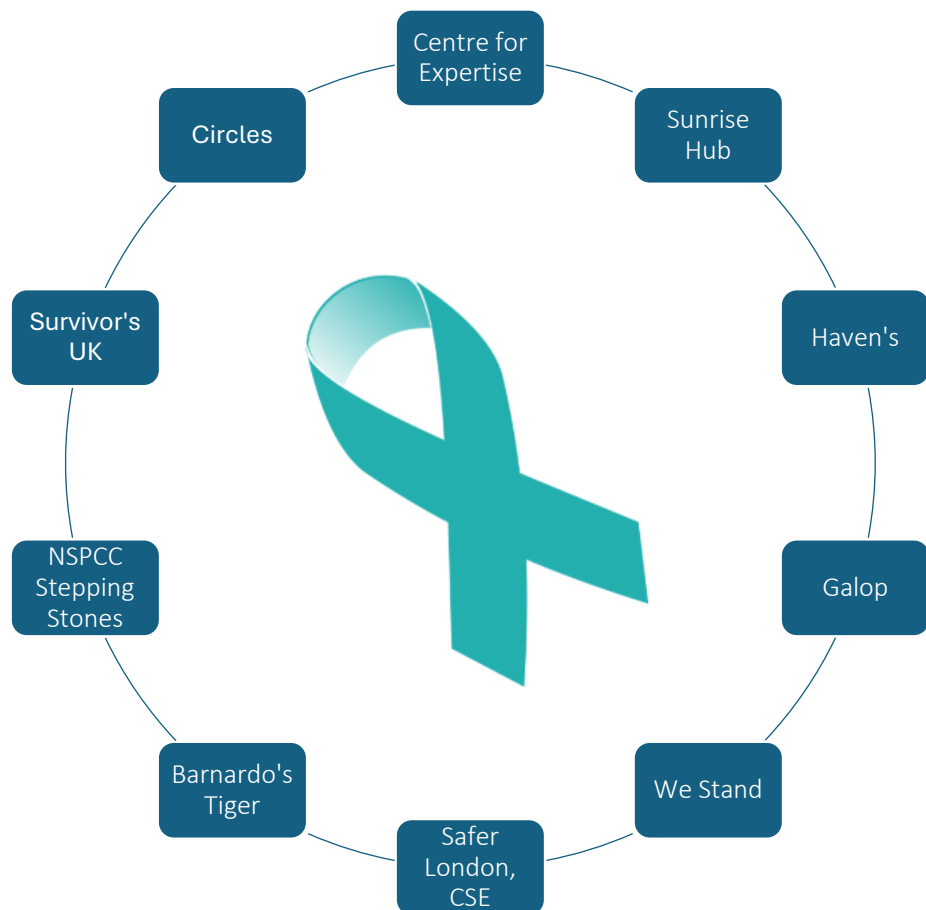
6.16 **Disrupting and hold perpetrators to account**

The Met Police overall have expanded services in relation to child protection, centralised an Online Child Sexual Abuse and Exploitation team and launched a new Victim Focus Desk to make it easier for victims to get updates on investigations. Probation practitioners identify child sexual abuse risks, including situations where individuals have no previous convictions but present concerning behaviours or emerging indicators of harm. A range of interventions are in place to reduce the risk of child sexual abuse. The Circles of Support service, commissioned regionally across the South East, provides community-based rehabilitation and reintegration support for individuals convicted of sexual offending and early support to help with community integration. The Probation Service also delivers the accredited 'Building Choices' programme for sex offenders. This is a cognitive-behavioural programme that supports skill development in emotion management, healthy thinking, healthy relationships, sense of purpose, and healthy sex where relevant, and use of the 'Maps for Change' toolkit that supports desistance for people who pose a risk of sexual harm.

Long-term offender management and effective multi-agency working is at the centre of probation practice, including through via Multi-Agency Public Protection Arrangements (MAPPA). The 'pathways to change' toolkit provides practitioners with a gender-specific, trauma informed toolkit when working with women convicted of sexual offences. Work with individuals whose risk of sexual harm is linked to personality-related difficulties is supported through the Offender Personality Disorder (OPD) pathway, with a dedicated probation office and psychologist who provide specialist guidance to practitioners to manage and reduce risk. This pathway includes the Challenge Project, to reduce the risk for people whose sexually assaultive behaviour is linked to underlying psychological difficulties. Probation uses licence conditions to set clear boundaries that reduce the risk of child sexual abuse, including restricting access to children, managing digital behaviour and requiring engagement with treatment or monitoring.

