

A multi-agency discussion, strategy meeting or review is held

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1. Who is this document for?

This practice guide is for **all professionals in any discipline** – including social work, policing, education, probation, voluntary sector and health – who may be involved in a multi-agency strategy discussion or meeting when child sexual abuse concerns have been raised.

After outlining the purpose and process of the strategy discussion/meeting, it explains how you can best help the child¹ before, during and after the strategy discussion.

¹ In this document we use the term ‘child’ to refer to anyone under the age of 18. See [An introduction to the child sexual abuse response pathway](#) for more about terminology.

2. What is a multi-agency strategy discussion/meeting?

A multi-agency strategy discussion/meeting marks a crucial point in services' response to child sexual abuse concerns. It *must* be held if there is reasonable cause to think that a child is suffering or likely to suffer significant harm as a result of the abuse.

The purpose is to consider whether the concerns are justified and, if they are, to plan **rapid action** that will keep the child safe. Key agencies come together to share information, agree a plan that will address the risk and/or need, and decide next steps.

Joint or multi agency discussions may take place immediately after a referral has been made to children's social care or the police have been contacted about the concerns. They may also take place if more information about sexual abuse emerges when a child is already receiving services from children's social care and/or police investigations have begun. In this document, 'the referrer' means the professional who has prompted the strategy discussion/meeting by raising concerns about immediate risk of significant harm.

The discussion/meeting may involve one or more conference **phone calls**, and/or one or more **meetings** (virtual or in person) chaired by the social work team manager. Sometimes it will start with a conference phone call and be followed up with at least one further meeting. Where concerns have been raised with the police over the weekend or after routine working hours, requiring immediate action, the police should liaise with the local authority out-of-hours/emergency duty team.

Who should be involved?

The strategy discussion/meeting will include, at a minimum, representatives from health, children's social care and police, along with (where appropriate) education services, and any other professionals with specialist knowledge or knowledge of the child and their family such as probation and youth justice. In cases where the harm is happening outside the family home, relevant professionals from community safety, youth services and specialist exploitation teams should also be invited to share insight around places of concern that the child (ren) may be spending time in, as well as people of concern that the child (ren) may be targeted by.

If you are the social work manager organising the discussion/meeting, ask yourself which professionals can help to build a fuller picture of what the child is experiencing. For example:

- In addition to the **health professional(s)** who know the child, such as their health visitor or school nurse, you may need to call on additional health expertise such as the local named nurse or named doctor for safeguarding, and CAMHs if the child is receiving support for their mental health. A nurse or doctor from the local sexual assault referral centre (SARC) should be invited as they will be able to advise on the medical assessment/examination, and on forensic timescales for an examination.
- Outside their family, staff from the child's **nursery, school or college** are the adults who spend the most time with the child. They should be able to provide information on how best to communicate with the child. They may also have a role in supporting the child through any investigation and assessments that may follow the strategy discussion/meeting.
- It is important that probation officers are invited where they have information pertinent to the child's family and the adults within it. They may hold relevant information on sexual or violent offending and concerns relating to adults who pose a risk of sexual harm.
- Police officers from the specialist child abuse unit or MASH will always be in attendance, and should bring all relevant information held on police systems, including non-recent information.

If the person who has raised concerns with the police or children's social services is a professional, they too should be invited. If the concerns have been raised by a family member or someone from the community, they should *not* be invited, but the strategy discussion will consider who is best placed to inform them of the next steps and reassure them that action is being taken.

Complex abuse strategy discussions

Where there are concerns about complex or organised abuse – for example, involving one or more alleged individuals (acting together or in isolation, and possibly exploiting an institutional framework or position of authority) in the abuse of three or more related or unrelated children – a **complex abuse strategy discussion** should be convened. This will have the same membership as any strategy meeting but may also include the Local Authority Designated Officer (LADO) or a representative from the exploitation team.

3. How may the child be feeling?

A child who is the subject of a multi-agency strategy discussion may be suffering or likely to suffer significant harm. They may be hoping and expecting that something will be done about the sexual abuse, but worried about how this will affect them and their family. They are likely to be feeling extremely vulnerable, especially if the person suspected of harming them has not been arrested.

