

# Children’s social care lead a multi-agency assessment

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## 1. Who is this document for?

This practice guide is aimed principally at the social worker who is leading a multi-agency assessment of a child<sup>1</sup> and their family after concerns have been raised that the child is being or has been sexually abused, or is at risk of sexual abuse.

It is also relevant to any other professionals working with the child (in school, for example), to help them understand what happens during an assessment and explain this to the child and family. Section 12 contains information specifically for professionals who may be contributing to the assessment.

## 2. What is a multi-agency assessment?

After children's social care have received a referral involving concerns about the sexual abuse of a child, a multi-agency assessment of the child and their family should take place. In cases where immediate safeguarding measures need to be taken, a multi-agency assessment will run alongside these actions (such as the immediate placement of the child outside of their home). Multi-agency assessments also take place when:

- a child protection enquiry identifies that a multi-agency assessment is needed
- the child is considered not to be at immediate risk of significant harm (either because the concerns relate to abuse in the past, or because the police and/or children's social care have taken action to ensure that the child has been made safe), and
- possible indications of sexual abuse have been identified, but the facts and circumstances still need to be fully established.

Led by a social worker but conducted in collaboration with the multi-agency network, this assessment will involve the child, their family members, and all professionals who know the child and family; it will build a holistic picture of the child, their circumstances and their needs (including the need for protection from any risks they continue to face), to help children's social care decide how best to meet those needs.

If a [child protection enquiry](#) (also known as a Section 47 enquiry) has already been conducted to establish actions needed to protect the child from immediate harm, this will become part of the multi-agency assessment.

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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.

There may be a joint process where the police carry out a **criminal investigation** into the child sexual abuse concerns at the same time as the multi-agency assessment. There should be good liaison between the social worker leading the assessment and the police officer leading the criminal investigation ('the Officer in the Case').

If a child protection enquiry has concluded that the child is not at immediate risk of significant harm, the multi-agency assessment will seek to answer questions including the following:

- **Who has been harmed?** In addition to the child about whom concerns have been raised, there may be other children whose needs should be considered.
- **What is the impact of the harm** on the child?
- **Who is responsible** for the harm?
- **Who can keep the child safe and supported?** This may be the child's parent(s)<sup>2</sup> and/or extended family, if they have not been involved in the sexual abuse, and other trusted adults.
- **What plan needs to be put in place and what action needs to be taken** to address the needs of the child and the wider family (by keeping the child safe and seeking to mitigate the impact of the abuse experienced, for example)?

If there *has* been a child protection enquiry, it will have at least partially answered these questions (in order to inform actions to protect the child), and a multi-agency assessment will build on its findings to develop a holistic picture of the child, their circumstances and their needs. Our practice guide [Children's social care lead a child protection enquiry](#) covers this situation.

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

Unless you have previously known the child for another reason, the multi-agency assessment will be the first time that you meet them – and if it was a professional who referred them to children's social care, that professional should have told them that a social worker will be getting involved.

While the child should not be feeling at immediate risk of harm, they may be experiencing a range of emotions. For example, they may feel:

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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.

- **relieved** that their sexual abuse is now known about, and hoping that something will be done about it
- **unhappy** at having to think again about things that happened in the past
- **anxious** that the concerns have been raised, especially if the person who abused them said that this would cause bad things to happen to them or their family
- **unsure** of what the involvement of social workers, and possibly of police, will mean for them and their family
- **mistrustful** if they have had previous negative experiences of contact with social workers and/or police
- **worried** or **relieved** that they and/or their siblings may be placed in local authority care
- **responsible** for any distress caused to their family (especially if a parent has vulnerabilities such as mental ill health), and worried that their parent(s) or other family members blame them for the involvement of children's social care/the police. This feeling may be particularly strong if the child has been sexually harmed by a sibling.

The child may also feel they are **in trouble** or have **done something wrong**.

The thought of **talking about their experiences** may make the child feel afraid, under pressure, embarrassed or ashamed.