6.17 Partner agencies and services to respond to child sexual abuse

The diagram and table below summarises the network of key specialist services for Barking and Dagenham residents in relation to child sexual abuse.



Service	Description
Centre for Expertise on CSA	Support professionals to improve the identification and response to child sexual abuse
Sunrise Hub	Provides holistic, child-centred support for children affected by sexual abuse in North East London. Multi-disciplinary service offering medical assessments, emotional support, and therapeutic interventions.
The Haven's	Sexual assault referral centre, offering support services for children raped or sexually assaulted.
Barnardo's Tiger Emotional Support Service	Ttrauma-informed recovery support, part of the Sunrise Hub
Barnardo's Tiger Harmful Sexual Behaviour Service	An intervention programme for children and young people exhibiting harmful sexual behaviour, part of the Sunrise Hub
NSPCC Stepping Stones	Pilot project with the LA focused on supporting families affected by sibling sexual abuse
Specialist Intervention Service	Local authority therapy team and other specialist services for children in need or children with a child protection plan
Galop	LGBTQ+ anti-abuse charity
London Survivors Gateway	Route into support services for those aged 13+ in London who have experienced sexual violence
Survivors UK	Support to men, boys or non-binary people with experience of unwanted sexual activity
We Stand	Support and information for families affected by child sexual abuse
Circles	Circles of Support South East service that aims to prevent reoffending

7. Our vision, commitments and strategic aims

7.1 Our vision

Our vision is: **“Every child safe, every voice heard, every reality faced”**

7.2 Our commitments

As a partnership, we commit to:

Notice and name	This means having a detailed, holistic understanding of the prevalence and impact of child sexual abuse in Barking and Dagenham.
Learn and lead	This means having a clear vision and aims that govern our approach and continuously learning from the experiences of children and families, best practice and research.
Protect and support:	This means agencies working together to respond in a timely, consistent, trauma-informed and effective way that aims to mitigate the effects of child sexual abuse.
Hear and believe	This means staff can effectively identify signs and confidently, sensitively respond to child sexual abuse at an early stage.
Disrupt and hold to account	This means a robust approach to identifying, investigating, and managing perpetrators across all contexts

These five commitments reflect how Barking and Dagenham partners are prioritising the multi-agency response to child sexual abuse. By embedding child sexual abuse as a core safeguarding concern, enhancing workforce capability, improving assessment and intervention practices, and using data and audit to drive continuous improvement, the partnership aims to ensure that children and young people receive timely, effective, and trauma-informed support improving their immediate and longer-term outcomes.

7.3 Strategic aims:

The action plan that accompanies this strategy seeks to fulfil these commitments through the following strategic aims:

Aim	What this means	What we want to see by 2029
1. To educate the community so they understand child sexual abuse in all its forms.	This is to ensure it is no longer hidden, misunderstood or minimised, reducing stigma and empowering people to report concerns. Early education will help children understand healthy relationships, harmful sexual behaviours, and how to stay safe within the digital world. It will support an open dialogue for children, recognising the fact that children can be exposed at a younger age, and allow children to express themselves using their own language when talking about sex, body parts, healthy relationships, sexuality, and the impact of pornography.	<ul style="list-style-type: none"> - Residents better understand sexual abuse in all its forms, and use this to help keep children safe - Children are better supported to stay safe, including in the digital world - The societal barriers that can prevent children disclosing sexual abuse reduce
2. To develop a skilled, confident, trauma informed workforce.	This means a workforce who are equipped to identify signs and indicators of child sexual abuse and are confident to talk to children whom they are worried about, providing children a safe and nurturing space to talk, and know how to report abuse and seek help and support when needed.	<ul style="list-style-type: none"> - Staff can identify and respond to the signs and indicators of child sexual abuse - Staff support child sexual abuse victims in a trauma-informed way
3. For safeguarding partners to work more effectively together.	This means sharing information readily and adhering to the child sexual abuse response pathway, enabling all children to be safe from further harm; utilising opportunities through the Families First programme.	<ul style="list-style-type: none"> - Local partners are working effectively together. This includes good information sharing, joint decision-making and working towards the same objectives.
4. For children to receive the medical, emotional, and therapeutic support they need.	This will support recovery and long-term resilience. This also includes help for non-abusing parents, carers, and siblings.	<ul style="list-style-type: none"> - Victims of child sexual abuse receive timely, good quality medical, emotional and therapeutic support. - Non-abusing parents, carers and siblings get the support they need.
5. To achieve survivor-centred justice for children by identifying, disrupting, and prosecuting perpetrators.	This means sharing intelligence and utilising all levers, including but not limited to criminal justice, to reduce risk in the community. It also means recognising that children who have sexually harmed have vulnerabilities, may be victims themselves, and may require a proportionate response.	<ul style="list-style-type: none"> - Perpetrators are better identified, and offending is more effectively disrupted - The risk of reoffending reduces - The risk in the community reduces overall
6. To ensure child-centred senior leadership,	This includes having clear governance arrangements that shine a light on child sexual abuse and embeds a culture that learns relentlessly from local audits, national reviews, research, data, and the voice of survivors. It also means developing a full and details understanding of child sexual abuse, drawing together qualitative and quantitative data to	<ul style="list-style-type: none"> - Leaders have an excellent understanding of child sexual abuse needs, risks and best practice – from local and national insights.