“To get taken away, that was the sort of help I was hoping for.” (1)

“Take what the young people say seriously.” (2)

“Don’t make assumptions about my thoughts and feelings.” (2)

On the other hand, some children – those who are being sexually exploited by groups, or groomed for abuse online, for example – may not think they are being sexually abused or at risk of abuse. Or the child may know they are being sexually abused, but be concerned that this has come to light – because, for example, the person abusing them has threatened them or their family with repercussions.

“I was not happy about [children’s social care becoming involved].” (1)

Whatever the circumstances leading to the strategy discussion, children who know that professionals are getting involved in their lives are likely to feel that all control has been taken away from them. The strategic discussion will need to centre on how the child is feeling, what they hope will happen, any worries, fears, and uncertainties they may have, and address who will be sharing information with the child.

4. Preparing for the strategy discussion/meeting

While a strategy discussion/meeting may take place because a child has told someone they are being sexually abused, a discussion/meeting must also be held if there are signs and indicators that indicate a child *might* be being sexually abused, even if the child has not said anything.

Whatever your profession – social work, policing, healthcare, education etc – gather **all the relevant information** you can for the strategy discussion/meeting, including:

- your own knowledge of the child and their history, and any concerns you have about them
- any changes in their behaviour or wellbeing, or details of what they or someone else have said about their being sexually abused
- information about the family and their circumstances, including any current and historical involvement with your agency
- information about any adult(s) about whom there are concerns, including their previous criminal history and involvement with children’s services.
- In cases where concerns relate to harm outside the family home, information about places and spaces, including digital spaces the child spends time in, will be important to share. Equally, where harm has happened outside the family home, information about the child’s relationships with peers may be important

to share so that the safeguarding needs of the child and any other children at risk can be considered and responded to.

You may want to use the information shared at the strategy meeting to start completing the [Signs and Indicators Template](#), so you can begin to build a holistic picture of the child's circumstances in the context of concerns of child sexual abuse and identify gaps in knowledge which can be focussed on in any subsequent investigation or assessment.

If there are multiple strategy discussions/meetings, new information can be brought to later discussions as it emerges. It is also important to reconvene a strategy discussion if new information emerges, and any agency or practitioner can request this.

5. How can you centre the strategy discussion around the needs of the child?

Everyone involved in the strategy discussion should ensure that **concerns about child sexual abuse are central to the discussion**, alongside any other concerns such as neglect, physical or emotional abuse. Focus on understanding who may be responsible for the abuse (or the risk of abuse) and how to stop it.

In *any* case of suspected child abuse, the strategy discussion should consider the child's wishes and their circumstances.

a) The child's hopes and wishes

The strategy discussion should take account of what the child wants and expects from professional involvement (although it may need to make decisions which go against what this is; if this happens, it should be discussed with the child so that they feel they have some control in the process). If the child hasn't been asked about this yet, think about what they *may* want and expect, and how this will be discussed with them.

Bear in mind that the child may not have said what they really want to happen – in many cases of child sexual abuse they will have been threatened with repercussions by the person abusing them. When children are being sexually abused by someone they love, they will have complicated feelings including confusion, betrayal and sadness. This will impact on whether they feel able to tell someone what is happening and how they communicate the concerns. These feelings need to be responded to respectfully and compassionately.

b) The child's characteristics and circumstances

When considering what has happened and what needs to be done to protect and support the child, be sure to **think about them as an individual**: don't jump to

conclusions based on their individual characteristics or circumstances. It's common for professionals to think that a child of a certain age, sex or social class probably won't experience some forms of sexual abuse, for example, or to regard children from some ethnic backgrounds as more 'adult' than others (known as adultification bias): **assumptions like these must be avoided.** All children, whatever their age, sex, ability or ethnicity are at risk.

Nevertheless, it's important to take account of the child's age and stage of development; their sex; their ethnicity, religion and culture; their social class; any disabilities they may have; and their sexual orientation and gender identity.

If the child has not said they have been sexually abused, bear in mind that they may face barriers related to their sexual orientation, a cultural background that discourages discussion of sexual matters, or experiences of discrimination or prejudice which have reduced their trust in professionals.

If you think the child might prefer to speak to professionals of the same sex or from a particular ethnic or cultural background, the strategy discussion can consider whether this may be feasible.

Our [Taking account of diversity](#) practice guide contains more information.

