

Centre of
expertise
on child
sexual abuse

Developing your strategic response to child sexual abuse

A guide for safeguarding
children partnerships



September 2025

About the Centre of expertise on child sexual abuse (CSA Centre)

The CSA Centre's overall aim is to reduce the impact of child sexual abuse through improved prevention and better response, so that children can live free from the threat and harm of sexual abuse.

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.

We aim to:

- increase the priority given to child sexual abuse, by improving understanding of its scale and nature
- improve identification of and response to all children and young people who have experienced sexual abuse
- enable more effective disruption and prevention of child sexual abuse, through better understanding of sexually abusive behaviour/perpetration.

We seek to bring about these changes by:

- producing and sharing information about the scale and nature of, and response to, child sexual abuse
- addressing gaps in knowledge through sharing research and evidence
- providing training and support for professionals and researchers working in the field
- engaging with and influencing policy.

For more information on our work, please visit our website:

www.csacentre.org.uk

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Introduction

Every year, an estimated 500,000 children are sexually abused in England and Wales (Karsna and Kelly, 2021). Child sexual abuse has been found to be as prevalent as other forms of child abuse (Office for National Statistics, 2020), but it is far less frequently identified in needs assessments – and very few children are placed on a child protection plan or Wales’s child protection register under the category of sexual abuse (Kewley and Karsna, 2025). While more than 100,000 child sexual abuse offences were recorded by the police in 2023/24, only one in six police investigations into such offences ended with a charge/summons, a caution or community resolution, or a ‘diversionary, educational or intervention activity’ (Kewley and Karsna, 2025).

Furthermore, there is a ‘postcode lottery’ in statutory agencies’ activity around child sexual abuse: where children live affects how likely it is that their abuse will be identified and responded to by local authority children’s services and the police (Kewley and Karsna, 2025).

Child sexual abuse is a serious issue, but it can be prevented – and when it does happen, effective and timely support can mitigate its effects. It is therefore essential that agencies and other organisations working together at local and regional level to safeguard children take a strategic approach to the prevention, identification and response to child sexual abuse. A strategic approach enables these bodies, in partnership, to build a clear picture of local/regional need, strengthen multi-agency working, and drive improvements that are informed by the voices of children, adult victims/survivors, families and practitioners.



1.1 Why have we produced this guide?

The UK Government's statutory guidance *Working Together to Safeguard Children* requires robust "multi-agency safeguarding arrangements" to be established at local or regional level across England, to ensure that agencies and other organisations working with children in each area "are clear about how they will work together to safeguard children and promote their welfare" (Department for Education, 2023:23–24). In Wales, one of the six "principles that lead to an effective safeguarding system for children" is that "[a]ll practitioners working with a child operate in a multi-agency and co-operative way to safeguard and promote a child's well-being ..." (Social Care Wales, 2019).

However, in November 2024 the Child Safeguarding Practice Review Panel¹ published ***"I Wanted Them All to Notice": Protecting Children and Responding to Child Sexual Abuse in the Family Environment***, setting out the results of a national review which principally involved analysis of more than 170 rapid reviews, serious case reviews and local child safeguarding practice reviews relating to child sexual abuse in the family environment. This national review, undertaken by the CSA Centre on the Panel's behalf, "uncovered significant and long-standing issues" in the response to that abuse (Child Safeguarding Practice Review Panel, 2024:5).

The Panel's report proposed a number of recommendations, some for the UK Government and others for agencies and organisations in safeguarding partnerships.² While the focus of the national review was child sexual abuse within the family, the findings and recommendations are applicable to all forms of child sexual abuse.

Of the recommendations for safeguarding partners, Recommendation 1 calls on all partners to *"consider the findings of this national review and develop a local action plan to respond to its recommendations as it affects local multi-agency practice"*.

This guide aims to help you do just that: it is designed to support your safeguarding children partnership in developing a strategic response to tackling child sexual abuse, which addresses need in your area and takes account of capacity across agencies.

An appendix to this guide lists the full set of the Panel's recommendations for safeguarding partners. And the individual recommendations are referenced throughout the guide, alongside suggestions for actions you might take to comply with them.

1. An independent panel, set up under the Children and Social Work Act 2017, which commissions reviews of serious child safeguarding cases

2. Although the Panel's remit covers England only, the new draft strategy for preventing and responding to child sexual abuse in Wales notes that "the lessons learned from [the Panel's] report are highly transferable to practice in Wales" (Welsh Government, 2025:42).

1.2 Who is it for?

This guide has been developed to support your local or regional safeguarding children partnership, and the relevant individual agencies and organisations within it, in developing a coordinated, strategic and evidence-informed response to child sexual abuse. It provides valuable insights for lead safeguarding partners, delegated safeguarding partners, independent scrutineers, business managers, commissioners, and all relevant agencies/organisations with statutory or strategic safeguarding responsibilities.

Whether you are beginning to shape your strategic response or looking to refine and enhance existing strategic arrangements, this resource offers suggestions and examples to guide your partnership's efforts in preventing, identifying, and responding effectively to child sexual abuse.

1.3 What will it help you to do?

The strategic response to child sexual abuse must be informed and driven by need in your area – and your commitment to improve the prevention of and response to that abuse must be developed through collaboration and shared ownership.

This guide outlines key considerations in developing your strategic response. It sets out some core components of an effective local/regional child sexual abuse strategy, and suggests how you might apply these components to develop a strategic approach that addresses need in your area.

In an increasingly complex safeguarding landscape where effective multi-agency collaboration is essential, it provides a framework to help your partnership:

- develop a shared vision and language around the prevention and identification of child sexual abuse, and the response to it
- align strategic priorities across partners to ensure consistency and coherence in safeguarding practice
- strengthen operational coordination, ensuring timely, child-centred and trauma-informed interventions
- commission services strategically, based on local needs, lived experiences, and evidence of what works
- embed accountability and transparency through robust governance, scrutiny and performance monitoring.

1.4 Structure of the guide

The next chapter provides an example template for a local/regional strategic response to child sexual abuse, after which the guide is divided into three parts:

- **Part A** is about understanding where you are – the national and local/regional contexts in which your partnership operates, and its current activity around child sexual abuse – and where you want to get to.
- **Part B** outlines the core components of an effective strategic response to child sexual abuse, with the aim of helping you to develop an action plan.
- **Part C** offers advice on putting your strategic response into practice, from drafting a strategy to measuring its impact and acting on learning from its implementation.

1.5 What do we mean by a ‘safeguarding children partnership’?

In England, *Working Together to Safeguard Children* identifies the three statutory safeguarding partners – the local authority, the integrated care board, and the chief officer of police – that are “responsible and accountable” for “strong, collaborative leadership and timely decision-making” around multi-agency safeguarding arrangements in their area (Department for Education, 2023:5). It adds that, in each area, the statutory safeguarding partners will work with “relevant agencies ... to improve outcomes for children and families” (Department for Education, 2023:39).

Similarly, *Working Together to Safeguard People, Volume I – Introduction and Overview* says that regional safeguarding boards in Wales must include representatives from local authorities, the police, local health boards, NHS trusts and (in some instances) probation service providers, and that a regional safeguarding board may also “include representatives of other persons or bodies, if they exercise functions or are engaged in activities in relation to children ... who may have needs for care and support in the safeguarding board area” (Welsh Government, 2016:42–43).

Since the development of a strategic response to child sexual abuse is an activity that everyone working to safeguard children should be involved in, this guide uses the terms ‘**safeguarding children partnership**’, ‘**partnership**’ and ‘**partners**’ to refer to *all* agencies and organisations working together to safeguard children under a local or regional multi-agency safeguarding arrangement, whether in England or in Wales.

1.6 Other terminology

For the sake of simplicity, we use the term ‘**child**’ in this guide to mean anyone under the age of 18. It is important to remember that adolescents as well as younger children experience sexual abuse.

We use the term ‘**victims/survivors**’ to describe people who have been sexually abused in childhood, on the basis that they may consider themselves victims of that abuse, survivors of it, or a combination of both.

We have chosen to avoid some terms that are sometimes understood differently or that feel uncomfortable for some people:

- Instead of ‘perpetrator’, ‘abuser’ or ‘sex offender’, we talk (in relation to adults) about **the person who has sexually abused the child** or similar.
- Instead of ‘peer-perpetrated abuse’ or ‘peer-on-peer abuse’ by under-18s, we talk about **harmful sexual behaviour**.
- Instead of ‘disclosure’, we refer to **telling** someone about child sexual abuse. Telling may involve verbal and/or non-verbal communication.
- We refer to **disabled children** rather than ‘children with disabilities’, to reflect the social model of disability. This is a model developed by disabled people and says that people are disabled by barriers in society, not by their impairment or difference. We recognise that language is very personal, however, so it is important to check with every individual how they would like to be identified.
- We use the term ‘**parents**’ to encompass all parents/carers of a child – including biological parents, step-parents, adoptive parents, foster parents and other relatives who may be the child’s main care-giver, such as grandparents.

Example template for your strategy

The UK Government defines child sexual abuse as:

...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 nonpenetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. (Department for Education, 2023:162)³

When thinking about how to address child sexual abuse, however, there can be a tendency to think only about some elements of the problem (such as specific forms of or contexts for that abuse, or particular groups of children). It's important that your local/regional strategy covers all forms of child sexual abuse, and responds to everyone affected by it; you need to ensure the broadest focus.

This chapter is intended to give you some idea of how a local/regional strategy might look and the broad headings it may include, but the detail contained in your strategy must be developed according to need in your area.

If you have already developed a child sexual abuse strategy for your partnership, we suggest you review the headings below to check whether your strategy is comprehensive.

Reflection point

Think about the language you use when talking about child sexual abuse. We suggest that your local/regional strategy always spells out 'child sexual abuse' in full; if you use the abbreviation 'CSA', there is a risk that it will distance you and the reader from the realities of that abuse.

1) Introduction (purpose of the strategy)

Set out the need for a local/regional child sexual abuse prevention and response strategy. Set the context by outlining the national picture – you can use the information in [Chapter 4](#) to help with this – and by referring to relevant legislative frameworks, policies and national reviews. For example, you may want to cite:

- **Working Together to Safeguard Children**
- **Wales Safeguarding Procedures** and Wales's **National Action Plan: Preventing and Responding to Child Sexual Abuse**⁴
- **The Children Act 1989 Guidance and Regulations**
- **Keeping Children Safe in Education** or **Keeping Learners Safe**.

3. In Wales there is a similar but shorter definition (Welsh Government, 2019).

4. In late 2025 the National Action Plan is due to be replaced by a new 10-year national strategy for preventing and responding to child sexual abuse; at the time of this guide's publication, the Welsh Government was conducting a public consultation on a draft of the strategy (Welsh Government, 2025).