In a case where **sexual images** have been discovered, the child will be worried about who might have seen them.

Children who have had involvement from children's social care report a range of positive and negative experiences:

*"A good social worker will not put pressure on you – they will try and make it as easy as they can for you. They just like do everything they can to help you and just focus on help and so they don't give you more pressure than what you need and more stress they help you in the best way possible. [They] try and take the stress away – they know how not to put pressure on. They also give practical support – some of them try and get you counselling more quickly and also trying to help the police get information and stuff." (1)*

*"I didn't think they were at all helpful – I was about 14 and they spoke to me as if I was a little kid, and that is what annoyed me." (2)*

*"[Good social workers] take time out to come and see [you] and take you out and talk to you really down to earth and when you're in a bad mood they cheer you up and that, and if you're upset they comfort you, you know." (3)*

*"I get asked the same questions over and over again ... But sometimes I make sure I do this [hides face]. [Because] it's the same stuff." (4)*

*"She talks to us and she understands what we are saying and stuff." (4)*

## 4. Planning the multi-agency assessment

Often, multi-agency assessments are carried out following concerns relating to matters such as neglect, substance misuse or domestic abuse in addition to indications of sexual abuse. When planning and conducting the assessment, you need to maintain a clear focus on the risk or likelihood of sexual abuse, alongside addressing these other areas of the child's health and development.

### **a) Decide who you want to talk to, and where and when**

You will need to plan who you want to talk to. This is likely to include:

- the child
- the child's parent(s), siblings and extended family – including, in cases of intra-familial abuse, those suspected of the abuse/harm
- the person who alerted the police or children's social care to the suspected child sexual abuse – this will often be a professional but could alternatively be a neighbour, for example
- *any* professionals/agencies or other safe adults in positions of responsibility who may have relevant information about the child and their family.

If you know the identity of an adult outside the family who is suspected of the abuse/harm, you may seek to talk to them too – or, if the child has been harmed by a child outside the family, you may want to talk to that child's social worker.

You may decide to hold the initial conversations with the child and their family in a single visit – but it may be more appropriate to talk to the child in another location where they feel comfortable, and to visit their home separately to speak to the family members. Note, though, that meeting the child at their school may compromise their privacy. If the school appears to be the best place to meet the child, think about how this can happen without other children being aware of it, and do not take children out of activities which may be important to them.

Your conversations with professionals may take place before and/or after you first talk to the child.

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, you may find it useful to consult 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.

### ***b) Prepare to visit the child***

It's essential that you take the child's needs into account when planning your conversation(s) with them:

- Talk to the child **without other family members present** if possible; this may mean talking to them away from the family home. If talking to them away from other family members is not an option (because it is not appropriate developmentally, or the child's communication needs make it difficult and they do not yet attend school), make sure you focus on the child and direct questions to them.
- Consider how your contact with the child will **fit into their usual routines**. Might they worry about social workers and police officers coming to their school, for example? How can you consider their privacy and other concerns? It is important *not* to disrupt their school routine.
- Consider having **another professional who knows the child well** with you when you talk to them. That professional may be able to help them talk about things in a way that is easiest for them, and their presence may be particularly valuable if the child has communication needs related to a disability or learning difficulty (see below), but you will need to think about confidentiality issues.

For more information on preparing to talk with the child, see Chapter 8 of our [Communicating with children guide](#).

### ***c) Identify and address any communication needs***

Before you meet the child, consider the following – which may require input from professionals who know the child (see below) – and take action if necessary:

- Does the child use spoken language? If not, is this because of their age, a disability/neurodivergence, or some other reason? What communication method do they use? Who around the child can understand this method, and what form of facilitation is available?
- If the child has learnt to communicate their thoughts and feelings through words, gestures or basic sign language, try to understand how they communicate, and the meaning of the words, gestures or signs they use – remembering that these may have different meanings for different children.
- What **language(s)** does the child use at home and at school? Is there any need for translation/interpretation? What is the child's first language? Do they prefer to communicate about personal or complex issues in that language, and

does the language have words to communicate about child sexual abuse? Will the child feel comfortable using these words?