Communication needs

The strategy discussion should consider the communication needs of the child going forward, to ensure that all communications between professionals and the child – during visits, a medical examination and a formal interview, for example – are as effective and child-centred as possible. Staff from the child's **nursery, school or college** – or, if they have one, the child's **speech and language therapist** or **occupational therapist** – should be able to provide useful information. Arrangements may need to be made if the child's first language is not English, including the provision of interpreters/translators; family members should never be asked to fulfil this role. See Appendix 3 of our Communicating with children resource for more information on this.

The child's parent(s)² and other family

Where there are concerns of intrafamilial child sexual abuse, it is essential for the discussion to consider whether one or both of the child's parents, or anyone in the family, may have sexually abused the child or pose an ongoing risk to them (see the next section) – but it should not be presumed that this is always the case.

² By 'parent' we mean someone in a parental or principal care-giving role to a child; this may be their biological parent, step-parent, adoptive parent, foster parent or other relative fulfilling that role.

Non-abusing³ parents and family members are very often **key allies** in making children safer and providing support, or in repairing the harm that's been done. Their own needs and concerns must also be considered:

- Are they having difficulty coming to terms with finding out about the sexual abuse – for example, feeling guilty for not noticing the signs sooner?
- Are they worried about harassment or retaliation, domestic abuse or violence/control more generally in the family?
- Do they have any vulnerabilities (such as substance abuse or mental ill health) that may affect their ability to set and keep boundaries or put a safety plan in place?
- Might their socio-economic circumstances affect their ability to fully protect the child, because they are financially dependent on the adult of concern or their financial worries make it harder for them to cope with the situation? What is their legal status in the country, might this be impacting their thinking?
- Are there ongoing private law family proceedings which may be affecting their ability to protect the child?

In the strategy discussion, think about how these issues can be addressed.

Like the child, the parent(s) may have experienced **discrimination or prejudice** for various reasons, which may affect how you work with them. If there are **communication** issues (resulting from a parent's disabilities or learning difficulties, for example), these will need to be addressed.

Our [Supporting Parents and Carers Guide](#) contains detailed information about how parent(s) may feel and react when concerns of child sexual abuse come to light, and the impacts of the abuse on the whole family.

c) The context of the suspected sexual abuse

Intra-familial child sexual abuse

If there are concerns that a **parent or other adult** in the home environment has sexually abused or poses a risk of sexual harm to the child, use the information available to consider the following questions:

- Does the adult pose a *continued* risk to the child, including through grooming or exploitative behaviour?

³ We use the term 'non-abusing' to mean a family member who is *not considered to have been involved in sexually abusing the child*, even if they may have previously come to agencies' attention for other reasons.

- How might that risk/behaviour affect a child protection enquiry or police investigation?
- Does the adult pose a risk to other children through family contacts or their work/volunteer activities? If so, a referral to the Local Authority Designated Officer (LADO) may be necessary.
- If a police investigation has already started, has the adult been released on bail, what bail conditions have been put in place, and how is the child feeling about this? The child may feel frightened that the adult will be able to harm them, their siblings or other family members; this will need to be discussed and a plan put in place to address their worries.

Consider too whether the non-abusing parent(s) are acting, or are able to act, in a protective way to keep the child safe, and will continue to do so. How can professionals support them so that the child is kept safe and feels believed and validated?

Remember that the adult suspected of sexually abusing the child may also be grooming, coercing and controlling the non-abusing parent(s), which may affect their ability to keep the child safe and supported. What can be done to address this?

If there are concerns that the child is being sexually harmed by a **sibling or other child** in the family environment, the discussion must focus on the safety and wellbeing of both/all children. Consider the following questions:

- What is known about the home environment and the quality of care that the parent(s) have been able to provide to both/all children until this point?
- How have the children's parent(s) responded up to now? Do they accept that the behaviour has, or might, have happened?
- Do the parent(s)' circumstances allow them to supervise the children's behaviours at all times?
- Are there, or have there been, any other concerns in relation to the behaviour of anyone in the family?
- Does the child who has harmed pose a *continued* risk to the child they have harmed?
- How might that risk/behaviour affect a child protection enquiry or police investigation?

You can find more information in our [guide to assessing and responding to sibling sexual behaviour](#).

Strategy discussions/meetings that consider harmful sexual behaviour must consider the needs of the child (ren) who has been harmed as well as the child (ren) who has caused harm. The meetings should be child focussed rather than issue based and seek to ensure the needs of both or all children are considered, as well as balancing the safety of others, including the child who is alleged to have caused the harm.