accountability and oversight.	understand the extent of child sexual abuse, including an understanding of characteristics of victims and perpetrators, vulnerability factors, and contextual factors such as settings where child sexual abuse occurs.	- Leaders use these insights to drive continuous improvement in the identification and response to child sexual abuse.
7.To support staff wellbeing in relation to working with children and perpetrators.	This includes recognising the emotional impact on practitioners when working with children who have suffered sexual abuse and with those who perpetrate sexual abuse by providing safe, supportive, and reflective spaces to process the work they are undertaking and its impact.	- Staff get support with the emotional impact of work in relation to child sexual abuse.

7.4 Our values

The CARES core values in children’s social care are compassion, accountability, respect, empowerment and sharing. This strategy is aligned with these values and with the values held by partner organisations. In relation to child sexual abuse, this means offering a genuinely child centred response when working with children impacted by child sexual abuse, including through work that is:

- **Child-centred and safety first:** Focus on the child's individual needs and prioritize their safety and protection from further abuse.
- **Inclusive and creative:** understand the barriers the child may face to talking about their experiences, cultural, sexuality, disability, gender and be creative in helping them find their voice.
- **Belief and reassurance:** being compassionate, reassure the child they did the right thing by telling and that the abuse is not their fault. Ensuring they are taken seriously and believe them.
- **Empowerment and participation:** Include the child in decisions that affect them, giving them a sense of control and choice.
- **Inclusive, non-blaming and confidentiality:** Uphold the child's rights and dignity, ensuring their needs are respected without discrimination or blame. Maintain confidentiality where appropriate, while adhering to safeguarding procedures.
- **Holistic and collaborative approach:** Work collaboratively with other professionals and agencies to provide a coordinated and holistic response to the child's needs.
- **Think family:** child abuse affects the whole family, consider the wider issues impacting on the non-abusing parent, their needs and those of siblings. Each member of the family will have a different way of managing their feelings.
- **Focus on strengths and resilience:** Identify the child's strengths and support networks to build emotional resilience and a positive future

8. Governance

8.1 Barking and Dagenham Safeguarding Children’s Partnership under our multi-agency safeguarding arrangements have identified child sexual abuse as one of its priority areas. This strategy will therefore be overseen by the Child Sexual Abuse Safeguarding Partnership Delivery Group, reporting to the Barking and Dagenham Child Safeguarding Partnership Executive and Board. The Board will provide a clear vision that is recognised across the partnership for how we will improve outcomes for children and families impacted by child sexual abuse. It will provide scrutiny and challenge of multi-agency safeguarding performance, impact of training and directs the multi-agency audit process and monitor the progress of this strategy and action plan. The tables below summarise the governance structure and partnership roles in relation to child sexual abuse.

