

## Safeguarding Concerns

Whilst the police acted swiftly in a single-agency response to the disclosure, they did not share this information with the Multi-Agency Safeguarding Hub (MASH) in a timely manner. This delay meant that there was an initial lack of communication and joint working between the police, children's social care and health services.

A strategy discussion was therefore not held to consider a joint visit to see Edward with a police officer and a social worker. This meant that the potential impact upon other children was not considered until further disclosures were made.

## Good Practice

The Sexual Assault Referral Centre (SARC) advised the parents when contacted by them for advice, that due to the nature of the concerns they would need to contact MASH as this was a safeguarding concern.

Police made a timely response to identify and detain the perpetrator, who has since been prosecuted for these offences and received a lengthy prison sentence.

The Early Help worker who was allocated to Edward and his family developed a good working relationship. A family assessment was completed and an appropriate plan of support for Edward and his siblings was developed with them.

With the family's consent, the Early Help worker contacted the children's school and worked with them to ensure the children were receiving counselling and that appropriate support was being offered.

## Safeguarding

# 5 Point Briefing

## Rapid Review 'Edward'

### Background

Edward told his parents that a family member had sexually abused him a couple of years previously. His mother immediately contacted the police, who took swift action to identify and arrest the alleged perpetrator. The following day whilst talking to police Edward raised concerns that his cousin Rosy may also have been sexually abused, and his sister Frances also disclosed that she too had been sexually abused.

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## Identified Learning

To ensure that the Thresholds Document makes clear that any disclosure of sexual abuse, regardless of whether it is recent or non-recent, should be considered as an indicator that the child has experienced significant harm. Therefore a strategy discussion should always be held to consider the available information and to agree the appropriate response.

All practitioners should be familiar with the HIPS CSA Procedure and the HIPS CSA Toolkit, as well as the tools and resources available on the PSCP website to support the identification, assessment and response to child sexual abuse.

That the children's workforce are encouraged and supported to access appropriate training that covers recognition and the multi-agency response to child sexual abuse.

## Reflections

Due to Frances' disclosure being notified to MASH separately a few days later, this was considered in isolation and there was no reference in Edward's records of his sibling also being sexually abused by the same family member. So the impact on the family of having two children who had been sexually abused was not initially considered.

The initial contact from the SARC to MASH in relation to Edward was not considered to reach the threshold of demonstrating that he was at risk of immediate or further harm. This was due to the fact that the sexual abuse was non-recent, the perpetrator had been arrested and the parents were considered to be acting protectively. However, this was an uninformed opinion at that time, as no assessment of the parents had been completed.

A strategy discussion was not held and the family were allocated to the Early Help and Prevention Service. With the benefit of hindsight where there is a disclosure of sexual abuse, a strategy discussion should be held to ensure all information available from all services is considered.

A medical should always be considered when there is a disclosure of sexual abuse involving direct contact, even if it is non-recent as children may disclose more later on. This can be an opportunity to provide reassurance to the child.