- If they have a **learning disability or difficulty**, or a speech, language or communication need, 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 the child?
- Do they have **physical disabilities** which may make communication difficult? If they have a visual or hearing impairment, for example, are communication aids needed?
- Does the child have any **social and behavioural difficulties** which might need to be taken into account when communicating with them?

You will need to consider and address the same issues in relation to the child's parents and other family members. If a parent has **learning disabilities**, the Working Together with Parents Network's [Best Practice Guidance](#) may help you to ensure that the child protection enquiry is appropriate and inclusive.

## 5. Talking with other professionals

In cases where a professional has made a referral, it's important that you fully understand the reasons why they did so: had they noticed changes in the child's behaviour, for example, or in the child's relationships with others inside or outside the family? If that has not become clear at the multi-agency strategy discussion, talk to the professional before you speak to the child. (Where a member of the public has contacted the police with concerns, the nature of the concerns should have been presented by the police at the strategy discussion and recorded in the discussion notes.)

Additionally, request relevant information from **all** professionals/agencies who know the child and the family. Make them aware of the child sexual abuse concerns, otherwise they may struggle to know what information is relevant. The information you need will depend on how they know the child/family. For example:

- Ask their **school** how the child is when there, what their friendship networks are, whether there are any concerns about their wellbeing, and whether their behaviour and/or level of attendance has changed recently.
- Ask a **family centre** or **children's centre** for information about relationships between the child and their parent(s).
- Ask their **GP** about the wellbeing of the child and their parent(s), and any concerns they have.

Any information received can be added to your chronology of the child's circumstances and any child sexual abuse concerns (see our practice guide [Children's social care receive the referral and decide next steps](#)), so you do not need to rely solely on what the child tells you.

Try too to find out whether the child and/or their family members are currently receiving any sort of **emotional support or therapy**.

## 6. Talking with the child

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**. Equally, however, **don't make assumptions** about the child based on those characteristics. Our [Taking account of diversity](#) practice guide contains more information.

*"The older you get, the more likely they are to take note of what you say. Though actually I think a five year old knows just as well what they want as a 15 year old." (4)*

In particular, consider whether any of the above factors may affect the child's willingness to talk to you about their experiences – and bear in mind that any child who has faced **discrimination or prejudice**, or had poor previous experiences of professional involvement in their lives, may be reluctant to trust and talk to professionals.

### **a) Check the child's understanding of the situation**

When you first talk with the child, you or the police officer should ensure they know that concerns have been shared with children's social care and the police. In some circumstances (such as when sexual images have been discovered), the news may come as a shock to them; this will need to be handled sensitively. Refer to advice given in Chapter 16 of our [Communicating with children guide](#).

It is also important to tell the child and their parent(s), in clear and accessible language, how the child protection enquiry will be carried out. This should include:

- what is involved
- what your own role will be
- how to get in touch with you as the child's key point of contact
- how long the enquiry is likely to take, and what might happen after it
- what information will be held about them, and who will see it.

If the multi-agency strategy discussion has decided that a **paediatric medical examination** is advisable, and if it has been agreed with the police that you will talk to the child and their family about this, our video [Understanding medical examinations for child sexual abuse concerns](#) may help you prepare for that conversation. Explain to the child:

- what a medical examination is, and what it may involve
- its purposes and how it can be beneficial, stressing the opportunity that it offers for a holistic health and wellbeing assessment as well as the gathering of forensic evidence
- that they have control, with the ability to choose which aspects of the medical examination they want, and to change their mind at any time.

In a case where **images** of the child have been discovered, reassure the child that only those directly investigating the case (i.e. the police, but not you or any other professional) will see those images.

Find out **how the child would like to be kept updated**, and make sure you let them know about any actions you take.

### ***b) Identify the child's concerns, and what they want to happen***

To be able to meet the child's needs, talk to them about the following issues:

Is anything currently making them feel unsafe? What would help them feel safer?