2) Shared vision and strategic priorities

A clear statement on your partnership's commitment to everyone affected by child sexual abuse, and information about your strategic priorities.

3) Governance (roles, responsibilities, and accountability)

A clear intent to ensure multi-agency ownership of the strategy, which enables all partner agencies and organisations to both contribute to developments and to hold each other to account.

4) Local and regional context

A clear and comprehensive description, based on evidence and data, of the issues facing your partnership in relation to child sexual abuse, and the partnership's current response to that abuse – including gaps and weaknesses in the response. [Chapter 4](#), [Chapter 5](#) and [Chapter 6](#) will help you develop this content.

5) Strategic aims and intended outcomes

What you want your strategy to achieve, in line with your vision and strategic priorities. [Chapter 7](#) explains how you can develop this content.

6) Prevention and disruption of child sexual abuse

An overview of the activities your partnership will carry out to prevent and disrupt child sexual abuse across your area. [Chapter 8](#) will help you develop this content.

7) Identification of child sexual abuse

An overview of the activities your partnership will carry out to improve the identification of child sexual abuse, including situations where children are at risk of that abuse, across your area. [Chapter 9](#) will help you develop this content.

8) Supportive response to people affected by child sexual abuse

An overview of the activities your partnership will carry out to improve the response to everyone affected by child sexual abuse in your area. [Chapter 10](#) will help you develop this section.

9) Workforce development

An overview of the activities your partnership will carry out to develop a workforce that is skilled, knowledgeable and confident to prevent, identify and respond to all forms of child sexual abuse. [Chapter 11](#) will help you develop this section.

10) Action plan

A detailed schedule of actions that your partnership will take in order to deliver the above activities. [Chapter 12](#) will help you develop this schedule.

11) Monitoring and evaluation

An overview of your process for reviewing your strategy, and associated policies and procedures, to ensure they are effective and remain up to date. [Chapter 7](#) will help you develop this content.

Part A. Understanding where you are and where you want to get to

To understand how you can respond to and prevent child sexual abuse effectively in your area, you first need to assess what your partnership is already doing, what is working well, and where your challenges are. You can then reflect on that, and establish the outcomes you want to achieve for people affected by child sexual abuse.

This part of the guide is designed to help you get a broad picture of your current activity, and Part B will then help you to think through how you can improve that activity.

Ensure commitment to a shared vision

Before you think about what your partnership's strategic response to child sexual abuse should look like, you need to ensure there is a clear commitment to developing, implementing and evaluating that response, both within each agency/organisation and across the multi-agency partnership.

Each agency/organisation needs to be clear about what it contributes to the overall response, what others contribute, and where accountability for these contributions sits.

3.1 Leadership

As *Working Together to Safeguard Children* says, "The purpose of multi-agency safeguarding arrangements is to ensure that, at a local level, organisations and agencies are clear about how they will work together to safeguard children and promote their welfare. This means there is a clear, shared vision for how to improve outcomes for children locally across all levels of need and all types of harm ..." (Department for Education, 2023:24). And in Wales, *Working Together to Safeguard People, Volume I – Introduction and Overview* says that every regional safeguarding board in Wales "must ensure local protocols are in place which co-ordinate the inter-agency work being undertaken within the area of the board" (Welsh Government, 2016:32).

In other words, your partnership is expected to develop a strategic approach to working together to deliver shared goals. Senior leaders have a crucial role to play in delivering this, by establishing a culture where staff feel skilled and confident in identifying and responding to child sexual abuse.

Strategic leaders in your partnership need to:

- understand, and ensure that their workforce understand, that safeguarding is a shared duty and that statutory safeguarding partners have clear statutory responsibilities as outlined in statutory guidance (Department for Education, 2023; Welsh Government, 2016) – they must not only cooperate but also contribute actively to a coordinated local/regional response to child sexual abuse
- ensure that local/regional data, case reviews and the voices of victims/survivors are used to highlight the scale and impact of abuse and the gaps in service provision
- develop a shared vision and strategic priorities, and demonstrate how participation aligns with each agency's legal obligations, risk management priorities, and service outcomes
- clarify roles, responsibilities and accountability structures across the partnership, by developing a steering group to ensure effective and meaningful multi-agency working.

3.2 Recruit a broad and representative steering group

Your next step in developing your strategic response should be to establish a group or board to oversee its development and delivery. An effective steering group:

- provides focused leadership and coordination for developing and delivering a strategic response to child sexual abuse
- brings together key stakeholders from across the safeguarding partnership, ensuring that each partner agency/organisation has sufficient representation (in terms of breadth of roles and seniority) to contribute effectively to overseeing progress, aligning activity and resolving barriers.
- ensures accountability, enables shared ownership of priorities, and supports a consistent approach across the partner agencies/organisations
- provides a dedicated space to interpret national guidance, review local/regional data, monitor implementation, and ensure that the strategic response is evidence-based, informed by victims/survivors, and responsive to emerging risks.

When recruiting the members of your steering group, try to ensure that:

- the voices of victims/survivors of child sexual abuse are represented
- members have sufficient seniority to make decisions and commit to actions
- agencies/organisations nominate named representatives, to ensure consistent representation
- members are broadly representative of all the agencies/organisations in your partnership
- some members have previous experience of change management or involvement in some form of change activity.

You may also want to consider recruiting steering group members from outside the partnership, such as a representative from public health.

4. Understand the context, nationally and locally/regionally

4

The next step in developing a strategic response to child sexual abuse in your area is to find out as much as you can about that abuse: the contexts in which it takes place and the range of people it affects, both locally/regionally and nationally. This will help you understand the activities that need to be undertaken in your area to tackle the sexual abuse of children, and to provide support to everyone affected by it.

4.1 What forms can child sexual abuse take?

Children can be sexually abused in many different ways, by different people and in different places and situations, including online. Your strategic response should cover the full range of child sexual abuse, rather than referring only to specific forms such as sexual exploitation: although raising awareness of the sexual exploitation of children is important, your strategy cannot work for everyone affected by child sexual abuse unless it recognises and explicitly names all contexts in which children are sexually abused.

Forms of child sexual abuse include:

- child sexual abuse by adults in the family network (including neighbours and friends of the family)
- child sexual abuse by other trusted adults
- harmful sexual behaviour by siblings
- harmful sexual behaviour by other children or young people
- child sexual exploitation
- child sexual abuse and harmful sexual behaviour in online contexts; it is important to note, though, that digital technologies can feature in almost all forms of child sexual abuse.

The CSA Centre's **Key Messages from Research** series provides succinct, relevant information to help you develop your understanding of these forms and contexts. We have also developed ***A New Typology of Child Sexual Abuse Offending***, which outlines types of offending behaviour by adults.

It's also essential to appreciate the crossovers between these different contexts, so that your strategic response does not take a siloed approach. For example, research studies have found that:

- almost half of children at high risk of sexual exploitation had already experienced child sexual abuse (including rape), inside or outside the family environment, before the age of 16 (Hallett et al, 2019)
- around half of child sexual abuse images/videos posted online had been filmed in familial settings (Salter et al, 2021).

4.2 Who is affected by child sexual abuse?

When thinking about child sexual abuse, people often consider only the child who has been abused – but while these children must be recognised and responded to, you also need to recognise how your partnership can support everyone who is affected – in any way – by child sexual abuse. This includes:

- children at risk of sexual abuse
- children who have been sexually abused
- parents, siblings and the wider family of sexually abused children
- adults who were sexually abused in childhood
- children who have displayed harmful sexual behaviour
- families of children who have displayed harmful sexual behaviour
- adults who are at risk of sexually abusing children
- adults who have sexually abused children (including by viewing child sexual abuse images)
- families of adults who have sexually abused children.

Again, our 'Key Messages from Research' series – and particularly the summaries covering the impacts of child sexual abuse, adults who sexually abuse children, and harmful sexual behaviour – can help you to understand how some of these groups are affected.



4.3 Who lives in your area?

While your strategy will need to respond to all the above groups, and to child sexual abuse in all the above contexts, understanding the population of your area will help you develop a strategic response that can meet local/regional needs, and particularly the needs of people in especially vulnerable and/or marginalised groups.

For example, how many looked-after children are there in your area? How many children are the subject of child protection plans, family help or other interventions because of abuse (not just sexual abuse) or neglect? What is the ethnic make-up of your area's child population?

By answering these questions, you can identify work that your strategy will need to focus on.

It's important to understand that some groups of children are particularly vulnerable to sexual abuse (while recognising that all children are vulnerable to this abuse), and some face specific barriers to telling anyone about the abuse.

In a major survey (Office for National Statistics, 2020):

- More than half of adults who described being sexually abused in childhood said they had also experienced other forms of childhood abuse – with one in six saying they had been physically, emotionally and sexually abused, *and* had witnessed domestic violence,⁵ as children.
- Those who had lived in a household where someone had a long-term mental health problem or disability, or someone had misused alcohol or drugs, were three times as likely to have been sexually abused as those who had not.
- Adults who had lived in a care home as children were nearly four times as likely to have experienced child sexual abuse.
- Adults who had been neglected in childhood were five times as likely as other adults to have also experienced child sexual abuse.

Disabled children are also at a higher risk of sexual abuse than non-disabled children (Jones et al, 2012). They are more dependent on caregivers, experience greater barriers in communication, and are less likely to have their abuse identified, particularly in a family setting.

Child sexual abuse occurs across all ethnicities, but victims/survivors from minority ethnic backgrounds (especially those in 'closed communities' or with insecure immigration status) often face additional barriers to telling anyone, to being believed, and to accessing and receiving support from mainstream services (Ali et al, 2021).

Boys are less likely than girls to tell someone they have been sexually abused (Priebe and Svedin, 2008).

5. This is the terminology used in the ONS survey, but we recognise that children exposed to domestic violence are not passive witnesses.

5

Review your current response

Now you have an idea of the level and types of need in your area, you need to develop a clear and comprehensive understanding of the current response – both within and outside your partnership – to child sexual abuse in your area. This will help you to assess how well this current activity is meeting that need, and where there are gaps.

Remember that you have a statutory requirement to develop this understanding. If your partnership is in England, *Working Together to Safeguard Children* says you must publish details of your multi-agency safeguarding arrangements, including “how the safeguarding partners will use data and intelligence to assess the effectiveness of the help being provided to children and families” (Department for Education, 2023:40). And *Working Together to Safeguard People, Volume 1 – Introduction and Overview* says that regional safeguarding boards in Wales “should ensure the effectiveness of [safeguarding] measures taken individually or as part of their shared responsibility” (Welsh Government, 2016:32).

