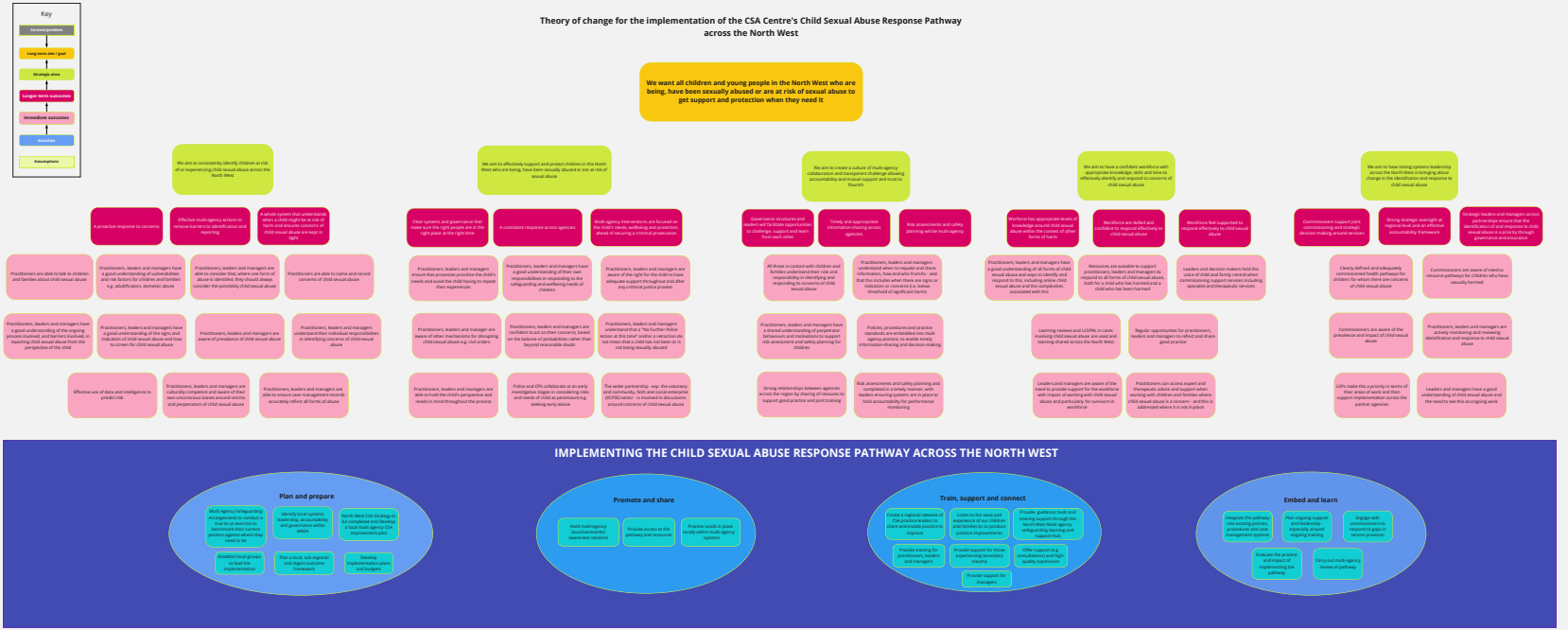

Key
Desired conditions
Long-term aim / goal
Strategic aims
Longer-term outcomes
Immediate outcomes
Activities
Assumptions
Theory of change for the implementation of the CSA Centre's Child Sexual Abuse Response Pathway across the North West
We want all children and young people in the North West who are being, have been sexually abused or are at risk of sexual abuse to get support and protection when they need it
We aim to consistently identify children at risk of or experiencing child sexual abuse across the North West
We aim to effectively support and protect children in the North West who are being, have been sexually abused or are at risk of sexual abuse
We aim to create a culture of multi-agency collaboration and transparent challenge allowing accountability and mutual support and trust to flourish
We aim to have a confident workforce with appropriate knowledge, skills and time to effectively identify and respond to concerns of child sexual abuse
We aim to have strong systems leadership across the North West in bringing about change in the identification and response to child sexual abuse
A proactive response to concerns
Effective multi-agency actions to remove barriers to identification and reporting
A whole system that understands when a child might be at risk of harm and ensures concerns of child sexual abuse are kept in sight
Clear systems and governance that make sure the right people are in the right place at the right time
A consistent response across agencies
Multi-agency interventions are focused on the child's needs, wellbeing and protection, ahead of securing a criminal prosecution
Governance structures and leaders will facilitate opportunities to challenge, support and learn from each other
Timely and appropriate information-sharing across agencies
Risk assessments and safety planning will be multi-agency
Workforce has appropriate levels of knowledge around child sexual abuse within the context of other forms of harm
Workforce are skilled and confident to respond effectively to child sexual abuse
Workforce feel supported to respond effectively to child sexual abuse
Commissioners support joint commissioning and strategic decision-making around services
Strong strategic oversight at regional level and an effective accountability framework
Strategic leaders and managers across partnerships ensure that the identification of and response to child sexual abuse is a priority through governance and assurance
Practitioners are able to talk to children and families about child sexual abuse
Practitioners, leaders and managers have a good understanding of vulnerabilities and risk factors for children and families, e.g. adultification, domestic abuse
Practitioners, leaders and managers are able to consider the, where one form of abuse is identified, they should always consider the possibility child sexual abuse
Practitioners are able to name and record concerns of child sexual abuse
Practitioners, leaders and managers ensure that processes prioritise the child's needs and avoid the child having to repeat their experiences
Practitioners, leaders and managers have a good understanding of their own responsibilities in responding to the safeguarding and wellbeing needs of children
Practitioners, leaders and managers are aware of the right for the child to have adequate support throughout and after any criminal justice process
All those in contact with children and families understand their role and responsibility in identifying and responding to concerns of child sexual abuse
Practitioners, leaders and managers understand when to request and share information with other agencies, and that this includes when there are signs or indicators or concerns (i.e. below threshold of significant harm)
Practitioners, leaders and managers have a good understanding of all forms of child sexual abuse, including the impact of new forms of this, including online child sexual abuse and the complexities associated with this
Resources are available to support practitioners, leaders and managers to respond to all forms of child sexual abuse, both for a child who has harmed and a child who has been harmed
Leaders and decision makers hold the voice of child and family central when commissioning, designing and delivering specialist and therapeutic services
Clearly defined and adequately commissioned health pathway for children for whom there are concerns of child sexual abuse
Commissioners are aware of need to resource pathways for children who have sexually harmed
Practitioners, leaders and managers have a good understanding of the signs and indicators of child sexual abuse and how to screen for child sexual abuse
Practitioners, leaders and managers have a good understanding of the signs and indicators of child sexual abuse and how to screen for child sexual abuse
Practitioner, leaders and managers are aware of prevalence of child sexual abuse