Do they feel guilty for getting children's services or the police involved? If so, is that because someone is making them feel guilty? (It is important to reassure them that they are not to blame for any distress caused to their family.)

Do they have any worries or physical concerns (such as tummy upsets, headaches, low mood, anxiety or difficulty sleeping)? Do they want any help with these?

If they are still in contact with the person(s) suspected of harming them, how do they feel about that? Do they want to maintain contact? (If so, you will need to think about whether this is appropriate and can be made safe enough.)

Have they spoken to their non-abusing parent(s) about the sexual abuse? If not, do they need support to do this?

What do they hope will happen as a result of your (and the police's) involvement? (If possible, also ask the person who raised the concerns about what they think the child wants to happen next.)

If the child is feeling any of the emotions outlined in section 3, reassure them that these concerns are quite normal, and give them an opportunity to discuss the concerns. Stress that asking professionals for help was the right thing to do.

While the safety plan you draw up should respect the child's views, it may not be possible to fully achieve what the child wants or hopes for. If this is likely to be the case, ensure the child understands the reasons for this, and why other decisions and plans may be made.

As well as listening to their words, observe the child's behaviour during your conversation and think about the meaning behind it – this may be the only way they can communicate their distress and/or how the abuse is affecting them.

### ***c) Find out more about what has happened to the child***

*In many cases of suspected or confirmed child sexual abuse, there may also be concerns about other forms of abuse and/or neglect. This guide's focus is on sexual abuse, but you should of course also gather information about other harms which the child may have experienced.*

Our [Communicating with Children Guide](#) contains detailed guidance on talking to children about sexual abuse. It covers the barriers that sexually abused children

face in talking about their experiences, and ways of encouraging them to do so in a range of scenarios.

Remember, though, that asking about their experiences may make the child feel **embarrassed** or **fearful** – see section 2 above on how the child may be feeling.

Furthermore, the child may think they have **already told** professionals – through words or behaviour – that they are being abused, and be reluctant to do so again. Think about whether you need the child to repeat to you what they have already told someone else.

If there are concerns that the child is (or is at risk of) being **sexually abused outside the home environment**, including online, it's important – particularly in the case of older children – to understand the context in which the abuse may have occurred (or may occur). Try to ask them:

- Where do they spend their time away from home?
- How do they relate to their school and local community? What is the school environment like for them?
- How do they use social media? And do they have concerns about online safety?
- Who do they spend time with? What peer networks do they have, and are any of these networks worrying?
- What adults do they know in the community, how do they know them, and do they have any concerns about these adults?

If you are talking to the child about **sexually abusive images** of them, explore what has happened to them in broad terms rather than focusing on the images. And remember that the child cannot have consented to their own abuse even if it appears this way from the communication they have had.

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.

During your conversation, and at other times (such as when the child is around their parent(s) and any family members suspected of sexually abusing them), look for any **emotional, behavioural and physical signs** that may indicate child sexual abuse; you may find it useful to use our [Signs and Indicators Template](#).

- If the child is displaying any concerning physical or emotional symptoms, consider seeking additional health advice or making a healthcare referral.
- If the child engages or has engaged in concerning behaviour (including harmful sexual behaviour), talk to them about this and consider what lies beneath it. Be aware that a person sexually abusing a child may use the child's concerning behaviour to undermine the credibility of anything the child says.

If the child tells you they have been sexually abused, or if they have previously told you or someone else, they may later **retract** what they have said. Act with caution if this happens: it **does not** mean that they weren't abused or are not at risk. The child may be under pressure from someone, or they may be scared by things that are now happening. Can you identify what might have caused the retraction?

## 7. Talking to non-abusing members of the family

This section is about the child's non-abusing family members. By this we mean those who are not considered to have been *involved in the sexual abuse of the child*, even if they have previously come to agencies' attention for other reasons. If you have concerns that a family member have been involved in the sexual abuse, our [Signs and Indicators Template](#) lists some behaviours to watch out for.