5.1 How is your partnership currently identifying children at risk of, or experiencing, sexual abuse?

Child sexual abuse is a hidden form of abuse, and it is important to recognise that official agencies such as the police and children’s services identify only a small minority of the child sexual abuse that occurs in society. The CSA Centre estimates that at least 10% of children in England and Wales are sexually abused before the age of 16 – but the level of child sexual abuse recorded in official data is far below this level. (For the latest survey evidence on prevalence, see our 2021 report ***The Scale and Nature of Child Sexual Abuse: Review of Evidence***.)

Data Insights Hub

Understanding the gap between the scale of child sexual abuse in your area and the level of abuse that you are currently identifying is the first step to thinking about how you can work to close that gap.

The CSA Centre’s **Data Insights Hub** – an interactive dashboard which lets you find, understand and use official data on child sexual abuse – can help with this. It can generate a ‘tip of the iceberg’ image displaying the discrepancy between the number of children likely to be experiencing sexual abuse in your area⁶ and the level of identification by local/regional agencies.

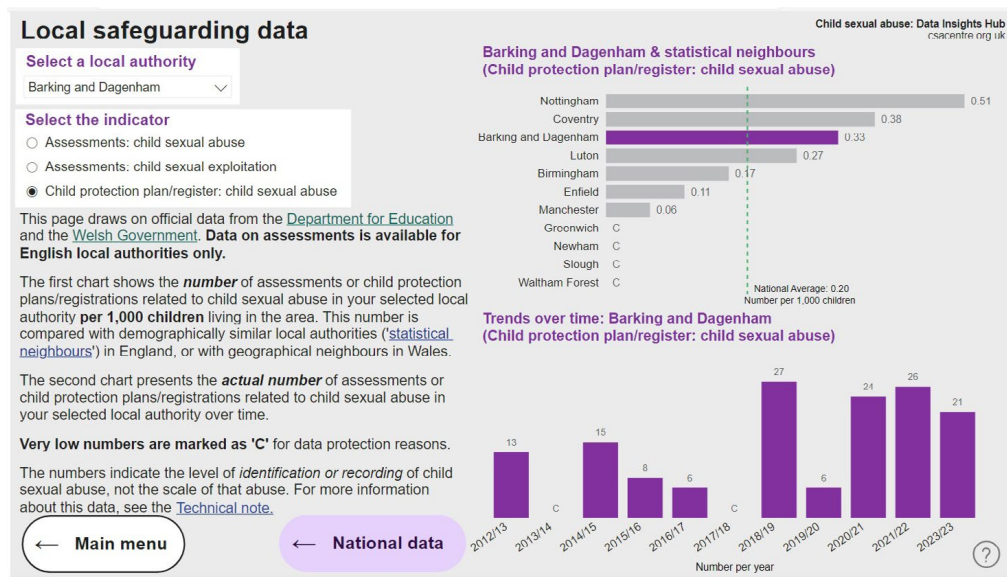
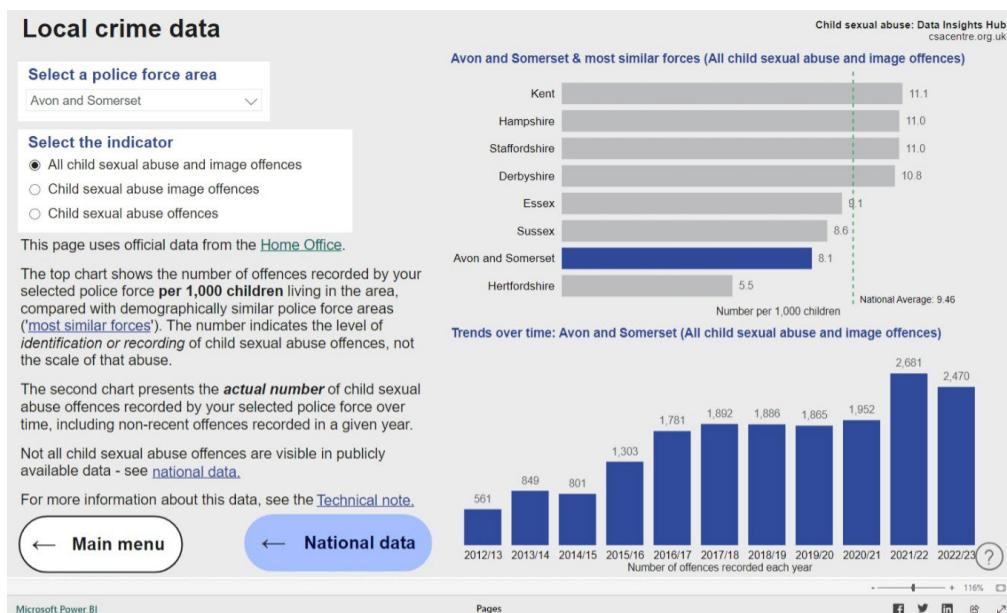
The Data Insights Hub also uses interactive maps and charts so that you can view:

- annual data from your local authority children’s services on how often they identify sexual abuse as a concern in their assessments of children, and record sexual abuse as the primary reason for a child to be given a child protection plan (or, in Wales, placed on the child protection register)
- annual data from your partnership’s police force on the number of child sexual abuse offences it records.

In each case, you can compare your local authority/ies or police force with others, and track changes in your area’s data over the past few years. Seeing how the figures have changed over time allows you to assess, for example, whether interventions or initiatives have made a difference to the identification of children who have been, are being, or are at risk of being sexually abused.

Additionally, the Hub shows you how many support services across the voluntary, statutory and private sectors are responding to child sexual abuse in your area. Details of these services are available on our Support Services Directory (see section 5.2).

6. The Data Insights Hub estimates local prevalence by taking our estimate of prevalence across England and Wales and applying it to the local population. However, local circumstances may mean that the actual level of child sexual abuse in your local area is different.



5.2 How is your partnership currently responding to different groups affected by child sexual abuse?

Child sexual abuse can have serious and lifelong impacts on victims/survivors and those around them, and imposes an enormous financial cost on society (Radakin et al, 2021). However, actions to tackle this abuse and its impacts – by supporting the different people affected by it, and by preventing it from happening – can be highly effective, provided the right elements are in place. It's important to remember that the groups identified in section 4.2 all require support and have a range of different needs – so they require a range of support services.

To ensure you can meet those different support needs, you need to understand your current local/regional response to each group, across both the statutory and voluntary/community sectors, and where the gaps in support provision are. You can use the CSA Centre's [Child Sexual Abuse Support Matrix](#) to identify the range of support that should be provided for each group, and to record whether and how that support is being provided.

You should also try to answer the following questions:

- **How are statutory services identifying and responding to child sexual abuse in practice?**

How well-equipped are frontline professionals in statutory services to recognise signs and indicators of child sexual abuse, respond sensitively, and follow safeguarding procedures consistently?

Is there shared ownership and a clear pathway across statutory services for children affected by child sexual abuse?

- **Are there clear referral and information-sharing protocols between statutory services?**

An effective response depends on robust systems which enable the timely sharing of concerns and coordination of interventions. How well are these mechanisms understood and used when there are concerns of child sexual abuse?

- **Are statutory services supporting children and families equitably?**

How do responses vary across different groups (e.g. boys, children with disabilities, children from minority ethnic backgrounds, children in care)? Are statutory services actively identifying and responding to the specific risks of abuse, and barriers to telling anyone about it, that these groups face?

- **What support is available from statutory services when a child has been sexually abused, or has been affected by sexual abuse?**

Statutory involvement often ends once immediate safeguarding risks are managed, but many people affected by child sexual abuse require longer-term therapeutic, emotional or practical support. How do statutory agencies ensure continuity of care and avoid gaps in support?

- **How easy is it for people across your area to access the range of support (including specialist support around child sexual abuse) they need?**

How can victims/survivors, their families and people at risk of perpetrating child sexual abuse find out about or be referred to the specialist services available?

Are certain groups less likely to find out about or be referred to those services?

If so, what are the barriers that prevent people finding out about or being referred to those services?

Are services' opening times accessible to all, with evening and weekend provision?

- **How many people are on waiting lists for specialist support, and how long are they waiting?**
- **Is specific support available in your area around different forms of child sexual abuse?**

In particular, is support available to meet the specific needs of people who have experienced child sexual abuse in the family environment, abuse in online or institutional contexts, harmful sexual behaviour, or child sexual exploitation?

- **Does the support available in your area meet the needs of people affected by child sexual abuse, including the particular needs of the following groups?**

People from minority ethnic backgrounds (including Gypsies, Travellers and Eastern European people), and particularly those whose first language is not English.

Physically disabled people.

Neurodivergent people, and those with learning disabilities.

Girls/women, and boys/men.

Lesbian, gay and bisexual people.

People who are questioning their gender identity, or who identify as transgender.

- **Does the support available in your area match the need for it?**

Our Data Insights Hub and Support Services Directory should be able to help you gather information that can inform your answer to this question.

Find a support service

Use our directory to find help for yourself or others affected by child sexual abuse in England and Wales

☒ Map
 ☐ List

Regions

South East

Local Authorities

Barking and Dagenham

Support for

☐ Adult victims and survivors
 ☐ Children and young people
 ☒ Parents and carers

Services supporting

☐ LGBTQ+ people only
 ☐ People from ethnic minority backgrounds only

37 services found

ACTS FAST

England & Wales

ACTS FAST is a charity operating across the U.K supporting parents and carers and adult family members who have been affected by child sexual abuse and exploitation, and indecent images of children (IIOC), through a range of specialist support services.

Support for: Parents and carers

[Website](#)
[Click to visit](#)

[Email Address](#)
support@actsfast.org.uk

[Telephone](#)
[01202 797217](tel:01202 797217)

Anna Freud National Centre for Children and Families

England & Wales

Anna Freud National Centre for Children and Families is a national charity providing specialist support across England and Wales for children and young people and their parents and carers and wider family members. It is not specifically focused on offering support with child sexual abuse but will support its service users with this when appropriate.

Support for: Children and young people, Parents and carers

Support Services Directory

To be sure you are aware of all the support services working in your area, and the nature of their provision and the people they support, you can search the CSA Centre's **Support Services Directory**.

The directory is an accessible way to search through more than 450 services across England and Wales for children and families affected by child sexual abuse. By entering a postcode or the name of a town or city, you can see the full names, website addresses and contact details of services in the area, along with key information about each of them. You can also filter your search results if you are interested in specific kinds of support service, such as.

- services supporting children, adults and/or families
- services focusing on support for particular groups based on their sex, ethnicity, sexual orientation or disability.

The directory includes all the services we know of – across the voluntary, statutory and private sectors – that support the victims/survivors of child sexual abuse, children thought to be at risk of that abuse, and/or their families, provided those services meet the following criteria.

