

# An early help / Family Help Plan is proposed

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## 1. Who is this document for?

This practice guide is primarily for professionals involved in an early help response when, after concerns have been raised that a child<sup>1</sup> may have been sexually abused, it is decided that:

- the child is not currently at risk of sexual abuse – either because the abuse took place in the past, or because the source of the risk has been removed – and the child feels safe, *and*
- the child and their family still need support, *and*

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<sup>1</sup> 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.

- the parent(s)<sup>2</sup> have given their consent to working with early help services to address any support needs, or (for older children) the child has requested support.

It is also relevant to other professionals working with the child and their family at this time, as it explains what is needed when drawing up an early help response so children and their families can be told what will happen and what they can expect.

## 2. What is an early help response?

Any agency working with a child and their family may decide that an early help response should be offered to them – or it may be that, once a child protection enquiry or multi-agency assessment has been completed, an early help response is considered an appropriate way to support the child and their family. There may also be an early help response if a child and their family have been supported through a child protection plan or a child in need plan,<sup>3</sup> and it has been decided that this is no longer necessary but some continuing support and help would be beneficial. *If concerns remain that there is an ongoing risk of sexual abuse or the child is not living in a safe environment, a child in need or child protection process is the appropriate response.*

The family will need to agree to an early help response being started.

An early help assessment will be undertaken, and will usually lead to an early help plan/Family Help Plan addressing the needs of the child, their non-abusing parents and other family members. It is essential that this makes clear the concerns about child sexual abuse, the impact on the child, their siblings and the whole family. The assessment and plan should address the current impact, and consider the future impact, of child sexual abuse and how this will be addressed. Our Key Messages from Research on the [Impact of child sexual abuse](#) may be of use here.

The **‘team around the child’**<sup>4</sup> will meet to deliver the early help plan/Family Help Plan and review its progress regularly so that it continues to address the child’s safety and support needs. A **lead professional** (often an early help practitioner)

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<sup>2</sup> 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.

<sup>3</sup> These are the terms used in England; in Wales they are known as a care and support protection plan and a care and support plan respectively.

<sup>4</sup> In some areas this may be known as the ‘team around the family’.

will be identified, and will be responsible for ensuring that these actions are carried out.

In addition to the child's parents and (depending on their age and developmental stage) the child themselves, the team around the child will comprise professionals working with the child. These may include, for example, the Designated Safeguarding Lead at the child's school, the school nurse, their nursery worker, their health visitor; their GP, their counsellor, youth workers, and staff from relevant voluntary services. The current reforms to the child welfare system may impact on arrangements for early help support, but the core principles outlined here will remain important.

### 3. How may the child be feeling?

When it is proposed that the child and their family will be supported through an early help response, the child may be relieved and reassured that something definite is happening; they may start to believe that things will get better.

However, they may also be worried about what having different professionals involved will mean for them and their family. They may feel afraid, under pressure or embarrassed at the thought of having to talk to these professionals – and they may fear that they or their siblings will be taken into care.

They are also likely to be feeling:

- **vulnerable**, especially if the person suspected of harming them has not been arrested, or has been released on bail or under investigation by the police
- concerned that they are **in trouble** or have **done something wrong**
- **responsible** for any distress caused to their family – they may think that their parent(s) or other family members blame them for statutory agencies' involvement.

It is important to talk to the child about any worries they may have and address these.

Once the early help plan/Family Help Plan is in place, the child may be pleased to have someone outside the family who is there to support them, will not judge them, and will talk to them about their hopes and worries. Ideally, they will feel that the plan helps them look to the future and start to heal, rather than focusing on the abuse itself. However, they may resent the plan and believe that it will not help them, especially if they feel they have not had enough say in it, it is not supporting them, or they are not kept informed about what is going on.

