

The logo is a square with a white border, containing a colorful geometric pattern of triangles in shades of blue, purple, and green. The text is white and positioned in the lower-left corner of the square.

**Centre of  
expertise  
on child  
sexual abuse**

# **Responding to child sexual abuse: Learning from children's services in Wales**

**Briefing and recommendations**

**September 2020**

## About the Centre of expertise on child sexual abuse

The Centre of expertise on child sexual abuse (CSA Centre) wants children to be able to live free from the threat and harm of sexual abuse. Our aim is to reduce the impact of child sexual abuse through improved prevention and better response.

We are a multi-disciplinary team, funded by the Home Office and hosted by Barnardo's, working closely with key partners from academic institutions, local authorities, health, education, police and the voluntary sector. However, we are independent and will challenge any barriers, assumptions, taboos and ways of working that prevent us from increasing our understanding and improving our approach to child sexual abuse.

To tackle child sexual abuse we must understand its causes, scope, scale and impact. We know a lot about child sexual abuse and have made progress in dealing with it, but there are still many gaps in our knowledge and understanding which limit how effectively the issue is tackled.

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## Introduction

The CSA Centre's research report *[Responding to child sexual abuse: Learning from local authorities in Wales](#)*, written by Susan Roberts of Swansea University, highlights significant issues in the identification, response, recording and reporting of child sexual abuse (CSA). We believe that these issues have a major impact on current understandings of the scale and nature of abuse, and the way in which services are organised and resources prioritised. Most importantly, they are likely to have a profound impact on the level and quality of support that many sexually abused children receive from local services. Significantly, our wider research and practice activities and discussions with relevant policymakers and professionals confirm that the issues identified are far from unique to Wales, and the report's findings will be equally relevant to those leading CSA policy and practice in England.

This briefing summarises these key findings, and outlines the CSA Centre's recommendations for changes to local and national policy and practice in response.

The study, commissioned by the CSA Centre and the Welsh Government, aimed to build a better understanding of the scale of CSA encountered by local authority children's services, and to explore how CSA is identified, recorded and responded to. The research involved examination of a sample of electronic social care records relating to children in two Welsh local authorities. Files were drawn from across a range of social work interventions. A total of 44 cases were studied, of which 30 contained references to CSA. In addition, two focus groups with 10 social workers were undertaken.

The research also contributes to some of the actions set out in the Welsh Government's *[National Action Plan: Preventing and Responding to Child Sexual Abuse](#)* (2019).<sup>1</sup> Throughout this briefing we highlight the actions from the Action Plan that relate to the findings and recommendations.

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<sup>1</sup> The action plan sets out the actions the Welsh Government will take to prevent CSA, to protect children from CSA and to support children who are sexually abused. It includes actions for the Safeguarding Board partners who have a lead role in implementing the actions.

**Key finding 1:****The scale of child sexual abuse concerns encountered by local authority children's services is significantly under-reported in official data**

Official data on the scale of child sexual abuse within children's services caseloads is a significant under-representation of the reality of these concerns. The most commonly quoted measurement of CSA concerns in local authority children's services relates to the number of children placed on the child protection register (or on child protection plans in England) under the category of sexual abuse.

After a long decline over many years, these children now make up 4% of all child protection registrations in Wales; in addition, 1% are registered under 'multiple forms of abuse' where CSA is a concern (Welsh government 2019b). The equivalent figure (as of 31 March 2019) for England is also 4%, but we cannot obtain from publicly available data the proportion of 'multiple abuse' cases where CSA concerns are noted.

The study found that concerns relating to CSA were recorded in many of the case files, including those where CSA was not identified as a key concern. Only a small minority (one-fifth) of the 30 children whose records identified CSA concerns in this study sample were on the child protection register for sexual abuse, or multiple forms of abuse including sexual abuse.<sup>2</sup> The remaining children where CSA was a concern were placed across the child protection system (as a child in need or a looked-after child, or on the child protection register for other reasons), or their case was closed following an assessment. This demonstrates that child protection registrations are a poor indicator of the overall scale of CSA concerns in the child protection system, as they represent only a small proportion of cases involving CSA that come to the attention of children's services.

Additionally, social workers appeared hesitant to record CSA concerns where the child had not verbally disclosed (although no such concerns were expressed about cases of suspected child sexual exploitation (CSE), where the approach was to record risk indicators and signs of abuse). This means that some cases of suspected CSA do not appear in case records at all.

