

The child is supported through a Family Help / Care & Support assessment

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1. Who is this document for?

This practice guide is aimed at social workers and other professionals who are involved in child in need meetings (England) or care and support meetings (Wales) where concerns have been raised around child sexual abuse.

It is also relevant to any other professionals working with the child¹ at this time, such as police officers, so they can understand what is happening and explain this to the child and their family.

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

2. What does it mean to be supported through a child in need or care and support plan?

When children's social care lead a multi-agency assessment of a child in relation to concerns of sexual abuse, this assessment will consider the level of support that the child and their family need.

Where the multi-agency assessment concludes that the child has unmet needs requiring support to promote their wellbeing and development, but that there is no ongoing risk of sexual abuse (or that any risks can be managed without a child protection plan²), it will be agreed to develop a child in need or care and support plan.³ An outline child in need or care and support plan will have been worked out in the conclusion of the multi-agency assessment.

Although local arrangements vary, it is likely that the social worker who led the multi-agency assessment will be responsible for developing the plan, in partnership with the child, their family and other professionals around the child; this will be done at an initial child in need or care and support meeting. Further child in need or care and support meetings will review the plan's progress.

Often a multi-agency assessment is carried out after concerns are raised about neglect, substance misuse or domestic abuse, for example, *alongside* indications of sexual abuse. It is important to ensure that the child in need or care and support plan maintains a clear focus on the child's **unmet support needs relating to sexual abuse**, in addition to addressing these other areas of the child's health and development. If these needs are often not stated or are marginalised, as commonly happens, the child will be left without support to address the impact of the sexual abuse concerns, and their family will not understand the importance of acknowledging the sexual abuse and its impact.

3. How may the child be feeling?

When a child is told that they and their family will receive support through a child in need or care and support plan (and this has been fully explained to them), they may be relieved and reassured that something definite is happening, and start to believe that things will get better.

² This is the term used in England; in Wales it is known as a care and support protection plan.

³ 'Child in need plan' is the term used in England; in Wales, it is called a *care and support plan*. For the sake of simplicity, this document uses 'child in need plan'.

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**, particularly if there has been a decision not to pursue criminal proceedings
- **responsible** for any distress caused to their family – they may think that their parent(s)⁴ or other family members blame them for involving statutory agencies.

Once the 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 learn to cope with what has happened, 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.

“I felt like, when the services got involved, ‘I can speak to these now because my mum and dad are angry with me and these aren’t.’” (1)

“I just think it’s absolutely stupid that ... [the social workers are] always coming round and it’s like we have to revolve all that we do around them and I just don’t like it. It’s horrible.” (2)

“I can chat to [my social worker], like about what I’m not happy about, what I am happy about, what I want to change for the future, how I can get things sorted for the future.” (2)

“They just put it in the report and they don’t even tell our family what they’re going to write, so that’s what I don’t really like about the social [worker].” (2)

⁴ 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. See [An introduction to the child sexual abuse response pathway](#) for more about terminology.

4. How can you best help the child and their family?

This section is aimed principally at the social worker who is responsible for developing and implementing the plan and chairing the meetings. It is also relevant to all professionals contributing to the plan and attending those meetings.

The initial meeting will develop the plan, building on the plan outlined at the conclusion of the multi-agency assessment. All professionals working with the child and their family should attend the meeting, as well as the child (where appropriate) and their parent(s)/extended family.

If an initial child protection conference has not been held but you think there are ongoing risks of sexual abuse, the initial meeting may provide an opportunity to review whether a child protection conference would be a more appropriate way in which to address the child's need for safety and support.

A police investigation may be ongoing while the plan is being developed and in place. This should not affect the plan's development or operation, but you should liaise with the police officer in the case so you can feed back information about the investigation's progress at meetings and share any emerging information relevant to the police investigation. It is very important for there to be good liaison between the two processes.

a) Involve the child and their parent(s)

It is important for the meeting chair to ensure that the child, their non-abusing parent(s) and any other family members understand the child in need or care and support process, feel comfortable to attend meetings, and are supported to do so. Before the initial meeting, the chair should brief the child and parent(s), and ensure that information is provided in a format that can be understood; they are also responsible for chairing the meeting in an inclusive way. Family members can be signposted to organisations such as [Family Rights Group](#), which produces advice sheets explaining how the safeguarding system works and defining commonly used jargon.

The child's parent(s) will normally attend the meeting, and should be treated as valued partners. If there are concerns that a parent may have been involved in abusing the child, however, that parent should *not* attend the meeting; there are other ways in which they may be invited to present their views, such as in a written contribution or a verbal presentation by a professional.

Unless they are too young or at too early a stage of development, the child should also be invited to all or part of the meeting. Ask them whether they would like support at the meeting – from an advocate, a particular professional or their

parent(s), for example – and consider how this can be organised. If the child does not wish to attend or feels unable to do so, clearly identify an individual who will talk to them (using appropriate, child-focused materials) before the meeting and present their views there. (There should be provision locally for an advocate to support the child at the meeting, or to present their views after meeting with them.) That individual, or the chair of the meeting, should then feed back directly to the child after the meeting and ensure that the child:

- feels confident that their views have been expressed
- understands how their views have been incorporated into the meeting and the plan.

