Centre of expertise on child sexual abuse

Child sexual abuse response pathway: practice guide

January 2026

Children's social care / MASH receive the referral and decide next steps

1. Who is this document for?

This practice guide is aimed principally at social workers in /multi-agency safeguarding HUBS (MASH) or the Integrated front (IFD)Door [1] who receive and respond to referrals relating to child sexual abuse.

It is also relevant to other professionals involved in protecting children,[2] including the person who made the referral, to help them understand what will happen at this stage. If you are considering making a referral because of concerns about the

[1] Some areas may use different names for their front door/receipt of multi-agency referrals

[2] 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.

sexual abuse of a child, see our practice guide *Making a referral to children's social care*.

2. What happens when a referral is received?

If a child tells a professional that they are being or have been sexually abused, or if a professional has concerns that a child has been or is being sexually abused, a referral to children's social care must be made. In the case of harm by another child a referral to children's social care must also made for the child who has harmed to assess their needs and risks towards others.

The referral is usually made in writing through your local authority's 'front door' arrangements, which may involve the multi-agency safeguarding hub (MASH) if there is one in your area. In some local authorities, anyone with concerns about a child can raise them by telephone; this may then lead to a written referral. There are areas where a verbal referral is made, without any written follow-up. Whichever way the referral is received, it is important that any concerns about child sexual abuse are made explicit.

In making a decision about the child's **level of need**, children's social care, alongside multi-agency partners, will use the threshold criteria developed by the local safeguarding children partnership (or the local safeguarding children board in Wales).

If children's social care consider that the child is likely to be **at immediate risk of significant sexual harm**, the first step is to convene a **multi-agency strategy discussion** which will consider the child's immediate safety and next steps.

If the child is not thought to be at immediate risk of harm, a **multi-agency assessment** may be proposed under the 'child in need' criteria, the child may be referred for **early help**, or it may be decided that they **do not need support** from children's social care.

The decision should be made **within 24 hours** and the rationale for the decision and next steps must be communicated to the referrer. This is an opportunity for the referrer to consider whether they agree with the plan of action or whether they wish to challenge the decision. They may also want to revisit their referral to see if it would benefit from more clarity on the concerns.

3. How may the child be feeling?

A child who knows that a referral has been made to children's social services may fear being **blamed** for what has happened, be worried about the **stigma** of having children's social care involved, and feel scared about **what will happen to them**

and their family (especially if the person abusing them has told them there will be consequences if the abuse becomes known). Conversely, they may be **relieved** that someone now knows and they can hand over the responsibility to adults, and **hopeful** that something will be done to help them.

> *"It just got to the point where I just couldn't really take any more and at that point I kind of had the courage to fight, fight against it and tell my mum." (1)*

> *"I was scared [when someone said they were going to contact social services] 'cause like so many people try so hard like to keep it quiet then you just get scared by what will happen … It kind of panicked me more what would happen, than like the situation that it was at the time." (1)*

If the referral has been made because of immediate concerns about the child's wellbeing and safety, the child may **not be aware** that children's social care have been contacted.

For a child where images of child sexual abuse have been discovered, contact from children's social care can be a shock. Chapter 16 of our Communicating with children guide gives advice on how to talk to a child in these circumstances. Our resource Managing risk and trauma after online sexual offending A whole-family safeguarding guide considers the impact on the child and the whole family and gives advice on what you can do in these situations.

Some children who are sexually abused – those being sexually exploited by either by an adult or groups or groomed for abuse online, for example – may not see themselves as being victims of abuse, but that must not override the fact that what is happening (or is at risk of happening) to them is sexual abuse.

4. How can you best help the child?

As the social worker receiving the referral, you may not have ever come into contact with the child or their family – or, if you have worked with them, it is unlikely to have been in the context of child sexual abuse. When you receive the referral, it's important that you:

- have all the information you need
- carry out background checks, including on the known history of the child or family, making good use of existing chronologies and seeking appropriate background checks from other agencies.
- decide what action is in the best interests of the child
- take appropriate steps once a decision has been made.

a) Ensure you have all the information you need

Child sexual abuse has secrecy, coercion and control at its heart. Where potential child sexual abuse comes to light, or concerns are raised, the comprehensive exchange of information is vital so that appropriate action can be considered.

Our Signs and Indicators Template may help you to consider the child's circumstances and build a coherent picture. If the person making the referral has not completed this template, you may want to suggest that they do so.

Specific topics on which you may want to ask the referrer for more information include:

The suspected sexual abuse

- Has the referrer provided any information about the time leading up to the incident(s) that prompted their concerns? This may include any changes in the child's behaviour or emotional wellbeing in that period, in addition to physical signs which may indicate sexual abuse.
- Has the referrer provided information about the person suspected of sexually abusing the child? Is that person's relationship to the child – and whether they live in the same household, for example?
- What is the history, if any, of concerns? It is important to consider the cumulative picture including domestic abuse and or animal abuse, regardless of whether incidents happened a long time ago or led to convictions. History matters.
- If the referral is about harmful sexual behaviour by another child (a sibling or a child outside the immediate family), is it clear which child is displaying this behaviour and which child is being harmed? Has a referral been received for both children?

The child

- Has the referrer stated the child's current age (or their date of birth), *and* their age at the time that the abuse is thought to have occurred?
- Is it clear whether the child has any special educational needs and disabilities or learning difficulties? It is vital to know so you can take them into consideration when planning a child-centred approach, particularly around communication.
- Has the referrer provided detailed information about the child's ethnicity and culture, including the languages they and their family speak? If they or their

family members are not confident speaking English, you will need to make arrangements for a professional interpreter when speaking to them.