The scale of CSA indicated by official data has a significant impact on decisions – relating to prioritisation, allocation of resources, focus of training, and commissioning of specialist services – made by local agencies with responsibility for safeguarding. The under-representation of CSA in official data therefore has a significant impact on the extent to which CSA is prioritised and responded to further.

Concerns regarding harmful sexual behaviour (HSB) were found in half of the 30 case files relating to CSA. In seven of these cases, the child whose file was studied was suspected of having experienced HSB; in the eight case files where the child was suspected of displaying HSB, all but one of those children were also thought to be victims of CSA by adults.

In two-thirds (n=21) of the 30 case files detailing CSA concerns, some form of intra-familial sexual abuse was involved. All six children placed on the child protection register under the category of sexual abuse were thought to have experienced intra-familial abuse; additionally, intra-familial abuse was suspected in all five cases that had been closed following (or, in one case, without) an assessment.

<sup>2</sup> Placing a child on the child protection register is only one way of safeguarding them where a risk of significant harm is present, and is not appropriate for all children at risk of or experiencing CSA. This case file analysis did not seek to assess whether the safeguarding response was correct for each child; its purpose was simply to observe where children for whom CSA concerns existed were in the child protection system.

## 1.1 RECOMMENDATIONS

1. It is now timely to review the way that data on CSA in child protection and child in need cases is recorded, collated, used and shared. This review should be undertaken at multiple levels including national government, local children's safeguarding boards and individual local authorities. This review should include a clear statement about the limitations of the current data.
2. Clarity is needed in guidance about the recording of CSA concerns when a verbal disclosure has not been made. The Welsh Government and the Department for Education should review guidance to ensure that professionals record these concerns.
3. This study has afforded insights into the nature of safeguarding concerns and the practice of recording and responding to those concerns. We recommend that, local safeguarding boards (multi-agency safeguarding arrangements in England) and local authority children's services teams should consider a regular case file audit to review identification and response as well as recording of concerns about CSA.

This relates to the following objective and actions in the Welsh Government's *National Action Plan: Preventing and Responding to Child Sexual Abuse*:

**Objective 8: Evidence on the prevalence of CSA is collected to inform the planning of services for children who have been sexually abused.**

- A25. Welsh Government part-funds Centre of expertise on child sexual abuse research.
- A26. Local safeguarding boards consider the implications of the findings of the research in reviewing the likely prevalence of CSA in the region.

### Key finding 2:

## While much information is recorded about the nature and context of CSA, important details are often missing and data is difficult to access and analyse

Effective decision-making about how to identify, prevent, disrupt and respond to child sexual abuse is dependent on data to inform it. This study has demonstrated that the data collected about CSA cases and is difficult to extract, analyse and compare.

Information about the victim profile (age, gender, ethnicity) and some aspects of the suspected perpetrator's profile (gender, relationship to victim) was generally found in children's files. Information about the duration of abuse and about the suspected perpetrator's age and ethnicity were less commonly recorded.

While information on CSA was evident in many case files, it was not ordered in the most effective way to enable understanding of an individual case. Information on CSA was spread across a number of documents to varying levels of detail, and was mostly recorded in narrative text. The efficacy of data systems – and recording practice – and the issue of information being 'lost' was raised by social workers across both local authorities in the focus groups.

Further, while this data was evident within the narrative files, it was not available in extractable format to enable analysis and reporting. The CSA Centre has previously highlighted the need to improve the consistency and quality of data recording in order to be able to make comparisons between localities over time.

There are a number of benefits to improving local data recording in relation to CSA:

- By monitoring the scale and nature of CSA encountered by your service (e.g. patterns of intra-familial CSA, of CSE and of abuse in a gang setting), you can identify the need for services, staff training etc in the local area and shape services to better meet service users' needs.
- Systematic recording of service users' profiles (e.g. their ethnicity or gender) may enable you to ask questions about your reach in the local population, identify gaps and look at ways to reach under-identified groups.
- Understanding the profiles of people who commit abuse (e.g. their age and relationship to the victim) and the context in which abuse takes place (e.g. locations, situations) can help you to develop prevention, earlier identification and disruption work.
- Understanding patterns of disclosure and referral sources can help you to identify how CSA concerns come to light and discern needs for training and awareness-raising among organisations and practitioners who are not referring cases to you.
- Keeping good records reduces staff time (and costs) spent on filling information gaps and reconciling data retrospectively.