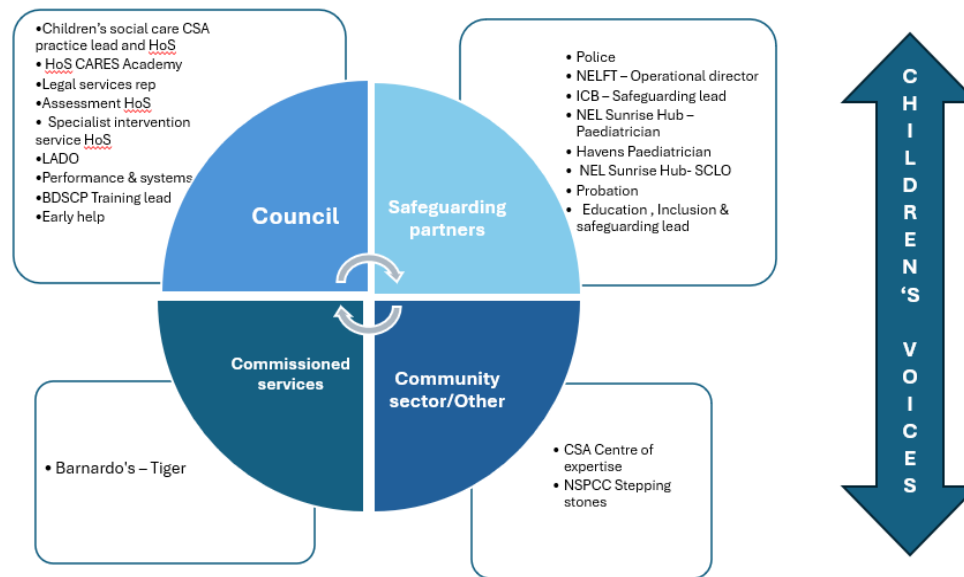
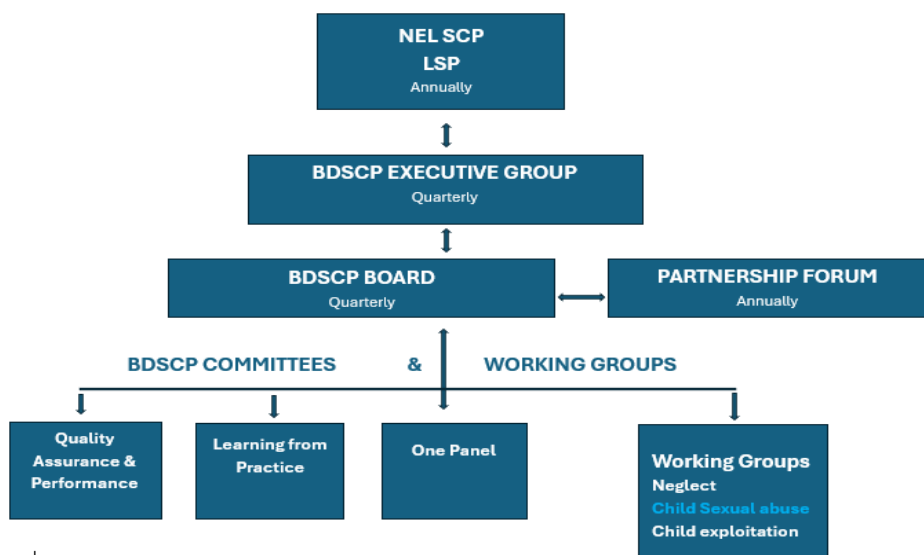


Fig. 3 – Barking and Dagenham Safeguarding Children Partnership governance

Fig. 4 – Child sexual abuse partnership

9. Action plan

Strategic Aim	Leadership	Action	Year	Intended Outcome	Measures that matter
<p>(1) To educate the community so they understand child sexual abuse in all its forms.</p> <p><i>This is to ensure it is no longer hidden, misunderstood or minimised, reducing stigma empowering them to report concerns.</i></p>	LBBDD Children's Social Care	1.1 To develop a new resource to help parents understand and respond to online sexual abuse risks	Year 1	Increased community and social work awareness of online sexual abuse risks	<p>We will measure the impact by reviewing:</p> <ul style="list-style-type: none"> - The number of contacts made to children's social care with CSA as a factor - The level of community-awareness raising activity (e.g. number of events, number of attendees) - Feedback from residents and partners, including families and children with lived experience of CSA.
		1.2 To carry out community awareness-raising activity including linking in with NSPCC campaigns on CSA	Year 1	Increased community awareness of CSA	
		1.3 To provide training and support to foster carers to identify and respond to child sexual abuse	Years 2-3	Increased foster carer awareness of CSA	
		1.4 To continue to support and commission the VCSE to participate in specialist CSA programmes	Year 1	More effective identification and response by the VCSE	
	BDSCP Board	1.5 To have a VCS representative on the BDSCP Board	Year 1	Improved governance oversight of CSA	
		1.6 To raise the profile of the CSA Delivery Group through the BDSCP communication strategy and website	Year 1	Increased strategic awareness of the work of the CSA Delivery Group	