- They have a therapeutic or wellbeing focus – meaning that they provide support such as therapy and counselling, psycho-educative work, advocacy support (such as from Child Independent Sexual Violence Advisers), peer support, helplines or chat services, residential care for victims/survivors of child sexual abuse, family work/interventions, and/or support during the legal process.
- This support is provided free of charge to people living in England or Wales (even if the service charges referring agencies for its support).

Some services on the directory focus specifically on child sexual abuse, some work in the broader sexual violence sector (e.g. Rape Crisis centres), and others have a more generic remit (e.g. services supporting children who have been exploited or trafficked, where child sexual exploitation is a distinct service offer).

Non-specialist safeguarding services in the statutory sector are excluded from the directory, as are services that:

- focus on preventing child sexual abuse (e.g. education/awareness-raising programmes, outreach programmes, campaigns or disruption-focused services)
- charge service users for the support provided
- provide only a medical assessment without any additional therapeutic/wellbeing support
- focus specifically on other forms of abuse such as female genital mutilation
- support children with issues affecting their wellbeing or safety, but without providing specific support related to sexual abuse – examples of these organisations include Mind and the Samaritans.

Funding and commissioning support services

The members of your partnership will be involved in funding and/or commissioning services to provide support locally/regionally around child sexual abuse.

Decision-making around funding and commissioning requires careful, thoughtful planning. Current levels of provision fall short of meeting the needs of the many people who require support, presenting an urgent strategic challenge for funders and commissioners.

The CSA Centre's guide ***Funding and Commissioning Child Sexual Abuse Services*** is designed to build understanding of where and how to address these gaps in provision. It signposts each stage of the commissioning cycle: analysing the local/regional need for support, planning targeted interventions, delivering effective support services, and rigorously reviewing outcomes. The guide is aimed at funders and commissioners across a wide range of local, regional and national arrangements, including Police and Crime Commissioners, local authorities, and Integrated Care Boards.

You can find more information about commissioning services in **Chapter 10**.

5.3 What action are you currently taking to prevent/disrupt child sexual abuse?

Completing our Child Sexual Abuse Support Matrix will enable you to see what support is currently being provided in your area to adults at risk of sexually abusing children, and those who have previously sexually abused children, to prevent them from (re)offending – and the support for children who have displayed harmful sexual behaviour. It's important too to assess whether these interventions are considered to be effective locally.

Additionally, a range of disruption measures are used by the police, sometimes alongside other agencies, to interfere with the behaviours, networks, lifestyles and routines of people considered to be a risk so that they have less opportunity to sexually abuse children. These measures include:

- prohibitive criminal and civil orders and notices restricting certain behaviours; these can interrupt contact between a suspect and a child, and help stop further abuse in the longer term
- Police National Computer (PNC) intelligence markers or 'flags', to tag vehicles, suspects, locations, vulnerable people and incidents related to child sexual abuse
- automatic number plate recognition (ANPR), which can trigger action if a camera is activated
- suspect warning letters, which can be issued in instances where child sexual abuse is suspected but there is a lack of evidence
- the Child Sex Offender Disclosure Scheme, which gives the police the 'right to tell' the potential victim or their parent(s) when risk to a child is identified, and the general public the 'right to ask' for information on a person they have concerns about. Only individuals with convictions for sexual offences are subject to disclosure, and only when a risk is identified to the specific child in question.

You can find other examples of disruption measures in our research report **[Police Disruption of Child Sexual Abuse: A Scoping Review](#)**.

Find out which disruption measures are used in your area, and how widely they are used. Are they considered to work well? Why (or why not)? And how well are they understood by police officers and other practitioners in your partnership?

5.4 Local/regional records of serious incidents

Another way to get an understanding of your local/regional need and areas for development is to review any serious incident notifications and child safeguarding practice reviews in your area. You can find these by searching the NSPCC's **[National Case Review Collection](#)**.

Having an understanding of the detail within these reports and reviews will help you think about how you can address particular local/regional challenges in practice.

Do remember the importance of active rather than reactive responses to child sexual abuse, though: it's important to use the information from reports and reviews in context and as part of the wider picture described in this guide. You also need to be mindful of the traumatic impact that reviewing such serious incidents can have, and to be sensitive to individual, team and community trauma.

Know your workforce



Our analysis revealed that practitioners often lacked an understanding of intrafamilial child sexual abuse and particularly the signs and indicators that could indicate a child was being sexually abused by someone in their family. (Child Safeguarding Practice Review Panel, 2024:90)

The Child Safeguarding Practice Review Panel's **Recommendation 2** calls on safeguarding partners to “undertake a multi-agency training needs assessment, to ensure that their practitioners are able to fulfil their roles and responsibilities in this area ...”. This activity should be central to the development of your strategic response to child sexual abuse.

6.1 Undertake a multi-agency training needs assessment

Your needs assessment should include an audit of training provision as well as a staff survey. In the former, try to address the following questions:

- What pre-qualification training about child sexual abuse is/has been available to newly qualified practitioners?
- What single-agency and multi-agency training is currently provided? Does it focus specifically on child sexual abuse (i.e. not generic safeguarding training)? Does it cover all types/forms of child sexual abuse? How frequently is it delivered? Is the training adequately detailed and tailored to different roles and levels?
- Who has access to this training? Is it delivered to a multi-agency audience or does training differ across the partnership? How often do practitioners require training? And how often are they offered it?
- How well-attended is the training? What is the take-up from different agencies and where are the gaps?
- How is the training evaluated? How is impact measured in the short and long term? How do you know the training is making a difference to children, families and others affected by child sexual abuse?

Some questions you may want to ask in the staff survey are:

- How knowledgeable, confident and skilled do practitioners feel in identifying and responding to concerns of child sexual abuse?
- How skilled do managers and senior leaders feel in supporting practitioners when there are concerns of child sexual abuse?
- What do practitioners understand about the signs and indicators of potential child sexual abuse? Are there any gaps in knowledge that could be addressed through training?
- Do practitioners understand that they need to talk with a child whenever they have concerns that the child may have been sexually abused or be at risk of sexual abuse? How confident and skilled do they feel in talking to children about sexual abuse?
- What do practitioners understand about the barriers that prevent children (and some groups of children in particular) from telling anyone what is happening to them? Are there gaps in knowledge that could be addressed through training?

Reflection point

The responses to each of the questions above will need further consideration. For example, if you conduct a staff survey which finds that a large proportion of your workforce feel confident in identifying child sexual abuse, but your data picture shows low levels of identification, what does this mean?

While asking practitioners to rate their levels of confidence is an important way to understand how practitioners feel about their work, they may be reluctant to give honest answers – because they fear appearing unable to fulfil their job role, for example.

Section 3.4 of our guide to ***Measuring Your Effectiveness*** provides more information on how to gather information, and the benefits and challenges or different methods. (While it focuses on the gathering of data from service users, its analysis and advice are generally also applicable to workforce data.)

6.2 Undertake an audit of available resources to support practice

Alongside effective training, practitioners also need access to evidence-based resources which will support them in identifying and responding to people affected by child sexual abuse. Try to answer these questions:

- What evidence-based resources are currently available to practitioners in your area to support the identification of and response to child sexual abuse?
- Are these resources easily accessible across all agencies and organisations?
- Are resources available in a format that is user-friendly for frontline staff under time pressure?
- Are the resources aligned with current national guidance and learning from reviews?
- Are they inclusive of all forms of child sexual abuse?
- Are there tools to support risk assessment, safety planning, and multi-agency decision-making?
- Are the resources embedded into local procedures, training sessions and supervision frameworks?
- How well do practitioners understand where to find and how to use these resources in their day-to-day practice?
- Do the resources reflect the diverse needs of all children and families?
- Are translated or culturally adapted versions available where appropriate?
- When was the last time the resources were reviewed or updated?
- Is there a process for gathering practitioner feedback on how helpful the resources are in real practice?
- Are there any case examples or practice audits that demonstrate how the resources have improved outcomes?
- What resources do practitioners feel are missing?

Develop your aims and objectives

Once you have a clear idea about your local/regional context, and how well your current response to child sexual abuse is meeting need in your area, you can start to take stock of where you are now, where you want to get to, and what you need to do to get there.

7.1 Begin a Theory of Change process

One of the ways you can think systematically about where you want to get to, and identify steps to get there, is to develop a Theory of Change for your partnership. This is a process through which your steering group comes together to identify:

- shared strategic aims (key areas of change in relation to the response to child sexual abuse) which will deliver the partnership's vision and strategic priorities (see Chapter 3)
- the outcomes that will follow from achieving those aims
- actions to take in order to arrive at those outcomes.

Using a Theory of Change approach can help you to develop a clear and testable theory about how change will occur, which is particularly helpful in reflecting the complexity of change across multi-agency partnerships and should underpin the evaluation of your work. It can also enable you to develop a visual representation of the changes your work brings about, which can be a powerful communication tool for helping others to understand this. It does, however, require dedicated time and commitment, so it is not something you can do quickly.

Our video presentation [***An Introduction to Theory of Change***](#) contains advice on undertaking this process effectively, and section 3.1 of our [***Measuring Your Effectiveness***](#) guide outlines the process in detail. Additional tools and guides for developing a Theory of Change are available from both the [***National Council for Voluntary Organisations \(NCVO\)***](#) and [***New Philanthropy Capital \(NPC\)***](#).

Table 1 provides examples of strategic aims and intended outcomes. Note, however, that the aims and outcomes that you develop will be specific to your partnership area. You may not be identifying the actions to arrive at those outcomes at this stage; Chapters 8–11 will help you to understand the activities you should be carrying out in order to provide an effective strategic response to child sexual abuse, and the actions that are required.

Table 1. Example strategic aims and intended outcomes from developing your child sexual abuse strategy

Strategic aims	Intended outcomes
Develop a workforce with appropriate knowledge, skills and confidence to identify and respond to child sexual abuse	<ul style="list-style-type: none"> • Staff are recognising more children about whom there are concerns of child sexual abuse. • Staff are more commonly acting on their concerns by opening a door to communication when they have concerns about child sexual abuse. • Staff routinely use resources to inform their practice when they have concerns of child sexual abuse.
Strengthen the multi-agency response to child sexual abuse	<ul style="list-style-type: none"> • All staff are able to recognise the role they and other agencies/organisations play in supporting children and families. • Staff are sharing appropriate information in a timely manner.

7.2 Draw up an evaluation framework

Having spent some time developing your Theory of Change and an approach that will underpin your strategic response to child sexual abuse, the next stage is to decide how you plan to evaluate that response.

Questions to consider might include:

- How will the activities associated with your response be monitored and quality-assured?
- How will you measure success, i.e. how will you know you have made a difference?
- How will you understand which activities have had an impact?

Having a framework for your evaluation will allow you to see what impact your partnership's strategy on child sexual abuse, and associated activities, are having – and where there might be elements that are not working as you had hoped. For each of your intended outcomes agreed on during your Theory of Change process, we suggest that you identify:

- the data that will be used to indicate whether the outcome has been delivered
- how and where that data will be collected and recorded
- who will collate the recorded data and present it to the steering group, and how and when they will present it.