### a) *The child's parent(s)*

Even where a child's parent(s) have had no involvement in the sexual abuse of their child, professionals sometimes assume that they were complicit in or knew about the abuse. Such **assumptions are often wrong**; often the parent(s) can be key allies in making their child(ren) safe, providing support and repairing the harm that has been done.

It is critical to continue talking to the non-abusing parent(s) throughout the child protection enquiry and beyond, so that you can understand their **circumstances**, draw on their unique **knowledge of their child**, and explore their understanding of **how the family works**. Interview them **separately** from any adult about whom there are concerns.

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

At this stage, you need to establish whether:

- the parent(s) are **acting to keep the child safe** (and will continue to do so), or can be **supported** to keep them safe
- there is any **grooming behaviour, coercion or control** in relation to the child
- whether anyone in the family is subject to **violence, coercion or control** more generally – if so, the parent(s) will be less able to set and keep boundaries, or to put a safety plan in place.

### Find out about the parent(s) and the family, and how they are feeling

The parent(s) are likely to be 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.

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 find it particularly difficult to manage concerns about the sexual abuse of their child, and may experience trauma-related symptoms. This may be particularly complicated if one of their children has sexually abused another of their children.
- 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.
- Do they have **communication or learning difficulties** which may make it difficult for them to understand what the concerns are, and to obtain help and assistance? If so, think about how to make information more accessible.
- Do the parent(s) and 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? What is their legal status in the UK and could this affect how protective they feel able to be?

- How can the above issues be addressed? Are the parent(s) already receiving any **emotional support or therapy** around any of them?

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, stress to them that they should not do so, and consider whether there are implications for their ability to keep the child safe and the quality of their relationship.

### Find out what they know about the person or environment of concern

If the person suspected of sexually abusing the child is **known to the parent(s)**, ask the parent(s) about them:

- If they are a family member, what is their **role** in the family? Are they involved in the **personal care** of the child?
- If they are not a family member, how did they come to **know the family**?
- **How much time do they spend** with the child?
- How do they **behave towards the child**? How do they **describe** the child? Do they favour the child over any siblings or other children, or single them out for attention or punishment?
- Have they acted to **disrupt family relationships** or undermine the parent(s) – for example, by alienating the child from the parent(s) or creating opportunities to be alone with the child?
- Are the parent(s) aware of any other grooming of the child? If so, what? Have any **emotional, financial and/or practical dependencies** been created?

Consider too whether the non-abusing parent(s) themselves may be being groomed, coerced or controlled by the person of concern, and the implications of this for their capacity to keep the child safe.

If the child is thought to have been sexually abused outside the home in an **environment unfamiliar to the parent(s)** – which may be an online environment – try to find out:

- How much influence do the parent(s) have on the child? Does this affect their ability to care for and protect the child?
- Are there factors in the family home, such as domestic abuse, which may contribute to any negative issues or influences on the child outside the home?
- How much time does the child spend in the outside environment of concern? What do the parent(s) know about the child's time in that environment?

- Does the person/people who are suspected of abusing the child present a threat to the family? How can this be addressed?

Recognising that older children's relationships in environments (physical and online) outside the home may feature violence and abuse, which can undermine their relationships with their parents, is at the heart of the 'contextual safeguarding' approach to providing protection and support. The [Contextual Safeguarding website](#) contains more information.

### **Discuss how the child can best be protected**

Reassure the parent(s) that they will receive any help and support they need to be able to keep their child safe and supported.

If you have spoken to the child about a **medical examination**, talk to the parent(s) about it too, being sure to explain the full range of its purposes/benefits and the child's ability to choose which aspects of the examination they want – see section 6a.

Where there has been an **online** element to the sexual abuse of a child, their parent(s) often seek to protect them by removing their access to devices, with no plan in place for reintroducing access. This can have a negative effect:

- The child thinks they are being told the abuse was their fault.
- They become isolated from friends and their social life.
- They may be at greater risk as they look for ways to get online in secret.