## 2.1 RECOMMENDATION

4. In order to understand the scale and nature of CSA concerns, services need to improve the consistency and quality of their data. In order to support services to improve their data collection (and therefore their capacity to extract meaningful information and improve practice), the CSA Centre has developed a [data collection template](#) which sets out a list of 30 core data fields with recommended definitions, to be used by children's safeguarding services. If these core data fields are routinely and consistently recorded by agencies, it will significantly improve agencies' individual and collective local understanding of CSA. We recommend that local authorities and safeguarding partners review the data they currently collect, and adopt the data collection template using the CSA Centre's [practical guide to data improvement](#) and [interactive data improvement tool](#).

This relates to the following objective and actions in the Welsh Government's *National Action Plan: Preventing and Responding to Child Sexual Abuse*:

**Objective 8: Evidence on the prevalence of CSA is collected to inform the planning of services for children who have been sexually abused.**

- A25. Welsh Government part-funds Centre of expertise on child sexual abuse research.
- A26. Local safeguarding boards consider the implications of the findings of the research in reviewing the likely prevalence of CSA in the region.

**Key finding 3:****Social workers highlighted gaps in their knowledge, skills and confidence in relation to identifying, recording and responding to CSA concerns**

Evidence from the case files and focus groups demonstrated concerning gaps in the knowledge, skills and confidence of social workers in relation to concerns about CSA. It was also evident that social workers were reliant on a verbal disclosure from the child in order to enact a safeguarding response to such concerns, unless such concerns related to CSE (see Key finding 1).

Gaps in knowledge, skills and confidence were identified in areas including:

- understanding the nature of CSA, understanding the barriers to disclosure, and recognising the signs and indicators of CSA
- ensuring that support is provided to children when there is or isn't an ongoing criminal investigation into concerns
- misunderstandings about the nature and purpose of medical examinations.

Evidence from previous research<sup>3</sup> shows that rates of verbal disclosure are low at the time that abuse occurs in childhood. However, children say they are trying to disclose their abuse when they act in ways that they hope adults will notice and react to. This is particularly important for disabled children.

Indeed, staff across both local authorities in this study reflected on the infrequency with which children disclosed CSA to them, and recognised the impact of this on the number of CSA cases they saw in their caseloads. They considered that time constraints reduced their ability to build relationships with children, which in turn affected the number of disclosures.

It was felt that services were more able to respond effectively to CSE than other types of CSA. Although CSE was unlikely to be disclosed, participants expressed the view that it was easier for them to articulate concerns about CSE than other forms of CSA, as the emphasis in cases of CSE is on recognising signs and indicators as opposed to the child communicating that they have been abused.

Professionals identified the importance of supervision and access to consultant social workers as a support mechanism when a child has disclosed, or there is a suspicion that CSA is taking place; however, such support was not always available.

**3.1 RECOMMENDATIONS**

The gaps in social workers' knowledge, skills and confidence in relation to identifying and responding to all forms of CSA point to a need to review the pre- and post-qualification training and ongoing development and support of children's social care professionals.

In response we recommend the following actions:

5. In order to improve the provision of content relating to all forms of CSA within social work degree courses, regulators Social Work England and Social Care Wales should set clearer expectations of such content.

<sup>3</sup> Allnock, D., Miller, P. and Baker, H. (2019) [Key messages from research on identifying and responding to disclosures of child sexual abuse](#). Barkingside: CSA Centre.

6. Local safeguarding boards in Wales and multi-agency safeguarding arrangements in England should work with local authorities to review and provide leadership and expectations regarding post-qualification training and development expectations and provision on CSA; this should focus specifically on developing understanding around the nature of disclosure, recognising the signs and indicators of abuse in the absence of a disclosure, and building the picture of such concerns in order to make appropriate responses (for example, by referring the child for a [medical examination](#)).
7. Local authorities should ensure that frontline social workers in child protection teams have access to high-quality supervision and practice leadership on CSA. In recognition of the need to develop practice leadership on CSA within social work, the CSA Centre has developed and tested an intensive programme of training and development – [the CSA Practice Leads Programme](#) – which seeks to build practitioners’ understanding and confidence in identifying and responding to CSA, and support them to cascade their learning within their services. Delivery of the CSA Practice Leads programme begins in two localities in Wales this autumn.