You can find out much more about how to build an evaluation framework in section 3.3 of our [*Measuring Your Effectiveness*](#) guide.

Table 2 revisits the example aims and outcomes from Table 1, highlighting ways in which you can begin to measure success or capture signs of early impact in core areas. Note: these are just a few examples of the types of evidence you may want to capture.



Table 2. Measuring the success of your strategic response

Strategic aims	Intended outcomes	How will you measure achievement of outcomes?
Establish a workforce with appropriate knowledge, skills and confidence to identify and respond to child sexual abuse	<p>Staff are recognising more children about whom there are concerns of child sexual abuse.</p> <p>Staff are more commonly acting on their concerns by opening a door to communication when they have concerns about child sexual abuse.</p> <p>Staff routinely use resources to inform their practice when they have concerns of child sexual abuse.</p>	<p>Monitor the number of child in need assessments where sexual abuse is identified as a factor.</p> <p>Record data on discussions (in supervisions, team meetings, etc) around the use of practice resources.</p>
Strengthen the multi-agency response to child sexual abuse	<p>All staff are able to recognise the role they and other agencies/ organisations play in supporting children and families.</p> <p>Staff are sharing appropriate information in a timely manner.</p>	<p>Monitor the proportion of child protection plans that come under the primary category of sexual abuse.</p> <p>Monitor the number of referrals to, for example, counselling services and sexual assault referral centres (SARCs).</p>

Part B. Key components of your strategic response

Having identified your strategic aims and intended outcomes as the first stage of developing your partnership's Theory of Change, you will need to plan the actions that will achieve those outcomes.

The detail of your action planning will of course depend on your local/regional context, but your response to child sexual abuse will need to include a number of core components. The following chapters provide an overview of each of these core components; while it is beyond the scope of this guide to go into detail about each component, we suggest some ways in which you may incorporate them into your strategic response.

Prevention and disruption of child sexual abuse



There is a tendency for safeguarding agencies to concentrate efforts and resources on responding to abuse after it has happened, or to consider prevention activity solely in terms of helping children recognise abusive behaviour. However, we suggest that you adopt a **public health approach** to preventing child sexual abuse, which includes early intervention before abuse happens.

A public health approach provides a framework to prevent child sexual abuse by addressing the root causes. The Lucy Faithfull Foundation identifies three levels of intervention:

- **Primary.** Targeted at wider society – for example, broad campaigning to raise awareness of child sexual abuse and provide education about healthy relationships.
- **Secondary.** Targeted at people at risk of sexually abusing children or being sexually abused, with the aim of stopping potential abuse.
- **Tertiary.** Used when abuse has already occurred; interventions are focused on preventing further offending and further harm to victims.

Adopting a public health approach and implementing interventions at all three levels means that prevention efforts are holistic and effective. In thinking about your prevention activities, this provides a useful framework.

For more information about a public health approach, see the [Lucy Faithfull Foundation website](#).

8.1 Creating safe, open environments

Your partnership has a critical role to play in supporting practitioners – both inside and outside its partner agencies/organisations – to develop the skills and confidence needed to talk regularly and appropriately with children and young people about sex, relationships and consent. These conversations are essential for preventing child sexual abuse and recognising harmful behaviours. Activities you might undertake include:

- supporting schools, youth settings and care environments to review their policies, practices and culture so that children feel safe, heard and respected
- promoting participation and voice, so children are regularly asked about their experiences and feel confident to speak up about worries or abuse
- advocating for whole-setting approaches that involve staff and parents in creating consistent messages around safety and respect.

8.2 Education and awareness-raising

Your partnership is also well placed to lead or commission strategic awareness-raising initiatives, such as the following:

- **Organising public campaigns** that challenge harmful attitudes, promote healthy relationships, and raise awareness of abuse and grooming tactics. These campaigns can be aimed at both practitioners and the wider public, including parents and communities.
- **Supporting and commissioning the voluntary/community sector** to deliver specialist programmes in schools and youth settings, particularly where these organisations bring trusted relationships, lived experience, and support for marginalised groups.
- **Coordinating with education leaders** to ensure that high-quality, consistent and evidence-based Relationships, Sex and Health Education (RSHE) is delivered, and that it reflects local/regional safeguarding themes and needs.
- **Targeting professionals outside traditional safeguarding roles** (e.g. staff in leisure centres and sports clubs, and transport workers, with tailored messages and training, to help create a wider protective network around children.

8.3 Police disruption

Although the number of child sexual abuse offences reported to and recorded by the police has increased in recent years (Kewley and Karsna, 2025), few of these reports result in a conviction. As a result, many suspects remain at liberty to offend against children; efforts to disrupt these individuals' circumstances and behaviours are therefore vitally important.

The term 'disruption' is used to describe activities which attempt to interfere with suspects' behaviours and circumstances so they are less able to commit crime. There are three fundamental approaches to disruption, with some overlap between them:

- The first approach uses direct measures to impose legal sanctions on suspects, making it harder for them to commit or continue to commit child sexual abuse.
- The second approach uses disruption-supportive measures which disable or disrupt criminal activity in the community.
- A third approach uses online measures to disrupt criminal activity taking place or being facilitated over the internet.

Section 5.3 of this guide lists some examples of disruption activity, and you can find more in our research report **[Police Disruption of Child Sexual Abuse: A Scoping Review](#)**.

Having reviewed your partnership's current use of disruption measures, you should consider how this activity can be strengthened. To be effective, the disruption of child sexual abuse requires a flexible and dynamic approach. As our research report **[Police Disruption of Child Sexual Abuse: Findings from a National Survey of Frontline Personnel and Strategic Leads for Safeguarding](#)** noted, there needs to be:

- wider recognition that disruption relies on working together and sharing information between agencies
- a consistent approach to disruption practice across the multi-agency team, embedded through guidance and training
- improved systems for cooperation on disruption activity across forces and other agencies.

The Child Sexual Exploitation Taskforce, led by the Hydrant Programme within policing, works to enhance the police response to group-based child sexual exploitation and abuse; for example, it oversees **Operation Makesafe**, a national initiative through which police forces work with the hospitality sector to prevent such exploitation in hotels and similar accommodation. For more information about the Taskforce and its prevention work, your partnership's police force can contact HydrantEnquiries@southyorkshire.police.uk.

8.4 Support for and management of adults who pose a risk of sexually abusing a child

Although disruption measures are an essential part of preventative activity around child sexual abuse, many adults who pose a risk to children will benefit from a more supportive approach which can help them to modify their behaviour.

A spectrum of help and support is needed, from services that provide low level, early prevention services (e.g. education and advice) right up to those offering more intensive treatment and interventions (such as pharmacological and psychosocial therapy) to address offending-related risk and need.

The Child Safeguarding Practice Review Panel's **Recommendation 4** states that "safeguarding partners should, with all relevant agencies such as the Probation Service, review how people who present a risk of sexual harm and who have contact with children are assessed and managed, with information about risk shared across agencies in a timely way".

Multi-Agency Public Protection Arrangements (MAPPA)

MAPPA is a statutory process in England and Wales to manage the risks posed by certain offenders who may pose a serious risk of harm to the public, particularly those who have committed sexual and violent offences. It brings together the **police, probation, and prison services** (known as the Responsible Authorities), alongside other agencies such as social care, health, housing, education, and youth offending services.

Partnerships play a crucial role in ensuring that children's safety and welfare is prioritised within MAPPA processes, and that learning from MAPPA is embedded in local/regional safeguarding systems.

Your partnership should have a clear governance link to the MAPPA Strategic Management Board (SMB) in your region, through shared membership or regular reporting, to ensure coordination at a senior level. This will help both bodies align on issues such as:

- risk thresholds
- workforce development (e.g. understanding offending behaviour)
- responding to cross-cutting concerns like online offending, child sexual exploitation and intra-familial abuse.

Reflection point

Does your governance link to the MAPPA Strategic Management Board provide any learning which should influence your strategic approach to preventing child sexual abuse?

8.5 Support for children who have displayed harmful sexual behaviour

Children and young people who display harmful sexual behaviour require a coordinated, trauma-informed response. Many children who display harmful sexual behaviour have themselves experienced abuse, neglect, disrupted attachments, or exposure to sexual violence.

Your partnership should ensure that systems do not unnecessarily criminalise or isolate these children, but instead provide robust safeguarding, therapeutic support, and specialist intervention aimed at understanding and reducing their behaviour and promoting long-term safety. This may involve activities such as:

- commissioning specialist services (including voluntary-sector providers) for assessment and intervention, and ensuring that access to those services is not limited by youth justice thresholds
- training practitioners across the agencies/organisations in your partnership to:
 - o identify early indicators of harmful sexual behaviour, including sibling sexual behaviour and abuse
 - o respond proportionately and supportively
 - o work with the child who has been harmed, the child who has harmed, and their families
 - o understand the necessity of adopting a whole-family approach, especially when a child has been harmed by a sibling
- promoting reflective, non-punitive practice that avoids unnecessarily stigmatising labels or responses
- including harmful and abusive sibling sexual behaviour in safeguarding audits and case reviews.



Identification of child sexual abuse, and of children at risk of sexual abuse

“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.” – interview with a child who was sexually abused (Child Safeguarding Practice Review Panel, 2024:57)

With only a small fraction of sexually abused children coming to statutory agencies’ attention (see section 5.1), it’s vital that that part of your strategic response focuses on action to close this gap.

Improving identification of children who are at risk of child sexual abuse, or who are being or have been sexually abused, requires practitioners across all agencies/ organisations to be clear about the possible signs and indicators of child sexual abuse and sexually abusive behaviours. Much of this can be achieved through workforce development, effective supervision and robust multi-agency working. However, it will need to be supported by the way your partnership communicates about child sexual abuse: ensuring that this abuse is explicitly named, talked about openly and clearly, and given the same priority as other forms of harm.

Your partnership can take a strategic lead by including the identification of child sexual abuse in your training strategy, quality assurance framework, and multi-agency audit cycle. This should be aimed at ensuring that:

1. Practitioners are equipped to recognise signs and indicators of child sexual abuse, and sexually abusive behaviour, and act on them

Embed the CSA Centre’s **Signs and Indicators Template** – which supports practitioners in recording, collating and making sense of concerns – into local/ regional safeguarding procedures, case discussions, and supervision. The template facilitates a structured approach which allows for patterns to be identified over time and across agencies/organisations, encouraging early recognition of child sexual abuse without waiting for children to tell.