- Has the referrer told the child about the referral? If so, does the referral outline the child's hopes and fears about what will happen as a result?
- Has the referrer made clear, in the child's own words, what they have said?

The child's family

- Has the referrer indicated whether there is any history of concerns about the family? Including domestic abuse, coercive control, animal abuse, neglect or other harms.
- Has the referrer said whether the child's parent(s)[3] have any learning disabilities, mental health needs or other issues and circumstances which you should know about, so you can understand their needs?

Concerns about child sexual abuse are often raised in the context of other issues in the family (such as neglect, domestic violence, substance misuse or mental health concerns). It is important to ensure that information about sexual abuse is clearly logged, so that it does not become submerged underneath other legitimate concerns about the child. Child neglect, particularly, can obscure concerns about child sexual abuse.

b) Carry out background checks

As well as clarifying information through the referral process, carry out background checks in order to understand the family history, particularly about previous concerns regarding sexual abuse or other forms of harm.

You should compile a chronology of previous concerns about child sexual abuse and other relevant issues within the immediate or wider family and within the child's social network. Try to build up a picture of the child's circumstances, any signs and indicators of sexual abuse or sexually abusive behaviour over time and start to understand their lived experience.

It is important to draw on information from police, probation and youth justice colleagues, as well as health and education, about any history of concerns.

c) Decide what action is in the child's best interests

Once you have reviewed the information from the referral and your background checks, you will need to decide on the action to be taken next.

[3] 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.

Let your decision be guided by the above information, and by your local safeguarding children partnership/board threshold criteria.

Although you may not have met the child at this stage, be sure to think about them as an individual and don't jump to conclusions based on what you know of their individual characteristics or circumstances. It's common for professionals to think that a child of a certain age, sex or social class is unlikely to have experienced some forms of sexual abuse, for example, or to regard children from some ethnic backgrounds as less 'innocent' than others (adultification[4]): assumptions like these must be avoided.

> *"When I first went into the system, they said to me 'well you're from a white, middle class family. What are you doing here?' And I really resented that. And I was like 'oh, what do you mean?' Like, just because I'm white, and middle class, doesn't mean there's not shit going on." (1)*

Equally, however, your response should be tailored to the individual child, taking account of factors such as their age and stage of development; their sex; their ethnicity, religion and culture; any disabilities they may have; and their sexual orientation and gender identity. Our practice guide *Taking account of diversity* contains more information.

> *"Look out for children who are slipping through the system. Social workers should really look into the cases that matter so that children don't get hurt." (2)*

If it is considered that the child is likely to be at immediate risk of significant sexual harm, your first step is to make sure they are safe. Your manager will convene a strategy discussion/meeting with the police and other agencies to consider the child's immediate and short-term safety.

Depending on the circumstances, the police may make an immediate safety visit to the child before the strategy discussion takes place. This should not replace the need for a formal interview with the child.

If it is considered that the child is *not* at immediate risk of significant harm, the following outcomes will be considered:

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[4] This is often referred to as Adultification and is a process whereby ideas of innocence and vulnerability are not afforded to certain children because of their personal characteristics, socio-economic influences and/or lived experiences. The impact results in children's rights being either diminished or not upheld.' . Our Taking account of diversity decision point provides more information. Diversity.pdf

- A **multi-agency assessment** under Section 17 of the Children Act 1989[5] will be needed if the referral information and background checks have identified possible indications of sexual abuse, but the facts and circumstances need to be fully established in order to ensure that the child's needs are met.
- An early help assessment could be proposed where proactive action has been taken to address any risks, but the child and family need support.
- Children's social care may decide to take **no further action** if the referral information and background checks have found no indications of current child sexual abuse or risk of abuse, nor a need for support from children's social care. There may, however, be a need for action by *other agencies*; this action could include an **early help assessment and plan**.

d) Take appropriate steps once a decision has been made

Once a decision has been made, the referrer must be informed about the decision, the reason for it and the next steps to be taken.

- If the referrer does not agree with the outcome, they can respond to you with further information or clarify the level of their concerns.
- If this does not resolve a professional disagreement about the next steps for the child and their family, the referrer can use the local safeguarding children partnership/board escalation process to challenge the decision.

The referrer should then communicate the decision to the child:

- It's your responsibility to check that the referrer understands what will happen next and the implications, and will communicate the next steps to the child using language appropriate to their age and level of development and communication needs.
- If children's social care will be taking no further action, prepare the referrer for the fact that the child may feel relief or disappointment/distress at this news; they may feel that professionals have not taken their concerns seriously or heard their voice. Our practice guide If the threshold for intervention by children's social care or the police is not met explains what the referrer can do in this situation. It is important that the child's views of their circumstances are validated.

Where appropriate, ask the referrer to inform the child's parent(s) what the next steps will be– unless this would put the child at risk of harm.

[5] This is the situation in England; in Wales the assessment will take place under Sections 19–29 of the Social Services and Well-being (Wales) Act 2014.

Whatever the decision, consider what help the referrer may need to support the child during the next steps. See our practice guides for supporting children on:

- their emotional health and wellbeing
- their education
- their physical health
- their relationships with family and friends.

5. Where next?

- A multi-agency strategy discussion is held.
- Children's social care lead a multi-agency assessment.
- An early help response is proposed.

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) Allnock, D. and Miller, P. (2013) *No One Noticed, No One Heard: A Study of Disclosures of Childhood Abuse*. London: NSPCC.

(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.