Advise the parent(s) that it will be better for them to supervise and manage the child's online presence instead, keeping all their online accounts and communication open and publicly available. The parent(s) may find it useful to read the Internet Watch Foundation's [guide to online safety for parents and carers](#), and watch a [learning video](#) from Parents Protect.

### ***b) Other family members***

You will want to talk to other non-abusing family members who know the child well. Ask them whether they have noticed any **recent changes** in the child's behaviour, or have any concerns.

It is important to hold in mind that other children in the family may also have been sexually abused, but have not felt able to tell anyone. It is, therefore, very important to explore this as part of your enquiry and any later assessment.

Bear in mind that any other children in the family may feel **jealous** of the attention given to their sibling, **angry** at the sibling for causing distress in the family, or **guilty** if they had suspected or known about the abuse but said nothing about it.

Even if they are unaware of the abuse concerns at this stage, they may be **confused** by the way their parent(s) or sibling are behaving.

As with the parents and siblings, other adults in the family may blame the child for the situation – but they may also be able to provide valuable information about the parents' ability to protect the child, and about the person or environment of concern. Consider the extended family's potential role in:

- **creating/maintaining safety** for the child
- **caring for one or more of the children**, for example when sibling sexual abuse has been reported.
- **supporting the child's parent(s)**.

You may need to look further at the cultural and social context of the family, and consider any resources and threats within their community.

## 8. Talking to any family members suspected of sexual abuse

Remember to **consult the police** before talking to any family members included in any ongoing police investigations.

### *a) Adult family members*

If concerns of child sexual abuse have been raised about any adult(s) in the family, it is important for you to consider their motivations, beliefs, behaviours and individual circumstances. Our [Signs and Indicators Template](#) can help you think about the sorts of things to consider.

Talk to them about their **role** in the family, their **relationship** with the child, and their **behaviour**, build on any information provided by the non-abusing parent(s).

It will be useful to explore:

- Their attitudes to **privacy and nudity in the home**. Are appropriate **sexual boundaries** maintained in the family? For example, are bedroom and bathroom doors kept closed when the rooms are in use?
- Any difficulties they experience, for example, with mental health, drugs or alcohol, anti-social or criminal behaviour. Did they have any **childhood experiences** of abuse, neglect and/or attachment difficulties with caregivers?
- Were there any **change in circumstances** or **major events** in their life around the time when the child may have been (or started to be) sexually abused? Consider constructing a timeline of family events.

## ***b) Children in the family***

If there are concerns that the child is being sexually harmed by a sibling or another child in the family environment, talk to that child about their **relationship** with and **behaviour** towards the harmed child. Explore too the **reasons** for that behaviour. Our [guide to assessing and responding to sibling sexual behaviour](#) contains useful information to support you with this.

Remember that a child who has harmed is still a child, and they too may be a victim of abuse or neglect. The child protection enquiry must consider *their* welfare and safety needs too.

You will need to consider any risk that the child who has harmed might pose to **other children within the family** and **children outside the family** too; this will require further assessment and safety planning. You may also want to read the [NSPCC's harmful sexual behaviour framework](#). Our [Safety planning in education resource](#) offers guidance for schools on how to keep children safe there.

## **9. Identifying how best to protect and support the child**

### ***a) Keeping the child and their family safe***

If there are immediate concerns about the child's safety during a joint visit, and these concerns are not addressed by arresting the suspect (where this is possible), you and the police may decide it is necessary to take the child to a place of safety:

- The police can use **police powers of protection** to safeguard the child for up to 72 hours by removing them to suitable accommodation such as a relative's home (after appropriate checks have been carried out), a hospital, a foster placement, a children's home or another suitable place.
- You can ask the court to make a **emergency protection order (EPO)** under Section 44 of the Children Act 1989. This lasts for up to eight days and can be extended once by the court for a further seven days.
- You can suggest to the non-abusing parent(s) that the child moves temporarily to stay with a relative or be placed with foster carers while further enquiries are under way, in a voluntary agreement under Section 20 of the Children Act 1989. This is a temporary measure, and a decision will need be made in a timely way for the child to resume living at home or for more permanent legal proceedings to be put in place.

