

Rotherham (Intrafamilial) Child Sexual Abuse Strategy 2027–2030

Why the (Intrafamilial) Child Sexual Abuse strategy is needed

NATIONAL ESTIMATE

1 in 10

children experience some form of sexual abuse before age 16.

NATIONAL ESTIMATE

1 in 8

are known to professionals at the time.

LOCAL DATA

252 days

average length of Child Protection Plans opened in 2025–26 where sexual abuse was a factor.

Local safeguarding activity, 2025–26

4.5%

of Section 47 investigations related to sexual abuse

2.6%

of Child Protection Plans related to sexual abuse

Practice issues

- Children may not disclose directly
- Practitioners need skills to recognise indicators
- All partners must share information and continue safeguarding action even without a criminal justice outcome

Local percentages describe recorded safeguarding activity, not prevalence.

Four strategy priorities

01 Develop

RSCP Business Unit and Executive

Build shared understanding, workforce learning, a multi-agency pathway and practice improvement.

03 Investigate and Disrupt

South Yorkshire Police

Improve information sharing, joint assessment and management of adults who pose a risk. Safeguarding continues without a prosecution.

02

Prevent and Identify (Intrafamilial) child abuse

RMBC Public Health

Raise awareness, challenge stigma and improve earlier recognition across universal services.

04

Support and Recover

Health

Timely therapeutic, emotional and health support for children affected by or displaying harmful sexual behaviour, and non-offending carers.

Five outcomes by 2030

- 01 More children affected by Intrafamilial sexual abuse are identified and safeguarded earlier.
- 02 Fewer children experience repeat harm.
- 03 Children and families receive timely support that promotes recovery.
- 04 Adults who pose a sexual risk are identified, managed and disrupted and brought to justice effectively.
- 05 **Children's voices are heard and families report more meaningful and sustained improvements to services.**

Children's voice runs across every priority

Trusted adults, feedback during intervention and children's lived experience inform practice.

Delivery and assurance

PARTNERSHIP OVERSIGHT of intrafamilial child sexual abuse

Delivery Group

Chaired by The Rotherham NHS Foundation Trust. Supported by the Child Sexual Abuse Working Group and the Investigations and Disruption Working Group.

REPORTING CYCLE

Every 2 months

Progress to the RSCP Executive, with an annual summary in the RSCP Annual Report.

MEASURES AND ASSURANCE

- 01** Named leads, milestones, baselines and data owners
- 02** Review referrals alongside repeat harm, timeliness, waiting times, access to support and family feedback
- 03** Review equality information annually to identify barriers to access and outcomes

Interpreting data

Increased referrals may mean better recognition, not higher prevalence. Read alongside audit, repeat harm, timeliness, waiting times, support access, disruption and feedback.

Risks and ILSC decision

DELIVERY RISKS

Children's experience

Poorly coordinated responses can lead to repeated accounts or distress. Use trauma-informed, joined-up practice.

Equal access

Boys, disabled children and children from minority communities may face under-identification or barriers to support.

Privacy and stigma

Use inclusive prevention messages and proportionate information sharing to protect dignity and family relationships.

Interpreting referral trends

Awareness may increase referrals before outcomes change. Read the trend with audit, repeat harm, timeliness, waiting times, support access, disruption and feedback from children and families.

The Improving Lives Select Commission is asked to endorse the need for the strategy, the priorities, suggested outcomes and delivery.