2. Practitioners are aware of their role in communicating with children when there are concerns about sexual abuse, or when a child tells them something, and are confident to do so

Ensure practitioners are trained and supported to have sensitive, child-centred conversations in which they can open a door to communication for a child, and to recognise that it is never the child’s responsibility to tell someone about their abuse.

Make the CSA Centre’s **Communicating with Children Guide** – which offers practical, evidence-informed advice on conducting difficult conversations in ways that feel safe and empowering for children – a standard part of multi-agency training and induction, particularly for those in universal and early help roles.



3. Supervision and reflective practice are prioritised

Strengthen reflective supervision frameworks which allow staff to safely explore uncertainty and bias, build confidence in raising concerns, and maintain curiosity around signs and indicators of child sexual abuse.

Consider the use of communities of practice to share ideas and examples of effective practice.

Encourage professional challenge and escalation when concerns are not acted upon.

4. Identification is treated as a shared, multi-agency responsibility

Ensure that responses to child sexual abuse are not dependent on children verbally telling someone what is happening to them.

Embed shared language and consistent expectations across all agencies/ organisations regarding what constitutes a concern, what to do next, and how to escalate.

Use audits, learning reviews and feedback from children and families to identify missed opportunities and improve systems of early identification.

Fully integrate settings such as schools, health services, and youth organisations into local/regional pathways and training.

A whole-system response to support people affected by child sexual abuse

10.

While child sexual abuse can have serious and lifelong impacts on its victims and the people around them, we know that actions to stop the abuse and provide appropriate support can be highly effective in mitigating those impacts, provided the right elements are in place.

It's important to remember that victims/survivors of child sexual abuse (including those who are now adult), and their families, can have a range of different needs – so they require a range of support.

There can, unfortunately, be a tendency for practitioners to see child sexual abuse as somehow different from other forms of harm, and to think that only specialist services can offer support. While specialist services are essential for some children, adults and families, the responses provided at every stage of the child's journey – and by all practitioners they come into contact with – are essential in promoting healing and recovery.

Consequently, you should ensure that your strategic response and associated activities consider the whole spectrum of support offered by all agencies/ organisations.



A whole-system response relies on effective, joined-up working between all safeguarding partners. When done well, multi-agency collaboration ensures that children and families receive timely, coherent and trauma-informed support at every stage in their journey.

The difference between fragmented services and an integrated safeguarding system is not simply structure – it is culture. Effective multi-agency working in relation to child sexual abuse is grounded in mutual respect, shared knowledge, and a commitment to acting together.

Your partnership has a critical role in creating the conditions for this collaboration to thrive, and can develop these conditions by focusing on these four activities:

1. Develop a shared understanding of child sexual abuse

You can do this by sharing your learning about the forms that child sexual abuse can take and the people affected by it, as outlined in Chapter 4. See also Chapter 11 on workforce development.

2. Develop a clear and shared understanding of the roles played by all agencies/organisations

Effective collaboration depends on agencies/organisations having a clear understanding of each other's roles, legal duties and intervention thresholds. Misunderstandings can lead to inappropriate referrals, missed opportunities for early help, or tensions that delay action. Joint training, shared threshold documents and regular cross-sector workshops help build mutual clarity and confidence in decision-making.

3. Be clear about the importance of timely and effective information sharing

Despite the existence of clear national guidance about the importance of sharing information, there are many prevailing myths about what information can and cannot be shared, both within and between different agencies/organisations, in the context of child sexual abuse. The result is that information is often not shared at all, or is not shared in a useful, accessible or timely way, leaving children at risk of harm or further harm.

The Department for Education's [*Information Sharing: Advice for Practitioners Providing Safeguarding Services for Children, Young People, Parents and Carers*](#) and the Welsh Government's [*Information Sharing to Safeguard Children: Non-statutory Guide for Practitioners*](#) offer advice on the legal framework and how it supports the sharing of information for the purposes of safeguarding children from abuse and neglect.

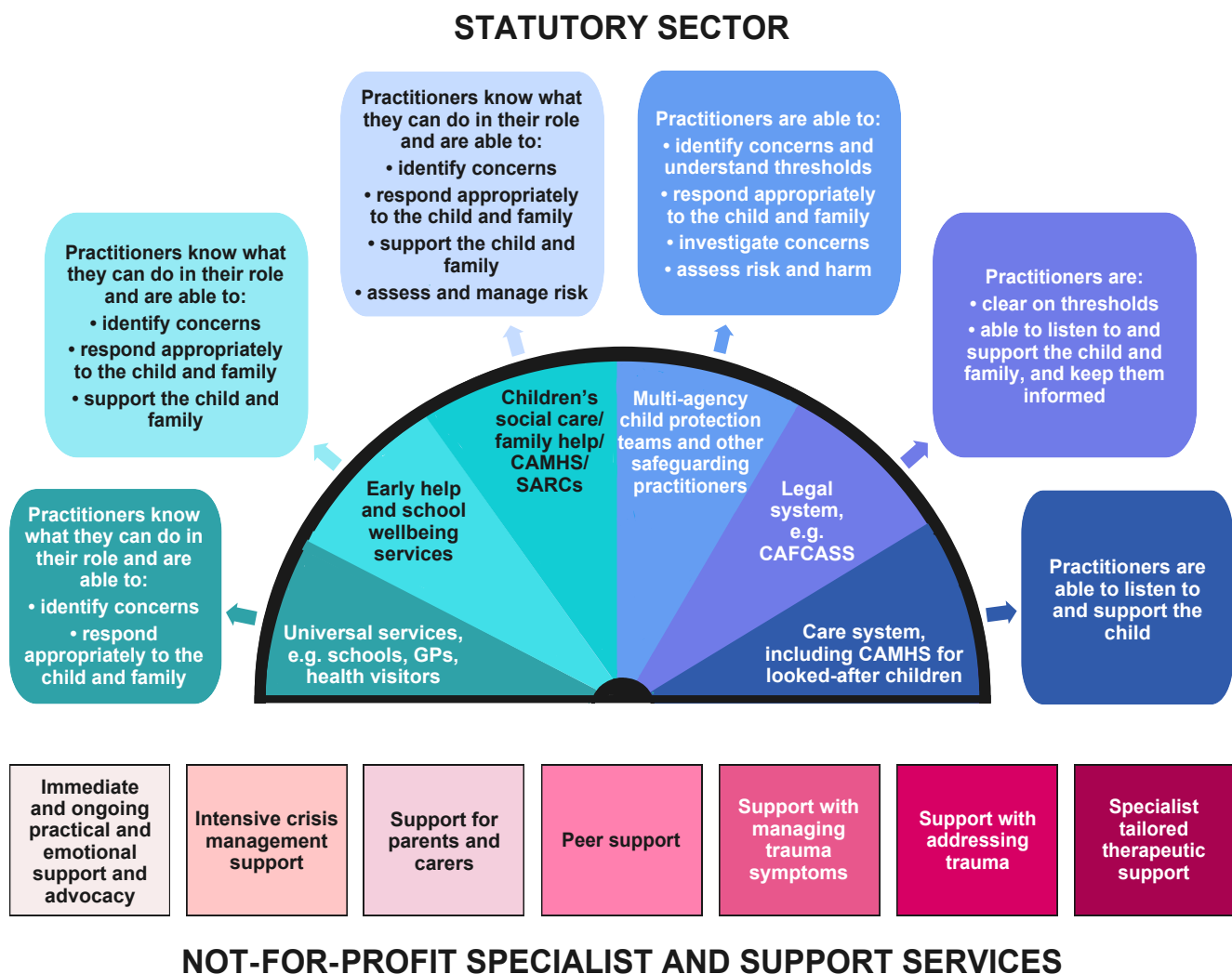
4. Ensure that the child and family receive coordinated support

By mapping the journey of the child and their family through services, you can identify situations where handovers or siloed working create barriers or delays in access to support. It may be helpful to assign key practitioners to act as 'continuity points', especially during investigations, transitions or court processes. The CSA Centre's [**Child Sexual Abuse Response Pathway**](#) (see below) can help you understand more about how to do this.

10.1 Sexually abused children and their families

The Child Safeguarding Practice Review Panel's **Recommendation 3** calls on safeguarding partners to “audit the quality of local multi-agency decision making when responding to concerns about child sexual abuse”. Across your partnership, you will need to think about how each agency/organisation responds to those affected by child sexual abuse, and how these responses are coordinated in the best interests of children and families.

The image below provides an overview of what a whole-system response to child sexual abuse could look like. It highlights the knowledge that practitioners in different statutory agencies should possess in order to provide effective support, and shows how voluntary/community-sector support services can complement this.



Key elements of effective support for sexually abused children and their families include the following:

- **Safe spaces**

Encourage agencies/organisations in your partnership to ensure there are environments where children and family members feel safe to talk about their experiences and feelings, and to ask questions.

Support the use of trauma-sensitive language and responses across all frontline services.

Recognise when families may experience inter-generational trauma, and equip practitioners with strategies for providing effective support.

- **Good communication and navigable services**

Provide clear, timely information to children and families about what is happening after statutory agencies have become involved, what support is available, and what to expect from safeguarding and criminal justice processes.

Reduce the burden on children and families by improving coordination between agencies/organisations and ensuring there is a single point of contact where possible.

- **Involvement**

Respect children's and families' lived experiences and ensure their voices are heard.

Involve children and families in shaping local/regional service development and learning reviews, using their experiences to strengthen future responses and prevent further harm.

Children

While some children will benefit from therapeutic support provided by a specialist service, all children will benefit immensely from receiving a therapeutic and supportive response from non-specialist practitioners who can reassure them that their response to what has happened to them is quite normal – and support them in understanding the abuse was not their fault.

Where specialist therapeutic support is required, remember that the CSA Centre's **Support Services Directory** contains information about relevant services available to children in your area. It is also important to identify where there are gaps in this provision, and to review your commissioning arrangements (or work with other commissioners of services) with a view to filling these gaps so that children have access to timely, high-quality therapeutic support.

Supporting the child's physical health and wellbeing is also important, as it can mitigate any physical impacts of the abuse (including potential future impacts). The Child Safeguarding Practice Review Panel's **Recommendation 6** says safeguarding partners "should ensure that there are local pathways for referring children for appropriate forensic medical and other health assessments ... and that safeguarding practitioners understand them". As with therapeutic support, this requires both universal and specialist health services to offer appropriate support to children of all ages, whether their sexual abuse was recent or non-recent.

Above all, it is imperative that all agencies and organisations are enabled to create safe and supportive environments for children who have been sexually abused. **Recommendation 5** states that "safeguarding partners should take necessary steps to ensure that all practitioners in their area (including foster carers) understand and are confident in talking directly to children, and families, about concerns of sexual abuse, taking due account of ethnicity, language and disability". If all practitioners working with children feel equipped to listen to, talk with and support children who have been sexually abused, the silence surrounding sexual abuse could diminish and its corrosive impact could be reduced.