In cases of intra-familial abuse, a key decision for you (and the police, where they are conducting an investigation) to make is whether there should be **continued contact** between the child and the person of concern, whatever the latter's age. You will need to have developed a good understanding of the risk posed by that person, and confidence that the non-abusing family members can be empowered to ensure the child's safety; a safety plan will also be needed (see below). The decision should be based on what is in the child's best interests, taking account of their wishes alongside other considerations but recognising that you may need to make decisions that go against what the child wants.

Where the concerns relate to an adult in the family who has download child sexual abuse material, you can find more information about risk and safety planning in our guide [Managing Risk and Trauma after Online Sexual Offending](#).

Where the concerns relate to sexual harm by a sibling or other child in the family, our [guide to assessing and responding to sibling sexual behaviour](#) can help you to decide whether the children can continue living together. Questions to consider include:

- Is continued contact between the children in the best interests of the child who has been harmed, and can it be emotionally and practically safe?
- Can a safety plan be put in place while further enquiries and investigations take place?
- Will the child who has harmed need to be moved to alternative accommodation for a period of time, preferably to a family member or friend who knows them well and can support them during this period?

If you think the person of concern – whether inside or outside the family – may be **grooming, coercing or controlling the non-abusing parent(s)**, consider what you and other professionals can do to address this.

Where there are concerns of child sexual exploitation outside the family home, a **contextual safeguarding** approach – which recognises that older children's violent and abusive extra-familial relationships may undermine the child's relationship with their parents – may be appropriate. The [Contextual Safeguarding website](#) contains more information.

If the child has been sexually abused in an **online** context, develop a plan that keeps them safe while recognising the role that technology plays in their everyday social and emotional life. Ensure that appropriate support and help is provided.

You can begin to construct a **safety plan** with the family during the child protection enquiry, and this can be built on later if the family receives ongoing support from children's social care. The safety plan may cover issues such as sexual boundaries, rules regarding bedrooms and bathrooms, and safe internet

access. It must be written with the family and feel meaningful to them, with every family member having the opportunity to voice their feelings about safety and how they would like the whole family to work together in building a safe home. It is important for the safety plan to:

- use language that is meaningful to the whole family
- place realistic expectations on family members
- respect and build on the existing strengths of the family
- address the needs of all children in the family
- consider 'risky times' such as night-time, sleepovers, having visitors, and going on holiday
- address communication within the family
- have a focus on the use of technology
- be respected and supported by the family's wider support network
- allow room for regular review as circumstances change.

### ***b) Medical examination***

If the child has agreed to have a paediatric [medical examination](#), this should take place **as soon as possible**. The police will normally liaise with the local sexual assault referral centre (SARC) to arrange the medical examination, so check that they are doing so.

If there will not be a medical examination, try to ensure that the child is offered **other appropriate health tests/check-ups** (for emergency contraception, sexually transmitted diseases, risk of self-harm, etc). Your local SARC or specialist clinic can provide advice, or you can advise the child's parent(s) to arrange an urgent appointment with their GP.

### ***c) Support for the child and their family***

There is a common misconception that a child cannot receive therapy while a police investigation is ongoing, but the Crown Prosecution Service's 2022 legal guidance [Pre-trial Therapy](#) makes clear that they can. Identify and arrange any **emotional support or therapy** needed by the child and/or their family members, in addition to any that they may already be receiving; bear in mind that their parent(s) may need specific support if they themselves are survivors of sexual abuse or have other vulnerabilities.

The child may also need support in order **to talk to their parent(s)** about the sexual abuse they have experienced.

Ensure that the child is referred for support from an **independent sexual violence adviser (ISVA)** or a **child and young person's sexual violence advocate (CYPSVA<sup>3</sup>)** – normally the police or the SARC will make the referral, but you or the child/family can do so. Any potential victim of child sexual abuse who is going through the criminal justice system should be offered access to an ISVA or CYPSVA, whether the suspected abuse is recent or historical; even if there is no criminal investigation, a child can be referred. The Home Office has published a guide, [The Role of the Independent Sexual Violence Adviser](#), explaining how an ISVA can support the child and their family; note, however, that many ISVA services have waiting lists.