Practitioners, leaders and managers understand their individual responsibilities in identifying concerns of child sexual abuse
Practitioners, leaders and managers are aware of other mechanisms for disrupting child sexual abuse e.g. civil orders
Practitioners, leaders and managers are confident to act on their concerns, based on the balance of probabilities rather than beyond reasonable doubt
Practitioners, leaders and managers understand that a "No Further Police Action at this time" and/or a retraction do not mean that a child has not been or is not being sexually abused
Practitioners, leaders and managers have a shared understanding of perpetrator behaviours and motivations to support risk assessment and safety planning for children
Policies, procedures and practice standards are embedded into multi-agency practice, to enable timely information-sharing and decision-making
Learning reviews and LCSPRs in cases involving child sexual abuse are used and learning shared across the North West
Regular opportunities for practitioners, leaders and managers to reflect and share good practice
Commissioners are aware of the prevalence and impact of child sexual abuse
Practitioners, leaders and managers are actively monitoring and reviewing identification and response to child sexual abuse
Effective use of data and intelligence to predict risk
Practitioners, leaders and managers are culturally competent and aware of their own unconscious biases around victims and perpetrators of child sexual abuse
Practitioners, leaders and managers are able to ensure case management records accurately reflect all forms of abuse
Practitioners, leaders and managers are able to hold the child's perspective and needs in mind throughout the process
Police and CPS collaborate at an early investigative stages in considering risks and needs of child as paramount e.g. seeking early advice
The wider partnership - esp. the voluntary and community, faith and social enterprise (VCFSE) sector - is involved in discussions around concerns of child sexual abuse
Strong relationships between agencies across the region by sharing of resources to support good practice and joint training
Risk assessments and safety planning and completed in a timely manner, with leaders ensuring systems are in place to hold accountability for performance monitoring
Leaders and managers are aware of the need to provide support for the workforce with impact of working with child sexual abuse and particularly for survivors in workforce
Practitioners can access expert and therapeutic advice and support when working with children and families where child sexual abuse is a concern - and this is addressed where it is not in place
LSPs make this a priority in some of their areas of work and then support implementation across the partner agencies
Leaders and managers have a good understanding of child sexual abuse and the need to see this as ongoing work
IMPLEMENTING THE CHILD SEXUAL ABUSE RESPONSE PATHWAY ACROSS THE NORTH WEST
Plan and prepare
Multi-Agency Safeguarding Arrangements to conduct a true to us exercise to benchmark their current position against where they need to be
Identify local systems leadership, accountability and governance within MMA
North West CSA strategy to be completed and Develop a local multi-agency CSA improvement plan
Establish local groups to lead the implementation
Plan a local, sub regional and region outcome framework
Develop implementation plans and budgets
Promote and share
Hold multi-agency launch/events/ awareness sessions
Provide access to the pathway and resources
Practice Leads in place locally within multi-agency systems
Train, support and connect
Create a regional network of CSA practice leaders to share and enable practice to improve
Listen to the voice and experience of our children and families to co-produce practice improvements.
Provide guidance, tools and training support through the North West Multi-agency safeguarding learning and support Hub
Provide training for practitioners, leaders and managers
Provide support for those experiencing secondary trauma
Offer support (e.g. consultations) and high-quality supervision
Provide support for managers
Embed and learn
Integrate the pathway into existing policies, procedures and case management systems
Plan ongoing support and leadership especially around ongoing training
Engage with commissioners to respond to gaps in service provision
Evaluate the process and impact of implementing the pathway
Carry out multi-agency review of pathway
Assumptions:
- The multi-agency network is comprised of cross-sectional colleagues including both statutory and voluntary and community, faith and social enterprise (VCFSE) organisations
- We get buy-in for the implementation of the pathway and the changes this brings
- Staff have the time to engage with this
- Agencies have the resources to support this