*“Sometimes you don't want to say some things to your parents. [The social workers] do it for you so they do it in a nicer way and they know what to say.” (1)*

*“If they treat you like a kid you resent telling them something, so you don’t bother, but if you’re treat like an equal then you want to share things.” (2)*

*“They were trying to put things in place for my mum and dad to handle my behaviour but would go about it the wrong way. I was 14 at the time and she was like, ‘Right you need to tell her she has to be in at 7:30pm.’ No kids my age were coming in then. She was making things up like, she’d put a plan together and none of it was shown to my mum and dad and they had to go through with it.” (3)*

*“They’d take me out to places, just so I’d feel a bit more relaxed. They were there when you need them.” (3)*

## 4. The early help assessment

An early help assessment will be undertaken in partnership with the child, their non-abusing family members<sup>5</sup> and other professionals; it is important that those professionals who know the child well are centrally involved. The exact process for this assessment is likely to be outlined in your local guidance.

**If you suspect at any point in the assessment that the child may not be living in a safe environment, an early help response will *not* be appropriate – talk to your manager to determine whether the child should be referred (or referred back) to children’s social services and/or the police.** If you take action to escalate your concerns and you do not receive the response you expected, make sure you talk this through with either children’s social services and/or the police, and if you are still not happy, you can escalate your concerns using your Child Safeguarding Partnership’s escalation policy. Information should be on their website.

Throughout your contact with the child, it’s important to take account of factors such as their **age** and **stage of development**; their **sex**; their **ethnicity, religion** and **culture**; their **social class**; any **disabilities or learning difficulties** they may have; and their **sexual orientation** and **gender identity**; the same goes for the members of their family. Equally, however, **don’t make assumptions** about them based on those characteristics. Our [Taking account of diversity](#) practice guide contains more information.

If a police investigation is ongoing during the early help assessment, it should not affect the assessment but the lead professional should keep in touch with

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<sup>5</sup> 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.

the police officer conducting the investigation to learn about its progress and share any relevant information. All professionals will need to be careful when talking to the child; Chapter 17 of our [Communicating with children resource](#) outlines some questions you can ask, and what to do if the child starts talking to you about their abuse.

If a trial is planned, the early help plan/Family Help Plan should clearly outline the support the child will receive. The CPS guidance on prosecuting child sexual abuse - [Child Sexual Abuse: Guidelines on Prosecuting Cases of Child Sexual Abuse | The Crown Prosecution Service](#) - is clear that it is primarily the police who should organise this, but it is all professionals' responsibility to ensure that this is in place. This support may be provided by a range of organisations, including specialist child witness services, victim support or a **child and young person's sexual violence advocate** (CYPSVA<sup>6</sup>(IDVA) [IDVAs and ISVA Guidance](#)). It is important that this support is included in the early help plan/Family Help Plan to ensure that there are not too many professionals involved with the child and their family. The plan can also help with practical issues, such as help for the child to attend appointments.

### ***Consider the context of the abuse***

You will need to tailor your assessment around the context in which the abuse has taken place; this has implications for the support and safety measures required.

### **Sexual abuse by a parent or other adult in the family network**

Abuse by an adult in the family network can be particularly traumatic because it involves high levels of betrayal, stigma and secrecy. The non-abusing parent(s) may feel guilt and self-blame, and may become separated from other family members (such as close relatives of the adult who abused their child).

If the adult of concern is the child's parent, the non-abusing parent may have to come to terms with the loss from their life of their partner. They may have feelings of grief or loss as a result, as well as having financial, practical and emotional support needs which the early help plan/Family Help Plan will need to address.

In situations where an adult in the family has downloaded child sexual abuse imagery or other material and may therefore pose a risk to the child(ren) in the family, see our guide [Managing Risk and Trauma after Online Sexual Offending](#); this explains how learning about the offence may affect the

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<sup>6</sup> Also abbreviated to CHISVA or ChISVA.

child(ren) and other family members, and provides information about risk and safety planning.

### Harmful sexual behaviour by a sibling

If the child has been sexually harmed by a sibling, you will need to consider the needs of both children, treating them both with care and respect.

Sexual harm by a sibling can have a huge emotional impact as well as a physical impact on the child who has been harmed, who will need support to address these impacts.

The parent(s) and other family members may find it traumatic to deal with the harm that has taken place and its impact on them, and on family relationships. This will all need to be explored and understood.

Our [Sibling sexual behaviour](#) guide provides useful information on working with families where this type of abuse has taken place.