This relates to the following objectives and actions in the Welsh Government’s *National Action Plan: Preventing and Responding to Child Sexual Abuse*:

**Objective 3: Increased awareness of how help to keep children safe from CSA for parents/carers, practitioners and the public.**

- A11. Welsh Government develops information resources for practitioners and for parents/carers on CSE and HSB.
- A13. Local safeguarding boards support practitioner learning on CSA, CSE, HSB and Online Abuse including awareness of relevant guidance, procedures and practice guides. This should include promoting an understanding of CSA in the context of equality and diversity issues such as gender, ethnicity, sexuality and disability.

**Objective 7: Practitioners have access to resources and training to equip them to provide effective, timely and appropriate responses to children at risk of or abused through CSA.**

- A23. Welsh Government develops training resources on handling disclosures of CSA, the investigation process and supporting families affected by CSA for practitioners.
- A24. Local safeguarding boards support practitioner learning on handling disclosures of abuse, the investigation process and supporting families affected by CSA.

## Key finding 4:

# Children and families receive variable support in response to concerns of CSA

Participants in focus groups across both local authorities expressed concern about the lack of support services for children who had experienced forms of CSA other than CSE. Support for families was also perceived as limited. Difficult referral criteria and long waiting lists for specialist service provision were highlighted in the focus groups.

In the 23 cases where support specifically related to CSA was offered, the nature of this support varied widely. Two-thirds (n=15) of children received some support from external organisations – ranging from single sessions to long-term therapeutic interventions – while the other seven typically attended brief ‘keep safe’ or ‘safe touch’ sessions with social workers.

From the study it appears that children are more likely to receive support where concerns relate to CSE. Among children thought to have experienced intra-familial abuse but not displaying HSB themselves, two-fifths (n=8) received no CSA-specific support. In contrast, only one out of seven children did not receive such support where extra-familial abuse (which involved CSE in almost all cases) was suspected.

Support in relation to intra-familial abuse appeared to be more readily available for children who were on a child protection register for sexual abuse: five out of six such children received an intervention. However, as noted previously, the majority of cases where there were concerns of intra-familial abuse were not on the child protection register.

Specialist services were more frequently involved in response to HSB and CSE concerns: over two-thirds (n=7) of suspected CSE cases were supported by external organisations, as were seven of the eight children thought to have displayed HSB.

Only a small minority of case files (n=5) contained information about support provided to the family (non-abusing parent).

#### 4.1 RECOMMENDATIONS

8. As per Recommendation 2, this study demonstrates the value of undertaking a review of case files to assess identification and response as well as recording of concerns of CSA. This is particularly important in the context of assessing the response that children and families receive when such concerns exist. Local safeguarding boards (multi-agency safeguarding arrangements in England) and local authority children's services teams should consider a regular case file audit to review identification and response as well as recording of concerns of CSA.
9. Local safeguarding boards and multi-agency safeguarding arrangements should review the coverage of the support offer in cases involving CSA concerns, and in particular consider the response in the context of intra-familial abuse concerns and support for non-abusing family members.
10. Training and development of social workers should include content on effective working with children who experience CSA and their non-abusing family members, to ensure that social workers can provide support when specialist support is not available.

This relates to the following objective and actions in the Welsh Government's *National Action Plan: Preventing and Responding to Child Sexual Abuse*:

**Objective 9: Children who have been sexually abused, sexually abused through CSE and/or have HSB have access to trauma-informed services and appropriate therapeutic support based on their individual care and support needs to improve well-being and prevent repeat abuse**

- A27. Welsh Government supports the development of a national Service Specification for Sexual Assault Referral Centre services in Wales with the NHS Wales Health Collaborative taking into consideration a range of child-centred practice models.
- A28. Welsh Government supports the development and consults on a clinical pathway for children who have disclosed CSA/ children where CSA has been identified with the NHS Wales Health Collaborative.
- A29. Welsh Government supports the evidence based development of the therapeutic support offer to children affected by trauma related to CSA.
- A31. Local safeguarding boards undertake a review of available therapeutic support for children who have experienced CSA, CSE, HSB or Online sexual abuse in the region, so that gaps in provision can be identified and addressed.

If you would like more information about this research or any other aspects of the CSA Centre's work, please contact us at: [info@csacentre.org.uk](mailto:info@csacentre.org.uk)