You may want to suggest that the parent(s) seek advice and support from, for example, the [Children's Legal Centre](#), the [Family Rights Group](#) or a local solicitor who is part of the children law accreditation scheme; you can search the [Law Society database](#) for a solicitor specialising in children law.

Remember that support will continue to be needed throughout your involvement with the child if they or their parent(s) have **communication or learning needs**.

#### ***d) If the child has engaged in harmful sexual behaviour***

Some sexually abused children respond to their abuse by engaging in challenging behaviour, which may include reactive sexual behaviour. If the child has sexually harmed someone outside the family environment, consult your local authority's guidance on harmful sexual behaviour, or the [NSPCC's guidance](#).

## **10. Concluding the multi-agency assessment**

Depending on its findings, and the views of the police and other agencies, the multi-agency assessment will have one of the following outcomes:

- If the child is considered **not to be at continuing risk of serious harm**, but has **unmet support needs**, a *child in need plan* will be developed.<sup>4</sup>
- If they are thought **not to need continuing support from children's social care**, you may decide to take no further action at this time, or an [early help response](#) may be considered where the family want it.

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<sup>3</sup> Also abbreviated to CHISVA or ChISVA.

<sup>4</sup> This is the term used in England; in Wales, a *care and support plan* will be developed. For the sake of simplicity, this document uses 'child in need plan'.

- If you consider that they are in fact **at continuing risk of serious harm**, there will be a [multi-agency strategy discussion](#) and potentially a [child protection enquiry](#), resulting in a [child protection conference](#).

## 11. After the multi-agency assessment

Once the outcome of the multi-agency assessment has been decided, consider how best to **inform the child and their non-abusing parent(s)**. It's vital that the child understands what the decision means, and what will happen next; if this does not fully correspond with what they said they hoped would happen, ensure that they realise why the decision was made. Be prepared for the child and/or their parent(s) to be distressed by the decision, whatever it may be; some will be upset if children's social care will take no further action, while others may be anxious at the prospect of being placed on a child in need plan, for example.

Communication with other professionals is also important. Make sure that you:

- liaise with the **police** about the progress of any criminal investigation, and check that they are keeping the child and their non-abusing parent(s) updated on that investigation
- check that the **professional who made the referral** understands how the multi-agency assessment has concluded, the next steps, and the ongoing role they can play in supporting the child (see below).

## 12. What can other professionals do during the assessment?

All professionals involved with the child and their family have a responsibility to provide good-quality information, including an analysis of the child's circumstances, to the social worker leading the multi-agency assessment.

Remember that the social worker may be meeting the child and family for the first time, and will rely on those who know the child well to help them build a picture of the child's circumstances. Our [Signs and Indicators Template](#) may help you to identify relevant information that you hold.

While the assessment is being conducted, you can do much to support the child's wellbeing. Our practice guides can help you support:

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

## 13. Where next?

- [The child has a medical examination.](#)
- [The child is supported through a child in need plan.](#)
- [An early help response is proposed.](#)
- [An initial child protection conference is organised.](#)
- [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) Warrington, C., Beckett, H., Ackerley, E., Walker, M. and Allnock, D. (2017) [Making Noise: Children's Voices for Positive Change after Sexual Abuse. Children's Experiences of Help-seeking and Support after Sexual Abuse in the Family Environment.](#) Luton: University of Bedfordshire
- (2) Bell, M. (2002) [Promoting children's rights through the use of relationship.](#) *Child & Family Social Work*, 7(1):1–11.
- (3) 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.
- (4) Dillon, J. (2021) ['Wishes and feelings': Misunderstandings and missed opportunities for participation in child protection proceedings.](#) *Child and Family Social Work*, 26(4):664–676.

*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.*