Parents and other family members

It is also essential that your whole-system response to child sexual abuse recognises the needs of parents and the wider family network – partly because they will need support, but also because the support the child receives from their main caregivers and wider family is one of the most significant factors in affecting the longer-term impacts of sexual abuse, and will have a great influence on how the child understands and reacts to what has happened.

However, it's important to recognise that families react in varied and complex ways when they discover that their child may have been sexually abused. For example, parents may blame themselves or each other; experience profound grief, betrayal, and shame; feel disempowered or overwhelmed; or deny or minimise the abuse, sometimes as a coping mechanism; practitioners may wrongly interpret this behaviour as a sign that the parents do not need support, or even that they were complicit in the abuse.

To ensure that families are supported effectively, you can take the following strategic actions:

1. **Embed whole-family, trauma-sensitive responses, based on a recognition and understanding of the impacts of the abuse**

Ensure that practitioners working with children also understand and can address the needs of the child's non-abusing parent(s), recognising the parent(s)' own trauma and the support they may need to parent effectively. The CSA Centre's [**Supporting Parents and Carers Guide**](#) provides useful information about this, and you should also offer training and development opportunities so practitioners can:

- understand and respond sensitively to the impacts of the abuse on family members
- engage sensitively with family members' denial or resistance
- develop cultural competence and recognise the specific needs of the family
- hold difficult conversations openly and confidently.

Promote trauma-sensitive practice which avoids blame, is not judgemental, and works in partnership with families to support healing.

2. **Facilitate access to specialist support**

Promote local/regional and national services for parents and wider family members, including voluntary/community-sector organisations offering counselling, peer support, and advocacy. Information about these services can be found in the CSA Centre's [**Support Services Directory**](#).

Recognise where the gaps in this provision are and review your commissioning arrangements (or work with other commissioners of services) with a view to filling these gaps so that families have access to timely, high-quality therapeutic support.

The Child Sexual Abuse Response Pathway

In recommending audits of the local multi-agency response to child sexual abuse, the Child Safeguarding Practice Review Panel suggested that this activity “may include the adoption of a pathway approach”.

The panel identified the CSA Centre’s **Child Sexual Abuse Response Pathway** – a dynamic online resource which supports and empowers professionals across the multi-agency network to identify and navigate the actions they should take whenever concerns of child sexual abuse arise – as an example of clear guidance. Subsequently, the UK Government’s ‘progress update’ on tackling child sexual abuse (Home Office, 2025) included a commitment of funding to embed the Response Pathway into multi-agency partnerships.

Available free of charge, the Response Pathway sets out how to respond to child sexual abuse concerns at key points, focusing throughout on meeting the needs of the child and their family. It begins by looking at a range of scenarios in which anyone working with children may become concerned that a child is being sexually abused – whether inside or outside the family environment, and involving adults and/or other children. Later stages of the Response Pathway cover key points on the two independent strands of child protection and criminal justice responses, so that:

- the professionals directly involved in these processes understand their specific responsibilities and good practice at different stages
- other professionals involved with the child know what is going on for the child at each stage.

Building on legislation and statutory guidance, the Response Pathway combines research evidence with input from cross-agency practice leaders and consultation with experts by experience, highlighting their voices throughout. It provides links to a range of resources, guidance and tools, all grounded in evidence and good practice, to further support professionals in their work.

By helping your workforce to consider and determine what each individual child wants and needs, and to keep children’s safety and wellbeing central to their response, the Response Pathway can strengthen your partnership’s ability to respond effectively and supportively to child sexual abuse.

If you are looking to implement the Response Pathway across your partnership, our publication **Starting Out on the Child Sexual Abuse Response Pathway: A Guide for Local Partnerships** provides useful information and advice.

10.2 Adult victims/survivors of sexual abuse in childhood

Child sexual abuse can have lifelong impacts, particularly if the child does not receive support at the time. It is likely that your workforce will be supporting families where an adult has experienced child sexual abuse, and may never have told anyone. To help mitigate the impacts that these adults may still be experiencing, your partnership can take the following steps:

1. Promote a system which recognises the impacts of child sexual abuse

Embed training on the impacts of child sexual abuse into safeguarding, domestic abuse, perinatal, substance misuse, homelessness, and mental health learning pathways for practitioners across the workforce.

2. Facilitate access to specialist support

Promote local/regional and national services for adult victims/survivors, including voluntary/community sector organisations offering counselling, peer support, and advocacy. Information about these services can be found in the CSA Centre's [**Support Services Directory**](#).

Recognise where the gaps in this provision are, and review your commissioning arrangements (or work with other commissioners of services) with a view to filling these gaps so that adult victims/survivors have access to timely, high-quality therapeutic support, regardless of when the abuse occurred or whether it has been reported.

3. Create safe spaces

Encourage agencies and organisations in your partnership to ensure there are environments where adult victim/survivors feel safe to talk about their experiences.

Support the use of trauma-sensitive language and responses across all frontline services.

4. Involve experts by experience in system improvement

Include victim/survivor voices in strategic planning, service design and learning reviews, ensuring that their experiences shape better responses for children today.

Develop trusted, ethical routes for victims/survivors to contribute to policy and practice development – ensure they are paid in line with staff members involved in this development work, and have access to support services if required.

10.3 Families of people who have sexually abused children or displayed harmful sexual behaviour

The families of people who have caused harm will have significant needs which are often overlooked. Here are some ways in which you can ensure your approach considers those specific needs:

1. Understand the whole-family impact

The CSA Centre's ***Managing Risk and Trauma after Online Sexual Offending*** guide highlights that the arrest of a parent, or discovery of their offending, can bring potentially devastating feelings of shock, fear and confusion for their partner and children. It is essential that practitioners across the multi-agency workforce are equipped to recognise that the ripple effects extend to all family members, and to know the key elements of a positive, informed and non-judgemental response.

The same feelings may be experienced by the family members of children who have displayed harmful sexual behaviour; alternatively, they may seek to deny or minimise the behaviour, as some parents do after discovering that their child may have been sexually abused. Practitioners should also bear in mind that children displaying harmful sexual behaviour may have had adverse childhood experiences such as abuse or neglect, or parents with mental health or substance abuse issues; if that is the case, these issues within the family may be exacerbated when the child's behaviour becomes known. As noted in section 8.5, it is essential for practitioners to adopt a whole-family approach when responding to harmful sexual behaviour.

Where there is harmful sexual behaviour involving siblings, this should always be considered in the context of the wider family and not viewed in isolation from family dynamics and functioning. Practitioners should bear in mind that all family members are affected in some way, and their different responses will affect one another. The CSA Centre's ***Sibling Sexual Behaviour*** guide contains more information.

2. Facilitate access to specialist support

Promote local/regional and national services for the families of people who have harmed, including voluntary/community sector organisations offering counselling, peer support, and advocacy.

Recognise where the gaps in this provision are, and review your commissioning arrangements (or work with other commissioners of services) with a view to filling those gaps so that families have access to timely support.

Children who have displayed harmful sexual behaviour also require a supportive response, as do adults who have sexually abused children or are at risk of doing so. A multi-agency approach to supporting and managing these groups is covered in Chapter 8.

Workforce development

Chapters 8–10 have identified a range of areas in which practitioners across your partnership may need to develop their skills, knowledge and confidence. This chapter looks at ways in which you can help them do so.

There are many prevailing myths surrounding child sexual abuse, so it is vital to ensure that any resources or training you use are evidence-based.

It's important not to think of training and development activity as creating extra workload, as it should help your staff work 'smarter' and more effectively.

11.1 Training

Practitioners across all agencies were not routinely identifying and acting on signs of sexual abuse. This was due, primarily, to a lack of training and resources that supported and empowered them to recognise and respond to signs ... (Child Safeguarding Practice Review Panel, 2024:11)

If your training needs assessment (see Chapter 6) has identified that your multi-agency workforce requires training in relation to child sexual abuse, you will need to think about how you can meet their training needs. For example, what skills do you have 'in house' and where will you need to seek external expertise?

The CSA Centre has produced an **eLearning course**, suitable for practitioners across your partnership and beyond, on identifying and responding to child sexual abuse in the family environment. Taking just 90 minutes to complete, the course consists of three engaging modules, with interactive tasks, video explainers and a final assessment. It is designed for practitioners at all stages of their careers, whether they are new to safeguarding or would benefit from a refresher.

The eLearning course can be completed free of charge, or we offer easy and affordable options for building it directly into your (or your individual partners') learning and development provision – as part of induction processes for new staff, for example. You can add your own branding to the course, choose whether to embed it into your existing training platform, and access data to monitor staff progress and performance. Email training@csacentre.org.uk for more information.

Additionally, the CSA Centre offers a wide range of half- and full-day training courses for professionals, on topics relating to many aspects of understanding and responding to child sexual abuse. You can find out more in our **[training brochure](#)**.

Bear in mind that training is only one part of workforce development, and you will need to consider how you ensure the learning from training is fully embedded within practice.

11.2 Resources to support professional practice

The CSA Centre publishes a wide range of resources for practitioners, including:

- **Communicating with Children**
Aimed at anyone who works with children, this guide aims to help them communicate with children in a range of contexts – from when concerns of sexual abuse first arise to when a police investigation is ongoing or has concluded.
- **Supporting Parents and Carers**
A guide to understanding parents' initial reactions to the sexual abuse of their child, and providing a supportive response to them.
- **Managing Risk and Trauma after Online Sexual Offending**
Advice for social work practitioners assessing and supporting families where a parent is under police investigation for accessing child sexual abuse material.
- **Sibling Sexual Behaviour**
A guide to help practitioners navigate key decisions at various stages when concerns about sexual behaviour involving siblings have arisen.
- **Safety Planning in Education**
Aimed principally at practitioners in education settings, this guide also contains useful information for other practitioners working with children who have displayed harmful sexual behaviour.

Our **Supporting practice** series of 12 short films builds on these resources, giving practitioners the knowledge, skills and confidence to identify and respond to concerns of child sexual abuse.

All of our practice resources complement the CSA Centre's Child Sexual Abuse Response Pathway – see Chapter 10.

11.3 Supervision and team meetings

Reflective discussions – focusing on service users they have worked with, or on their own beliefs and attitudes – can be invaluable in helping practitioners across your partnership to be more focused and improve their practice, so they can provide a more considered and effective response to child sexual abuse.

Designed for 'practice supervisors' in children's social care, but also relevant to anyone who manages or supervises practitioners in this field, our guide **Using Supervision and Team Meetings to Improve Responses to Child Sexual Abuse** explains how these discussions can be facilitated within individual and group supervision sessions, and in team meetings. It also explains how to use a range of CSA Centre publications – and particularly our **Key Messages from Research** series – to provide an evidence base that will underpin reflection and discussion. As well as improving their practice, this can also help practitioners to fulfil their continuing professional development requirements.