	LBBD Education	1.7 To ensure a robust PSHE and RSHE curriculum in all schools that is age-appropriate and meets the requirements of the 2026 curriculum, including good practice resources (e.g. Lucy Faithful)	Year 1	School pupils are more able to recognise abuse, understand consent and boundaries, and know how to seek help	
		1.8 To ensure schools participate in activity to raise awareness for children and families of CSA, including via accessible information and assemblies	Years 1-3	Improved understanding among children and families normalises conversations, better understanding of CSA	
(2) To develop a skilled, confident, trauma informed workforce. <i>This means a workforce who are equipped to identify signs and indicators of child sexual abuse and are confident to talk to children whom they are worried about, providing children a safe and nurturing space to talk, and know how to report abuse</i>	LBBD Children's Social Care	2.1 To identify and support 10 more CSA Practice Leads in children's social care	Year 1	Child sexual abuse expertise is further embedded across the workforce, so that practitioners know where to go for questions and to receive specialist guidance, enabling quicker identification and a more efficient institutional response to CSA	We will measure the impact by reviewing: <ul style="list-style-type: none"> - Child sexual abuse referrals to the MASH by agency - The number of assessments with child sexual abuse as a factor - Protected characteristics of children with CSA as a factor in assessments
		2.2 To provide ongoing professional development for CSA Practice Leads supported by Stepping Stones and the Child Sexual Abuse Improvement Lead	Year 1	Deepening knowledge, enhanced reflective practice, improved confidence in responding to Child Sexual Abuse.	
		2.3 To deliver regular, lunchtime training sessions to social workers, led by CSA Practice Leads or the Centre of Expertise	Year 1	Social workers are better enabled and have more confidence in identifying and responding to CSA.	

<i>and seek help and support when needed.</i>		2.4 To offer CSA training, CSA Practice Leads support and Think Space access to the wider partnership workforce	Year 1	Partnership workforce is better enabled and have more confidence in identifying and responding to CSA.	- The number of CSA Practice Leads in children's social care
		2.5 To provide training that addresses the barriers children can face in relation to CSA – including the adultification of Black girls and barriers facing children with disabilities, with insecure immigration status and/or children who are LGBTQ+	Year 1	The barriers that children can face in relation to CSA due to their protected characteristics are better understood and addressed	- ThinkSpace activity data - Training activity data (e.g. number of sessions, attendees) - Staff feedback, including via surveys and training feedback
	BDSCP Board	2.6 To continue to improve the partnership identification and response to harmful sexual behaviour, via training and support and the development of a clear pathway	Year 1	Harmful sexual behaviour is better identified and responded to	- Multi-agency audit findings
		2.7 To agree partnership-wide actions to strengthen how staff secure the voice of children, even when they are very young.	Year 2-3	The voice of the child is consistently at the heart of work on child sexual abuse	
	LBBB Education	2.8 To ensure staff training on child sexual abuse is readily available to schools and education providers, including the Talk Consent offer and trauma-informed practice training	Year 1	School and education provider staff can more effectively identify and support children at risk or victims of child sexual abuse.	
		2.9 To seek assurance that school Designated Safeguarding Leads and/or teams have safe spaces to discuss and consider CSA	Year 1	The response to CSA from schools benefits from more reflection and consideration	
		2.10 To ensure that all schools have a robust safeguarding policy that is regularly reviewed and includes a clear		Schools have an effective, consistent approach to child sexual abuse that reflects good practice.	