### Extra-familial sexual abuse

Where there are concerns that the child has been sexually abused outside the family environment, including online, it will be important to focus on the harm to the child and consider their needs. Never assume a child's needs or level of need based on their personal characteristics such as sex or ethnicity.

Consider too whether the child may also be subject to **criminal exploitation**; this often happens in cases of extra-familial child sexual abuse.

Take care not to be **victim-blaming** – for example, don't suggest that what the child did or didn't do contributed to the harm they have experienced, and don't use risk assessment frameworks which imply responsibility by focusing on the child's vulnerabilities.

The early help plan/Family Help Plan will need to provide appropriate support, addressing any pressures, stresses or threats which may affect the child's ability to contribute to any police investigation.

If the child is living outside the family home, make sure that appropriate contact arrangements are developed, and discuss how to ensure that the child continues to feel part of the family.

Many children who have been **sexually abused in online contexts** feel that they do not get the level of support they need, and that professionals and family members do not recognise the abuse's impact. The child may feel that they are to blame because their presence online means they participated in the abuse; when talking to them about what has happened, ask them about their use of technology so you can understand it from their perspective, while

being careful not to be judgemental or victim-blaming. Show them that you are taking the abuse seriously, and do not use phrases such as ‘the real world’ and ‘the online world’: recognise that both are parts of the child’s social and emotional life.

You may lack confidence in talking about what has happened because you feel the child is more ‘expert’ in technology than you are – remember the skills you require – relationship-based practice, talking to children and accepting what they tell you – are those that enable an effective response to *any* form of child abuse.

### **If the abused child has themselves engaged in harmful sexual behaviour**

If there are concerns that the child has engaged in harmful sexual behaviour, it is still important to ensure that they are supported and safeguarded: they need appropriate services and support to address both their own needs and any risks they may present to others.

Our [Supporting Parents and Carers Guide](#) provides information on how to support parents and carers when children have been sexually abused in all the above contexts.

### ***Identify and address any communication needs in the family***

Before you meet the child and their family, consider the following – which may require input from professionals who know them– and take action if necessary:

- Which **language(s)** do they use at home and at school? Is there any need for translation/interpretation? Appendix 3 of our [Communicating with children resource](#) offers useful information to consider when working with interpreters.
- If they have a **learning disability or difficulty**, including difficulties with reading or writing, how do they best communicate with others? How can their communication be supported? Do they have a speech and language therapist who can support both them and you? Is there anyone who can help you understand how best to communicate with them? If a parent has **learning disabilities**, you may find the Working Together with Parents Network’s [Best Practice Guidance](#) useful.
- Do they have **physical disabilities** which may make communication difficult? If they have a visual or hearing impairment, for example, are communication aids needed?
- Do they have any **social and behavioural difficulties** which might need to be taken into account when communicating with them?

It is always helpful to talk to the professional who knows the child and their preferred communication style best, and to ask as if the child has a 'communication passport', a personalised document that helps people understand how best to communicate with and support individuals.

### *Talk to the child*

Where appropriate developmentally, talk to the child **without other family members present**. If you are talking to the child with other people present, address the child directly wherever possible.

Consider how your contact with the child will fit into their usual **routines**, particularly taking into account regular leisure activities and friendships. Bear in mind that they might worry about a professional coming to their school, for example. How can you consider their privacy and other concerns?

During your conversation(s) with the child, give them opportunities to **discuss any concerns** they have (see section 3): reassure them that these concerns are quite normal, and that asking for help from professionals was the right thing to do.

It will be important to establish what the child wants from an early help plan/Family Help Plan and what difference they hope it will make to them and their family. Address any mismatches between what the child wants and what can be provided.

Our [Communicating with Children Guide](#) contains detailed information and advice on approaches to take during your conversation(s).

### *Talk to the child's parent(s)*

The non abusing parent(s) will be key allies in making their child(ren) safe, providing support and repairing the harm that has been done. It is critical to understand their **circumstances**, draw on their unique **knowledge of their child**, and explore their understanding of **how the family works**.