Responses to the child who is alleged to have caused harm should be proportionate and, where considered necessary, further or specialist assessment that considers support needed by the child to prevent escalation of concern or further harmful sexual behaviour should be undertaken.

If the child (ren) who are alleged to have harmed and the child who has alleged harm attend different schools, it will be important to talk to staff at both/all schools, so that any support needed can be put in place. If the child (ren) attend the same school or participate in social activities together, a safety plan that seeks to keep both or all children emotionally and physically safe should be developed. The safety plan should be completed with the child, parents and consider any contextual safeguarding approaches needed. The plan should be reviewed regularly, particularly if new or additional information or concerns are shared. Our [Safety planning in education](#) resource offers guidance for schools to do this.

It must always be kept in mind that a child who has harmed is still a child; furthermore, they themselves may be a victim of abuse or neglect. The strategy discussion priority is to ensure the safety and wellbeing of the child who has been harmed (and the wider family), and to address their needs, but it must also consider the welfare and safety needs of the child who has harmed, and whether police action against them is appropriate; this is likely to depend on the nature of their harmful behaviour.

Where there are ongoing investigations by police regarding child sexual abuse and/or harmful sexual behaviour, the emotional and physical safety of all children involved must still be considered and steps to meet their identified needs, taken. Police investigations do not preclude professionals responding to emotional and welfare needs in such cases.

Extra-familial child sexual abuse

Where there are concerns that the child is (or is at risk of) being sexually abused outside the home environment, including online, it's important to establish:

Where does the child spend their time (including online spaces)? What is known about these places?

- How does the child relate to their school and local community? What is the school environment like for them?

- Who do they spend time with? What peer networks do they have, and are any of these networks worrying? How does the child's situation compare with that of others in their peer group?
- Do they know any adults in the communities where they spend time? Are there any adults of concern – and if so, what is known about these adults and what action has been taken to disrupt their activity? (It may be useful to look at the Home Office's [Child exploitation disruption toolkit](#).) Which adults outside the family reach into or have responsibility over parts of the child's life, and should be spoken to as part of a child protection enquiry?
- Does the child have periods of being missing or where they can not be located or contacted? The child's age and stage of development will be important to consider in relation to this.
- The [Practice principles for responding to child exploitation and extra-familial harm](#) guide is helpful to consider best practice when considering extra-familial child sexual abuse.
- Where the child's parents are assessed as being protective it will be important that they are included in understanding the risk their child is at in order for them to contribute to their child's protection and support.
- Children who are harmed outside the family home may not always perceive themselves as being harmed at the time and this can place significant strain on parents and other family members, whose child appears to be under someone else's influence. Consider too whether the protective parent(s) themselves may be being groomed, coerced or controlled by the person (s) of concern, and the implications of this for their capacity to keep their child safe and supported.
- Supporting parents around the impact of harm outside the family home is an important in area of need. [Supporting Parents and Carers Guide](#)
- To be most effective, developing a safety plan with the child and family needs to be written at a time of calm, with support from professionals involved and should feel meaningful to them. The safety plan should take account of the child's age and stage of development, be child's rights based but also be balanced against the need to disrupt, safeguard and provide proportionate support to the child (ren) to recover.
- Some children will be harmed within familial contexts as well as being harmed outside the family home. It is important that both traditional social work and police safeguarding systems are utilised in these cases, alongside contextual approaches. An either-or approach to safeguarding children being harmed

across intra and extra familial contexts should be avoided; each safeguarding system must work together to meet the holistic needs of the child (ren).

You will need to assess these extra-familial elements alongside, or in relation to, the parent(s)' influence on and/or ability to care for and protect the child.

Consider too whether there are factors within the family home, such as child neglect, domestic abuse, or physical/emotional abuse, which contribute to the child's situation, and whether the non-abusing parent(s) themselves may be being groomed, coerced or controlled by the person thought to be abusing their child.

If the person(s) – or at least some of them – thought to be sexually abusing the child are **under 18**, and are not part of the same family as the child who has been harmed, there should be a separate strategy discussion for each child. The strategy discussion for a child who has harmed must:

- consider their welfare and safety needs, bearing in mind that they are still a child and may themselves be victims of abuse or neglect
- consider whether police action against them is appropriate; this is likely to depend on the nature of their harmful behaviour
- consider any risk that they might pose to other children; this may mean recommending further specialist assessment, or an assessment using your local harmful sexual behaviour pathway.