		procedure and pathway for child sexual abuse.			
	Police	2.11 To continue staff learning and development on CSA, including via training and development days	Year 1	Police can more effectively respond to child sexual abuse.	
<p>(3) For safeguarding partners to work more effectively together.</p> <p><i>This means sharing information readily and adhering to the Child Sexual Abuse response pathway, enabling all children to be safe from further harm; utilising opportunities through the Families First programme.</i></p>	LBBD Children's Social Care	3.1 To develop and roll out tools that support reflective supervision, case planning and the response to sibling sexual harm and abuse in social work	Year 1	Better reflective practice in social work supervision and casework improves the response to CSA	<p>We will measure the impact by reviewing:</p> <ul style="list-style-type: none"> - Templates and tools activity (e.g. number of tools rolled out, proportion used as expected) - Feedback from residents and partners - Families First Programme plans
		3.2 To develop a Risk Assessment Template to help social workers assess and respond to CSA-related risks	Year 1	CSA-related risks are assessed and responded to in a more consistent and evidence-informed manner	
		3.3 To develop a Safety Plan Templates to support safety planning with children, families, and multi-agency partners	Year 1	Improved quality and consistency of safety planning in relation to CSA	
	BDSCP Board	3.4 To ensure that child sexual abuse insights, tools and resources are shared across partner agencies	Year 1	Partners more effectively share good practice, improving the response to CSA.	
		3.5 To establish regular opportunities for feedback from children and families affected by abuse, using their experiences to inform and improve support.	Years 2-3	CSA support is improved as it better reflects the lived experience of children and families.	
		3.6 To ensure CSA is explicitly considered in the development of Multi Agency Child Protection Teams and delivery of the Families First programme	Year 1	Children's social care reforms improve the identification and response to CSA	

<p>(4) For children and families to receive the medical, emotional, and therapeutic support they need.</p> <p><i>This will support recovery and long-term resilience. This also includes help for non-abusing parents, carers, and siblings.</i></p>	LBBD Children Social Care	4.1 To embed the Stepping Stones approach to sibling sexual abuse and harm in staff practice, delivering the 2-year NSPCC pilot.	Years 1-2	Improved confidence, identification and response to sibling sexual abuse and sexual harm	<p>We will measure the impact by reviewing:</p> <ul style="list-style-type: none"> - Findings from the Stepping Stones pilot work - Sunrise Hub activity (e.g. referrals, advice and guidance activity, strategy meeting invites, Tiger Emotional Support Service waiting times) - CAMHS activity (e.g. number of referrals related to CSA, referral outcomes) - Feedback from residents and partners
		4.2 To embed the learning from the Stepping Stone NSPCC work in a sustainable way at the end of the pilot	Year 3	Improved confidence, identification and response to sibling sexual abuse and sexual harm	
		4.3 To increase the involvement of the early help service in step-downs in relation to CSA	Year 2?	Children at risk of or victims of CSA benefit from better ongoing support	
	Health	4.4 To continue to explore initiatives to reduce waiting times for the Tiger Emotional Support Service; and continue close monitoring, prioritisation and support to children and families whilst they are waiting (Sunrise Hub, ICB)	Year 1	Waiting times for therapeutic support reduce as much as possible, children with a high need of support receive this, and children and families are supported to 'wait well'	
		4.5 To embed the newly recruited Health and Wellbeing Case Worker role at the Sunrise Hub (Sunrise Hub)	Year 1	More holistic support to children and families provided, with a focus on emotional resilience and recovery	
		4.6 To further upskill CAMHS practitioners to work and respond in a timely way with children who have experienced CSA	Year 2	CAMHS staff are better equipped to support children who have experienced CSA	
		4.7 To review how the mental health needs of child victims of sexual abuse, are assessed and responded to	Years 2-3	Children get more consistent, good quality mental health support	
		4.8 To recruit to the role of Designated Doctor for safeguarding children	Year 2	Health organisations better meet their responsibilities to safeguard and protect children	