We recommend that you read our [Supporting Parents and Carers Guide](#), to help you understand how the parent(s) may feel and react when concerns about child sexual abuse have come to light; explore the impacts of the abuse on the whole family; and offer the parent(s) effective and appropriate support so they in turn can support their child(ren).

The parent(s) are likely to have been in shock after hearing that their child may have been sexually abused, so take care to **show empathy** and find out whether they have anyone to talk to about it. Bear in mind, however, that feelings of **shame** and a desire to **keep things private** may prevent the parent(s) from looking for support. Ask them what they think the impact of the abuse has been or will be on family relationships, and what help and support they need to address

this. The assessment is a key opportunity to consider how well the parent understands sexual abuse, and their confidence to talk about it with their abused child and other family members. The ability of the parent(s) to support their child will also be affected by their and the family's experiences, characteristics and circumstances, which you will need to ask about:

- Have the parent(s) themselves ever been **sexually abused**? (Think about how you can sensitively ask them about this.) If so, they may be finding it difficult to manage concerns about the sexual abuse of their child, or if their child has displayed harmful sexual behaviour towards others, and they may experience trauma-related symptoms.
- Do they have any **mental health** issues, or a history of **alcohol or substance misuse**? These may be worsened by shock or trauma. You may want to talk to any professionals who are supporting them with these issues, to help those professionals understand the impact of sexual abuse on the whole family.
- Have they experienced, or are they currently experiencing, domestic abuse? If so, the assessment will need to consider the impact of this and the support that is needed. Where the person thought to have sexually abused the child has also committed the domestic abuse, bear in mind that it may be harder for the non-abusing parent to provide safety and support.
- How can the above issues be addressed? Are the parent(s) already receiving any **emotional support or therapy** around any of them?
- Do the parent(s) and the wider family identify strongly with a particular **culture** or set of **beliefs**? To understand this, and how it may affect the situation, you may find it helpful to construct a 'culturagram' – see the [Social Work Culturagrams](#) website.
- Might their **socio-economic circumstances** affect their ability to fully protect the child, because they are financially dependent on the adult about whom there are concerns or their financial worries make it harder for them to cope with the situation?

It is also important to observe how the parent(s) behave around the child – if they appear to **blame the child** for the distress being caused to their family, think about how the early help plan/Family Help Plan can respond to this effectively, and consider whether there are implications for their ability to keep the child safe and the quality of the parent–child relationship.

If there are other co-existing concerns – such as neglect, emotional abuse and physical abuse – alongside the child sexual abuse concerns, the assessment will need to take account of these and consider what support is necessary.

## 5. How can the early help plan/Family Help Plan best help the child and their family?

At the conclusion of the early help assessment, an early help plan/Family Help Plan will be developed in partnership with the family. It will address the needs of the child and all other family members, with a focus on family strengths and existing support networks. The lead professional will ensure that all the agreed actions and support are put in place, and will organise regular 'team around the child' meetings where the plan will be reviewed and, where necessary, amended.

The lead professional should ensure that the early help plan/Family Help Plan:

- explicitly acknowledges the **concerns of child sexual abuse** that were raised in the referral and/or the multi-agency assessment of the child
- focuses on and addresses **the child's needs, and their family's needs**, arising from those concerns
- has **clear objectives** – it should specifically state what needs to change, and how and when it will be reviewed.

The experience of sexual abuse takes control away from children, so it's important that the early help plan/Family Help Plan gives them back some control.

The early help plan/Family Help Plan should also take account of the **context** in which the sexual abuse took place. For example:

- If abuse by an adult family member has been identified, the plan will need to address the disruption caused to the family's day-to-day life. One parent may have been taken into custody or told to leave the family home, leaving the other parent to assume sole financial responsibility for the family at a time of stress. Bear in mind that, as part of the grooming process, the parent who abused may have created dependencies in the other parent and the child.
- If the child has been sexually abused in an online context, the plan should keep them safe while recognising the important role that technology plays in their everyday social and emotional life.

The plan's **recommendations for support** to address the impacts of the abuse may cover topics such as relations within the family, friendships, education, finance, health and wellbeing. It's important that you **work with the child and their non-abusing family members** to find out how they would like their situation to improve and what types of support they would like.