In addition to your local guidance on children's harmful sexual behaviour, you may also want to read [the NSPCC's guidance](#).

Child sexual abuse imagery

If sexually abusive images of a child have been discovered, including AI manipulated images, the strategy discussion should consider whether to inform the child of this – and when and how to do so. See Chapter 16 of our [Communicating with Children resource](#) for further advice.

The images should *not* be shared between the discussion participants.

Bear the following in mind when discussing situations where images of child sexual abuse have been discovered:

- Imagery-related abuse has a significant impact and needs appropriate response and support.
- Don't focus too narrowly on the imagery at this stage – instead, explore in broad terms what has happened to the child. The creation of the imagery may not be the whole story; it is also common where there is contact sexual abuse.
- Children cannot consent to their abuse. If the child appears to be 'consenting' in an image (by smiling, for example), they may have been too scared to do

otherwise or may not have understood they were being abused– those responsible for the images are likely to have groomed, coerced or otherwise controlled them.

- While the child must be kept safe, professionals need to recognise the role that technology plays in the child's everyday social and emotional life (e.g. accepting that their social and emotional life encompasses both the 'real' and online worlds).

If the discussion has been called because someone who has accessed child sexual abuse material lives with, or has access to, children, the discussion should focus on:

- What is their relationship like with the offending parent and others in the family home?
- To what degree can the child say if they are concerns about anything?
- The likely impact of the arrest on the child and other family members. Every effort should be made to avoid children being present at the time when the arrest happens.
- Whether there is any early indication that the images include images of the child(ren) in the home
- Whether there is any early indication that the person has used search terms that suggest they are searching for images of children with similarities to their own child(ren) (e.g. their sex or gender, age, or other physical features)
- Whether there is any early indication that the person has engaged with other people of concern, either online or in-person

Where there are concerns that an adult in the child's family has downloaded child sexual abuse imagery or other material it is vital to assess whether their own children are at risk of sexual abuse. See our guide [Managing Risk and Trauma after Online Sexual Offending](#); this explains how learning about the offence may affect the child(ren) and other family members, and provides information about risk and safety planning.

6. Outcomes of the strategy discussion

The strategy discussion will weigh up all the available information and evidence about whether a child has been, or is likely to be, sexually abused and/or harmed in other ways. It will then decide the most appropriate action to be taken.

Note that, given the hidden nature of child sexual abuse, the strategy discussion may not be able to conclude with certainty at its first meeting that the child has been sexually abused. There is evidence that professionals can lose sight of child sexual abuse concerns at this point of uncertainty, so recording and continuing to discuss them is vital.

a) Protecting the child from (further) immediate harm

Where it is determined that further action is needed to protect the child and to ensure their safety, key questions to be considered are:

- Is there an adult or adults who can keep the child safe?
- Are there concerns about their capacity to keep the child safe?
- Where there are concerns of sibling sexual abuse, are parents able to manage the emotional conflict they may experience?
- Is there a risk that they may be coerced by the person(s) of concern?
- Would there be concerns about safety and repercussions for the family in cases where a child is being sexually exploited outside of the home?
- Does the safety plan safeguard and protect the child, possibly across a range of contexts and from more than one person of concern? For example, at school, within other institutions, the wider community or in digital spaces.
- Are Multi agency and contextual approaches that seek to disrupt the person(s) of concern, safeguard the child(ren) at risk of harm, make environments or spaces safe for children to spend time in, and provide proportionate support to help the child recover in place? The [Contextual Safeguarding website](#) contains more information and support to help do this.
- What support and education can be provided for the child and family?

Where the child has experienced harm outside the family home it can put a real strain on the relationships children have with others, including family members. Getting relationships back on track after harm outside the family home can be challenging, but it is possible. Parents can feel like they have lost part of their relationship with their child and wonder if their relationship can heal. Support to help parents reconnect with their child will be a really important part of the whole family's recovery journey. Helping parents to communicate the positive things about their child, noticing the things they like about the time they spend together and sharing them, as well as being open about any future worries they have can help things improve. We know that those who harm children can have a hold on the child for a long time after the abuse of them stops. Supporting parents to understand this and be part of a plan that has been agreed with the child and

professionals, can be useful in knowing what steps to take if there are further worries about the child's safety.