		(pending the outcome of the ICB consultation).			
(5) To achieve survivor centred justice for children by identifying, disrupting, and prosecuting perpetrators. <i>This means sharing intelligence and utilising all levers, including but not limited to criminal justice, to reduce risk in the community. It also means recognising that children who have sexually harmed have vulnerabilities, may be victims themselves, and may require a proportionate response.</i>	Police	5.1 To more consistently invite social workers to attend best evidence interviews with children	Year 1	Best evidence interviews for victims and witnesses better reflect good practice	We will measure the impact by reviewing: <ul style="list-style-type: none"> - Data on best evidence interviews and social work involvement - Probation intervention activity (e.g. number, engagement levels) - Number of CSA offenders in contact with probation - Number of open investigations, number of charges and convictions related to CSA
		5.2 To carry out quality assurance activity in relation to interviewing victims of child sexual abuse	Year 1	There is better insight and improvement in relation to interviewing victims of child sexual abuse	
		5.3 To build more operational capacity in the police, with more officers who are fully deployable and fewer police with limited duties	Year 2	The response to child sexual abuse improves through greater police deployment capability	
	Probation	5.4 To increase the awareness across Probation and children's social care of the MASH Probation Officer	Year 1	Probation officers and list managers benefit from having a single point of contact	
(6) To ensure child-centred senior leadership, accountability and oversight.	BDSCP Board	6.1 To effectively monitor the tracker for action plans and learning from reviews in relation to CSA.	Year 1	The partnership is better assured that learning from reviews in relation to CSA is being implemented.	We will measure the impact by reviewing: <ul style="list-style-type: none"> - Multi-agency audit activity (number of audits, partner involvement)
		6.2 To carry out and collate Section 11 audits from each agency in relation to CSA	Year 1	The partnership has better oversight of CSA practice and strategic improvement plans	

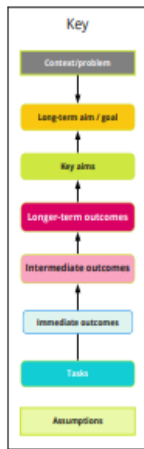
<p><i>This includes having clear governance arrangements that shine a light on CSA and embeds a culture that learns relentlessly from local audits, national reviews, research, data, and the voice of survivors.</i></p> <p><i>It also means drawing together qualitative and quantitative data to understand the extent of child sexual abuse, including an understanding of characteristics of victims and perpetrators, vulnerability factors, and contextual factors such as settings where child sexual abuse occurs.</i></p>	6.3 To develop a new partnership performance report that provides a holistic picture of CSA activity.	Year 2	The partnership has better oversight of CSA activity, risks and issue and can use this to improve the response.	<ul style="list-style-type: none"> - Quality assurance activity - Feedback from residents and partners - Performance reports (e.g. partner contributions)
	6.4 To continue – via performance data, audits and feedback – to monitor and improve staff engagement with the Sunshine Hub, practitioner engagement with ThinkSpace and multi-agency attendance at strategy meetings	Year 1	Leaders drive improvements with staff engagement with the Sunrise Hub, ThinkSpace and multi-agency attendance at strategy meetings	
	6.5 To roll out the updated pan-London information sharing agreement when ready	Year 1	Information sharing improves.	
	6.6 To identify, share and address emerging child sexual abuse risks, including AI-generated child sexual abuse material	Year 1	Emerging risks are better identified and addressed	
	6.7 To develop a partnership performance dashboard in relation to CSA	Year 1	Partners and leaders have an understanding of CSA and use this to drive improvements.	
	6.8 To work with community and youth groups in the production of relevant partnership policies on CSA	Year 1	CSA policies better reflect the lived experience of children and young people	
	6.9 To continue regular, multi-agency audits into child sexual abuse, sharing learning across the partnership	Year 1	The partnership has a better understanding of CSA practice and can use this to improve the response.	

	Police	6.10 To deliver the Met Police Service Children’s Strategy in B&D. This includes rolling out – when created- a dedicated victim support package that meets the needs of a child on discovering that an indecent/intimate image of them has been shared.	tbc	The Police identification and response to CSA improves, and child victims receive better support	
	LBBD Children’s Social Care	6.11 To seek assurance through auditing that the barriers children can experience with CSA due to their protected characteristics are understood and addressed	Year 2	There is an improved understanding on practice in relation to protected characteristics and CSA	
		6.12 To review performance dashboards to ensure all relevant barriers due to protected characteristics are reported on	Year 2	There is an improved understanding of performance in relation to protected characteristics and CSA	
		6.13 To hold and evaluate Practice Lead awaydays with colleagues from across North East London	Year 1	Improved cross-borough learning, relationship-building, and shared strategic planning.	
(7) To support the wellbeing of staff working with children and perpetrators in relation to child sexual abuse. <i>This includes recognising the emotional impact on practitioners when working with children who have suffered sexual abuse and with</i>	NELFT	7.1 To continue to focus on staff wellbeing as part of six weekly staff one-one supervision.	Year 1	Practitioners are supported and signposted to the best help possible	We will measure the impact by reviewing: <ul style="list-style-type: none"> - Staff feedback - Staff wellbeing support activity (number of support offers, take up)
	LBBD Children’s Social Care	7.2 To provide trauma informed supervision for Social Workers who have been exposed to children experiencing sexual abuse	Year 1	Staff have a more safe and nurturing space to talk about their experiences, enabling more social work development and robust decision-making	