## ***Communicating with the family***

Whatever your role in the team around the child, consider what you and other professionals can do to facilitate communication with the child and/or members of their family.

Encourage the family to communicate openly – with you and between themselves – about the sexual abuse that has occurred. This may be helped by providing a safe space for the parent(s) and the child, where they can name the abuse and talk about its impact on them.

Work with the family to understand any vulnerabilities – arising from substance misuse, mental health difficulties, or previous experience of domestic abuse or sexual violence, for example – which could impair the parent(s)' ability to protect their child(ren) from further sexual abuse.

While the plan is in place, continue to ensure that the child is able to express and discuss their worries and fears (see section 3).

## ***What support can the early help plan/Family Help Plan provide?***

We have produced practice guides to help you think about the support you can provide around the child's:

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

The **practical support** that you can offer the child and their family may include helping them to attend appointments; supporting them with school attendance (by providing transport to and from school, etc), and putting them in contact with other professionals and agencies.

In addition to offering to refer the child to therapeutic or wellbeing services, you should ensure that the child *and their family* receive **emotional support** through the immediate fallout from the sexual abuse.

An **independent sexual violence adviser** (ISVA) or a **child and young person's sexual violence advocate** (CYPSVA<sup>7</sup>) may already be working with the child, and they should be part of the plan. If a referral for an ISVA/CYPSVA has not already been made, ensure that this is actioned. (You can visit the Survivors Trust website to [search for an ISVA service in your local area](#).)

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<sup>7</sup> Also abbreviated to CHISVA or ChISVA.

The family may also benefit from talking to someone about any **financial difficulties** they are facing; it is important to provide advice and appropriate signposting to specialist agencies such as the [Citizens Advice Bureau](#).

Help family members to obtain appropriate support in relation to issues (such as substance misuse, mental health difficulties, or previous experience of domestic abuse or sexual violence) which may increase the family's **vulnerability** to child sexual abuse.

Work with the parent(s) to help them develop **positive parent–child relationships**. This may involve:

- supporting them to understand their child's behaviour, including any behaviour which may have arisen from the trauma of being abused
- helping them to establish a family safety plan (see below) which outlines the boundaries needed within the home – in relation to privacy and nudity in the home, and use of the internet, for example – so that everyone feels safe
- offering them advice and guidance on protective parenting, and educating them about sexual risks; our [Supporting Parents and Carers Guide](#) lists useful resources which explain how sexual abuse happens and how to support children who have been sexually abused.

Within the context of the work you do with the parent(s), offer advice and guidance to the child on keeping safe from sexual abuse, both online and offline. Remember, though, that it is not the child's responsibility to keep themselves safe, nor is it realistic to expect that they can look after themselves without support from others.

### ***Reviewing the early help plan/Family Help Plan***

Review the plan regularly at meetings of the team around the child, to ensure that the help and support being provided are making a difference to the child and their family. If they are not, consider your local arrangements for securing additional support and protection.

If you have concerns about the child's safety while the plan is in place, consider whether a police and/or child protection response may be necessary:

- Our [Signs and Indicators Template](#) can remind you of the possible ways in which a child may show through their behaviour that they are being abused, or the behaviour of people around them may indicate a risk to the child.
- Our [Communicating with Children Guide](#) explains how best to talk to children if you are concerned that they may be being sexual abused.

If you refer the child back to children's social services, there may be a *multi-agency strategy discussion* and a *child protection enquiry*.

## 6. Where next?

- [Children's social care lead a child protection enquiry.](#)
  - [When children's social care decide their involvement is no longer needed.](#)
- 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 and how your actions can make a difference:

- (1) 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.
- (2) McLeod, A. (2010) ['A friend and an equal': Do young people in care seek the impossible from their social workers?](#) *The British Journal of Social Work*, 40(3):772–788.
- (3) Gasper, L., Noblet, E. and Kennedy, K. (2016) [Alternatives to High-cost and Secure Accommodation for Victims of Child Sexual Exploitation in Greater Manchester: The Child's Voice](#). London: The Children's Society.

*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.*