It's important to consider the safety of all other children in the environment, whether inside or outside the family, where the concerns of abuse have arisen.

Information shared at the strategy discussion may result in immediate protective action being taken, if this has not happened already.

Keeping the person(s) of concern away from the child

If it is felt necessary to remove the person(s) of concern from the child's household or wider environment, or otherwise to limit their behaviour, a number of civil orders are available to the police. For example:

- **Child abduction warning notices** (CAWNs) can be served on individuals believed to present a risk to the child, and prevent them from having any contact with the child.
- A **sexual risk order** (SRO) places restrictions on a person of concern who is identified as being likely to cause sexual harm. These restrictions can include prohibiting foreign travel, internet use, or being in the company of children.

The [Home Office's child exploitation disruption toolkit](#) contains more information about civil orders.

If the person(s) of concern have a role (through their job or volunteering, for example) that brings them into contact with children, the social work team manager must make a referral to the **local authority designated officer** (LADO).

Removing the child from the risk of harm

If it is decided that the only way to protect the child is to remove them from their current environment, immediate action can be taken to place them with their wider family or in local authority care, making use of police powers of protection or emergency protection orders. The [Child Law Advice website](#) contains more information.

b) Assessing the need for further enquiry and assessment, including a medical examination

A key decision for the strategy discussion is whether there will be a joint enquiry by the police and children's social care, or a single-agency inquiry/investigation. This decision may later be changed as more information becomes available (such as evidence that a crime may have been committed), requiring further strategy discussions to be convened.

- If there is evidence that a crime may have been committed, the police will conduct a **criminal investigation**; the strategy discussion will consider the basis for this, including the timing and nature of evidence-gathering. If the person(s) suspected of harming the child are themselves under 18, the strategy discussion should consider whether police action is appropriate, taking account of information such as the nature of the abuse and the ages of the children.
- Children's social care may carry out a **child protection enquiry** if there are child protection concerns related to the family. This enquiry will find out more about the child's safety and needs, and those of their family, and consider how best to address them.

If it is decided to carry out a criminal investigation *and* a child protection enquiry, they should be conducted as a [joint enquiry/investigation by the police and children's social care](#). The police and children's social care will each have their own role, responsibilities and specialist skills, but it is important to consider **how they will work together and communicate through this process** – including by sharing information to best protect the child and maximise the potential for any necessary criminal action.

If the strategy discussion concludes that a child protection enquiry is not required because the child is not at immediate risk of actual or likely significant harm, but the child and their family may still need support, it can recommend a [multi-agency assessment](#) or an [early help response](#).

Your local authority is likely to have guidance regarding child protection enquiries and multi-agency assessments in the context of **child sexual exploitation**. This guidance must be followed if there are concerns that the child is being sexually exploited.

Medical examination

A **paediatric medical examination** – a holistic assessment of the child's wellbeing and health needs, and an opportunity to look for supportive evidence and gather forensic samples – should be considered whenever child sexual abuse is suspected or reported, and regardless of the age of the person suspected of the abuse. If a child sexual abuse health specialist cannot be present at the strategy discussion, you will need to consult them beforehand.

Many professionals worry that a medical examination will be harmful to the child or will not be worthwhile, especially if it is thought unlikely that forensic evidence will be obtained. But, when carried out by an appropriately trained clinician, a medical examination has a range of broader benefits (including reassurance from

the health professional and the identification of unmet health needs). Our [resources on medical examinations](#) contain more information.

If you decide that a medical examination would be valuable, consider who should talk to the child and their parent(s) about it; this must be a professional who is knowledgeable about medical examinations, what they involve and what their benefits are. Consider too how the child and their parent(s) will be supported (including, if appropriate, through accompanying the child and/or providing transport). The medical examination should be planned around familiar routines, minimising disruption to the child's education or other valued activities.

c) Deciding who will feed back to the child

The strategy discussion should decide who should inform the child and their parent(s) of the discussion's outcomes:

- If children's social care are carrying out a child protection enquiry or a multi-agency assessment, the social worker involved will talk to the child and their parent(s) at the beginning of this – and will inform them if there is not going to be a police investigation.
- If the police and children's social care decide to take no further action, or if there is to be an early help assessment, children's social care must communicate this to the family, clearly explaining the reasons why.