<i>those who perpetrate sexual abuse by providing safe, supportive, and reflective spaces to process the work they are undertaking and its impact.</i>					
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Appendix I: Theory of change for the implementation of the Child Sexual Abuse Centre's Child Sexual Abuse Response Pathway



Theory of change for the implementation of the CSA Centre's Child Sexual Abuse Response Pathway in Barking and Dagenham

By implementing the Child Sexual Abuse Response Pathway, we want all children and young people who are being or have been sexually abused to get the support and protection they need

- We will do this by increasing our identification of child sexual abuse
- We will do this by improving our response to child sexual abuse
- We will do this by having a workforce with appropriate knowledge, skills and confidence
- We will do this by strengthening the multi-agency response to child sexual abuse
- We will do this by creating a supportive workplace environment for identifying and responding to child sexual abuse
- We will do this by enabling our response to child sexual abuse to embrace diversity and inclusion throughout the pathway

- Improved referrals from all agencies more focused, more timely
- Shared understanding of responsibilities for responding to child sexual abuse
- Parents will be informed, involved, heard and supported
- Child and young people will get the right services at the right time
- Consideration will always be given to child's cultural context (religion, disability, age, sexual orientation)
- Staff will be able to recognise and respond to children's needs / lived experience
- Staff will be ready to challenge and be challenged by other staff and by children/parents
- Staff will be aware of each other's actions to support the child and their family
- There will be ongoing liaison between agencies throughout investigation (both CAT and Sapphire)
- Staff will be able to access regular, specific training on all aspects of identifying and responding to child sexual abuse
- The workplace will feel comfortable and safe to discuss sex and sexual abuse
- Staff needs for support will be identified and met, especially for survivors of child sexual abuse
- Identification of children and young people will be representative of our local community
- There will be a more appropriate response to children and young people from Black, Asian and ethnic minority backgrounds
- Single assessments will routinely consider child sexual abuse
- There will be widespread use of Signs and indicators template and Brook Traffic Light tool
- Strategy meetings will be attended by all statutory partners and input from lead practitioners will be sought prior to meetings
- All referrals involve potential child sexual abuse will have a strategy meeting
- Non-recent disclosures will receive the same response as recent disclosures
- All children will be assessed in terms of the need for ABEVRI interviews, medical exam, and child/family support needs
- ABEVRI interviews will routinely include social workers
- Information from ABEVRI interviews and medical exams will be routinely shared between agencies
- There will be a consistent approach to the provision of emotional support to child while an investigation is ongoing
- A professional will be tasked with contacting the family at the end of a criminal investigation and supporting them with making a claim for criminal injuries compensation
- Child sexual abuse will be consistently named in records
- Staff recruitment will have a value-base that reflects the needs of children who have been sexually abused
- Analysis of crime report will be routinely shared between agencies
- Support and supervision will support professional curiosity
- Staff will have processes/structures to offload, debrief e.g. multi-agency supervision
- Staff are more ready to consider and act on concerns of child sexual abuse
- Staff feel more confident naming / identifying child sexual abuse
- Staff are more able to recognise signs and indicators of child sexual abuse
- Staff are less reliant on children to tell
- Staff are more able to ask / talk to children and parents about child sexual abuse
- Staff are able to provide a more trauma-informed response
- Staff have a better understanding of data sharing, consent issues
- Staff are more able to signpost children and parents to appropriate support
- Staff feel more confident in responding to child sexual abuse
- Staff know who to contact in different agencies
- Staff have better understanding of their own and others' responsibilities to make the child safe
- Staff are more aware of the need to share information with other agencies
- Staff have a better understanding of family contexts / situations / needs (e.g. language / cultural barriers)