The guide includes advice on maintaining staff wellbeing, and recognises the need for practitioners to be given the time and space to reflect on their work and develop evidence-informed practice – something that your strategy should address.

Reflection point

Many members of your workforce may themselves have experiences of sexual abuse (whether in childhood or in adulthood), and may never have told anyone about it. Consider what your partnership can do to ensure that they will not fear being 'judged' if they tell their manager or colleagues, and check that there is a system in place to support them if they do tell someone.

12.

Putting together an action plan

By considering each of the core components covered in the previous four chapters, you should be able to identify the *activities* that your partnership wants to be engaged in around child sexual abuse, so that you are achieving the strategic aims you identified in your Theory of Change (see Chapter 7).

You can then identify *actions* you need to take in order for the partnership to be engaging in (or improving) those activities, with each action geared towards arriving at one of your intended outcomes associated with those strategic aims.

It is unlikely that you will be able to work on achieving all your strategic aims at the same time, so you will need to prioritise the actions you have identified. How you do this will, of course, depend on your local/regional circumstances and strategic priorities.

When you are identifying the actions for the partnership to take, we advise that you set them out in a simple action plan, with each action linked to a specific intended outcome from your Theory of Change and allocated a timescale for commencement/completion. You may want to adopt a staged approach to implementing your local/regional strategy, with different actions to be taken at each stage.

An example template for an action plan is shown below.

Strategic aim 1			
Description of strategic aim			
Intended outcome	Action	Lead/responsible agency	Dates for commencement/completion
Outcome 1	Action 1a		
	Action 1b		
Outcome 2	Action 2a		

Part C. Putting your strategy into practice

Once you have established the core components of your strategic response and developed an action plan, it's time to move from planning to action. This involves taking a structured and collaborative approach to reviewing the draft, securing buy-in from all partners, and putting the strategy into practice with clear accountability and resourcing.

This final part of the guide outlines what you will want to consider so that, as well as being robust and evidence-informed, your strategy is fully embedded across local/regional systems to drive meaningful and sustained change.

Finalising your strategy

Having considered all the core components of a strategy, and identified the actions that will enable you to deliver these core components, you should be ready to put your strategy into writing.

13.1 Compiling your draft strategy

We suggest that you follow the structure set out in Chapter 2 to compile a draft strategy. As you work through this, check that your draft meets the following criteria for success:

- **Clarity:** Is the strategy clearly written and accessible to those who will use it?
- **Coverage:** Does it address all key areas—prevention, identification, response, and recovery—based on your local/regional context?
- **Deliverability:** Are roles, responsibilities, timelines, and outcomes realistic and clearly defined?
- **Consistency:** Does the strategy align with local/regional priorities, national guidance, and learning from national and local/regional reviews?
- **Readiness:** Are systems, resources, and governance structures in place to support implementation?

Also, be sure that your action plan – which will guide delivery of the strategy – clearly translates strategic priorities into specific, measurable actions. It should include:

- clear tasks and objectives
- named leads and accountable agencies
- timelines and milestones
- indicators for measuring progress and impact.

13.2 Reviewing the draft strategy

Before your strategy is finalised and implemented, it is essential to undertake a robust review process to ensure it is contextually relevant and has the full backing of key partners across the safeguarding system. A thorough review will help identify any gaps, ensure clarity of purpose, and build shared ownership of the final approach.

As well as asking all the members of your steering group to review the draft strategy, it is useful to seek comments from people who have not been involved in this process. Ask reviewers to check the five criteria above, as well as looking at aspects that feel particularly relevant to them.

Implementing your strategy

Once your strategy has been reviewed and finalised, the focus should shift to effective implementation.

14.

14.1 Embed the strategy in local/regional systems

For your strategy to have a sustained impact, it must be fully integrated into the core processes and structures that drive your work; this will ensure it becomes part of everyday practice rather than a standalone document.

- **Integrate strategic objectives into core safeguarding processes**

Embed your identified priorities into key multi-agency mechanisms such as the Multi-Agency Safeguarding Hub (MASH), early help assessments, case audits and learning reviews. For example, if improving early identification is a priority, consider how MASH processes, screening tools and thresholds reflect this focus.

- **Update operational tools and pathways**

Review and revise referral pathways, assessment templates and service specifications, where necessary, to align with the strategy. This may include, for example, incorporating specific prompts relating to the signs and indicators of child sexual abuse into assessment forms, or clarifying how specialist services can be accessed.

- **Align with commissioning and service planning**

Ensure your strategy informs the commissioning of services, including specialist support for victims/survivors and their families. Strategic objectives should also be reflected in service-level agreements and contract monitoring frameworks.

- **Use existing governance structures to support delivery**

Where appropriate, build implementation and monitoring into the work of existing subgroups or partnership forums (e.g. Quality Assurance or Learning and Development subgroups).

By embedding your strategy into these systems and structures, you can ensure that it influences day-to-day practice, drives improvement and supports accountability across the partnership.

14.2 Support the workforce across your partnership

Effective implementation depends on a confident, informed workforce. Consider what briefings, guidance or supervision may be needed to ensure that practitioners understand the strategy and their role in delivering it.

14.3 Communicate the strategy clearly and consistently

Launch the strategy with a clear communication plan. Use accessible formats to engage different audiences, including practitioners, children and families, and community organisations. Ongoing communication will help maintain visibility and encourage continued engagement.

15.

Measuring impact and continuous improvement

Measuring the impact of your strategy is critical to understanding what's working, identifying gaps, and making improvements over time. It also ensures accountability and helps maintain momentum across the partnership.

15.1 Monitor both activity and impact

Continual monitoring of progress against your action plan is crucial to your strategy's successful implementation, and will help to ensure that your annual reporting clearly captures your strategy's impact over time.

Chapter 7 described how you can develop an evaluation framework which can be used to check your progress in meeting your strategic aims and intended outcomes. Use this framework to track the implementation of actions (e.g. training delivered, tools updated) associated with each outcome, employing a combination of quantitative data and qualitative insight to build a rounded picture of progress.

Remember too that statutory guidance requires *independent* scrutiny of your multi-agency safeguarding arrangements' effectiveness.

15.2 Use multi-agency audits to assess practice

Multi-agency audits are another key tool for evaluating how well the strategy is being put into practice. They provide a structured way to examine real situations, identify strengths and areas for improvement, and test whether strategic objectives – such as early identification or effective joint working – are being reflected in frontline activity. Findings should be used to inform both practice development and strategic review.

15.3 Establish feedback loops across the system

Create regular opportunities for feedback from practitioners, service users (including, where appropriate, those with lived experience), partner agencies/organisations and the independent scrutiny function. These opportunities can include:

- practitioner surveys or focus groups
- feedback mechanisms embedded in supervision or team meetings
- service user feedback from commissioned services
- use of the 'critical friend' element of the independent scrutiny function.

Ensuring this feedback reaches the right forums – such as implementation subgroups or your partnership's executive – is essential for meaningful learning and responsive leadership.

15.4 Embed review cycles into your strategic planning to ensure continuous improvement

Your strategy should not be static. Build in a formal review cycle – with reviews at least annually – to assess progress against strategic objectives, reflect on learning from audits, reviews and data, and respond to changes in the local/regional or national landscape.

Key components of the review process should include:

- reviewing performance data, audit findings, and feedback
- updating priorities or actions in response to learning
- publishing or sharing progress updates with stakeholders.

By embedding robust, multi-agency mechanisms for measuring impact and learning from implementation, the strategy becomes a living document—responsive, evolving, and increasingly effective over time.



References and appendix

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Appendix: Recommendations from the national review into child sexual abuse in the family environment

The Child Safeguarding Practice Review Panel's November 2024 report, "*I Wanted Them All to Notice*", made the following six recommendations for safeguarding partners. It noted that many of these recommendations are already included in or permitted by current guidance, adding: "Local partnerships do not need to wait for government to act to begin making changes at a local level."

- **Recommendation 1: Strategic planning**

Safeguarding partners should consider the findings of this national review and develop a local action plan to respond to its recommendations as it affects local multi-agency practice.

- **Recommendation 2: Professional knowledge, skills and confidence**

Safeguarding partners should undertake a multi-agency training needs assessment, to ensure that their practitioners are able to fulfil their roles and responsibilities in this area. This should include the achieving best evidence joint training.

The response to this assessment may require multi-agency and single-agency training initiatives, in a range of formats, supported by evidence informed resources.

They should additionally give specific attention to the role of schools, early years and other education settings and how they can identify and help children affected by child sexual abuse.

- **Recommendation 3: Enquiries and investigations**

Safeguarding partners should audit the quality of local multi-agency decision making when responding to concerns about child sexual abuse. This may include adoption of a pathway approach, use of guidance about signs and indicators of sexual abuse and reviewing threshold documents about assessment of need and risk.

Agencies should ensure that Working Together guidance is followed and that, at the conclusion of section 47 enquiries and police investigations, there is a multi-agency discussion to consider risk to the children and how they will be protected and supported.

The term 'no further action' should not be used in these circumstances as it is too often understood to mean the abuse did not happen. The term 'no further police action at this time' is more appropriate. There should be a clear record of why a criminal investigation has been closed and that this information has been shared with other relevant agencies.

Where the harm has been perpetrated by a sibling, plans must be made for all the children in the family, addressing the needs of the child who has harmed as well as the child who has been harmed, and any other siblings.

- **Recommendation 4: Assessment of people presenting risk of sexual harm**

Safeguarding partners should, with all relevant agencies such as the Probation Service, review how people who present a risk of sexual harm and who have contact with children are assessed and managed, with information about risk shared across agencies in a timely way. Partners should consider the use of civil orders and other measures to effectively manage the risk from the person of concern.

There is evidence of a need for safeguarding partners and probation to work together to create single points of contact, have robust information sharing arrangements and promote effective learning across agencies.

- **Recommendation 5: Talking to children**


Safeguarding partners should take necessary steps to ensure that all practitioners in their area (including foster carers) understand and are confident in talking directly to children, and families, about concerns of sexual abuse, taking due account of ethnicity, language and disability.

Safeguarding partners need to ensure that there are sensitive and effective plans to address the impact on children of any decision to end an investigation.

- **Recommendation 6: Health**

Safeguarding partners should ensure that there are local pathways for referring children for appropriate forensic medical and other health assessments, for both recent and non-recent sexual abuse, and that safeguarding practitioners understand them.

It is also important that strategy discussions about children, where there are concerns about possible sexual abuse, involve an appropriate health representative who either has clinical experience in assessment where recent or non-recent child sexual abuse is suspected or, as a minimum, has consulted with a professional who has this expertise.



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The photographs in this publication were taken using actors and do not depict actual situations.