Remember that professionals can and should talk directly to children and their families about concerns of child sexual abuse. Non-abusing parents need to be given information about any risks that people in touch with their child may present.

7. After the discussion

a) Recording the discussion and decisions made

The social work manager who chairs the strategy discussion is responsible for recording the discussion and decisions taken. Additionally, all the professionals present should make a formal record of actions for their agency, with agreed timescales.

Police officers should record any information from other agencies that is relevant to the police investigation and consider what disruption activities they can undertake to prevent further abusive behaviours by adults of concern. It is important to consider whether actions have been taken to disrupt further abuse from happening. If not, what needs to be considered or actioned?

b) Providing feedback

Whoever is informing the child and their parent(s) of the strategy discussion's outcomes (see section 6c above) should think about how to do so in a way that **makes sense** to the child and **ensures their safety**:

- Be clear about **next steps** (if any) – explain what will happen carefully and fully, so the child feels that any concerns they raised have been **listened to and acted on**. If the discussion's outcomes go against what the child has said they want, help the child understand why decisions have been made.
- If the police and/or children's social care have decided to take no further action at this time, it is vital for the child to understand that **this does not signify disbelief** – their case may be reopened if evidence comes to light or new concerns are raised. Focus on how helpful the information shared has been, how the child was right to have asked for help from professionals, and acknowledge their feelings.
- Consider how to make the information clear and understandable to the parent(s), taking account of any communication needs, disabilities etc.

c) Considering the need for a follow-up strategy discussion

A follow-up strategy discussion may be helpful in many situations, including:

- when key professionals have been unable to join the initial discussion (because of school holidays, for example)
- after the formal police interview and other interviews have taken place
- after suspects have been arrested and interviewed or are subject to bail arrangements
- where police investigations have been completed, and have led to no further police action at this time, but there is a need to consider the ongoing risk to a child
- where criminal justice processes have ended, without a conviction or a non-custodial sentence and there is a need to consider the ongoing risk to a child
- in complex cases of child sexual abuse where referrals are made about a number of children and/or people of concern.

d) Supporting the child's wellbeing

There is a common misconception that children cannot receive emotional support while a police investigation is ongoing, but this is not the case. It's true that you should not discuss the details of the abuse itself, but you can talk to the child about their feelings and the impact of the abuse on their life; additionally, the child

can access professional therapy during this period – see the Crown Prosecution Service’s 2022 legal guidance [Pre-trial Therapy](#).

We have produced practice guides to help you support the child with:

- their [emotional health and wellbeing](#)
- their [education](#)
- their [physical health](#)
- their [relationships with family and friends](#).

Bear in mind that the child may have particular emotional needs at this early stage of professionals’ involvement; for example, the person abusing them may have said that bad things would happen if the abuse became known. Think about the support that you and other professionals can give them in those circumstances.

8. Where next?

- [Children’s social care lead a child protection enquiry.](#)
- [An Officer in the Case is assigned to the police investigation.](#)
- [The child has a medical examination.](#)
- [An early help response is proposed.](#)
- [The threshold for intervention by children’s social care or the police is not met.](#)

Or [return to the response pathway](#).

Sources of quotations

The quotations in this practice guide, from children who have received support from children’s social care, illustrate how the child may be feeling at this point:

- (1) Woolfson, R., Heffernan, E., Paul, M. and Brown, M. (2010) [Young people’s views of the child protection system in Scotland](#). *The British Journal of Social Work*, 40(7):2069–2085.
- (2) Cossar, J., Brandon, M. and Jordan, P. (2011) [‘Don’t Make Assumptions’: Children’s and Young People’s Views of the Child Protection System and Messages for Change](#). London: Office of the Children’s Commissioner.

Procedures to be followed in cases of child abuse are set out in the UK Government’s statutory guidance for England, [Working together to safeguard children 2026: statutory guidance](#) and in the [Wales Safeguarding Procedures \(2020\)](#).

*This practice guide outlines specific considerations when there are concerns of child **sexual** abuse. It is underpinned by the above documents, and is not intended to repeat or replace them. It should be read alongside your local child protection procedures.*

This guide is part of our [child sexual abuse response pathway](#), designed to ensure that professional responses to concerns about child sexual abuse meet the needs of children and their families. It aims to bring clarity to key response points, helping you keep the child's needs and perspectives central.