Where the process is unable to take forward the child's views or wishes, make this clear to the child and support them to understand why.

The child and their parent(s) may have concerns about the process (see section 3), so give them an opportunity to discuss those concerns. Reassure them that such feelings are quite normal, and that asking for help from professionals was the right thing to do.

Taking their individual circumstances into account, consider how the child and their parent(s) can best be supported at the meeting. For example:

- Do they have any communication-related needs? How do they best communicate with others? If they have a disability or learning difficulty, would communication aids or a speech therapist be beneficial? If their first language is not English, will translation/interpreters be needed? And do they prefer to communicate about personal or complex issues in their first language?
- Are there any other disabilities, or social or behavioural needs, that should be taken into account?
- Has their trust in others, and particularly professionals, been affected by negative experiences and discrimination related to characteristics such as their ethnicity and culture, their sexual orientation or their gender identity?
- Do they need financial or practical support to enable them to attend?

During the multi-agency assessment, the child should have been asked what help and support they are looking for, and what they hope will happen in the future; they should, however, have been advised that it may sometimes be necessary to make decisions that go against their wishes. Similarly, the parent(s) should have been asked about their own support needs, and those of their family. The initial meeting offers an opportunity to confirm what the child and their parent(s) want to happen, what the family's needs are, and what the parent(s) want help with.

During the initial meeting and subsequently, it will be important to use language that is easy for the child and their parent(s) to understand.

If the parent(s) wish to make a written contribution to the meeting, they should be supported to do so.

b) Identify and address the child's support needs

We have produced practice guides which can help you consider and identify the actions that the child may need to happen in order to support:

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

Supporting the child's **emotional health and wellbeing** can help to mitigate the impacts (including potential future impacts) of the abuse on them. In addition to referring them to support agencies such as Child and Adolescent Mental Health Services (CAMHS) and/or local voluntary sector organisations, give the child opportunities to talk to you or another trusted professional on their own terms about how they are feeling, this will support them as they wait for therapy or specialist support to become available. Many children do not understand the connections between the abuse they may have experienced, how they are feeling, and trauma symptoms such as depression, self-harm, loss of appetite and poor sleeping patterns. It is important to help them understand that feelings of distress are a normal response to the impact of abuse.

All professionals involved with the child can be involved with referring the child for support, chasing up this support and ensuring that it meets the child's needs.

To support the child's **physical health and wellbeing**, consider including the following actions in the plan:

- Ask the child about any health worries or symptoms they may have, or support their parent(s) to do so. This may help the child to see any link with their sexual abuse, and/or may want to talk more about their experience – many children feel unable to talk to anyone about this because no one asks them about it. Remember, though, that you must be careful if the child talks to you about their experience of abuse when a police investigation is ongoing. Chapter 17 of our [Communicating with children guide](#) contains further advice, including about what to do if a child shares further information with you, previously unknown.

- Encourage the parent(s) to ensure that the child see a doctor, and/or recommend that the child has a paediatric medical examination if they have not already had one – this examination provides a holistic overview of health needs, and is not just about the collection of forensic evidence. See our [video on medical assessments](#) for more information.
- Address the impact of the sexual abuse on any physical impairments the child may have.

The plan will also need to take account of how the sexual abuse, and/or the involvement of children's social care and other agencies, have affected the child's **education**. Do they see school or college as a safe space where they can immerse themselves in their academic work and activities, or do they feel unsafe and overwhelmed there? They may find it difficult to trust their teachers and/or other children, and any distress they are feeling may affect their behaviour. Try to understand how the child is feeling, so you can provide a supportive response that helps them get the most out of their education. Depending on the context of the abuse, the child's school or college may develop a detailed safety/support plan, which other professionals can support.

If as a result of the abuse the child is showing any sexually reactive behaviour, for example sexually harmful behaviour towards other children, our [Safety planning in education guide](#) will help the school manage this.

Supporting the child's **relationships with their family and friends** – and especially with their parent(s) – can help address the harm done to them, and help them develop resilience. Are there organisations available locally which can support their family relationships and encourage sensitive discussion of child sexual abuse? If not, can you or another professional undertake this work through family meetings? See our [Supporting Parents and Carers Guide](#), and particularly Chapter 6, for more information and advice.

The child should be offered access to an **independent sexual violence adviser** (ISVA) or a **child and young person's sexual violence advocate** (CYPSVA⁵), who can support them and their family. 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](#).)

⁵ Also abbreviated to CHISVA or ChISVA.

c) Identify the family's support needs, and ensure the plan addresses them

This section is about *non-abusing* members of the child's family – those 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).

Once you have understood how the child's parent(s) and other family members have been affected by the sexual abuse of the child, you can work to provide the most appropriate support.

Be sure to take the specific needs of the whole family into account. If a family member is disabled or has learning difficulties, for example, consider what you can do to target support services appropriately and communicate the plan in a way that everyone can understand.

Support for the child's non-abusing parent(s)

The plan should ensure that the child's non-abusing parent(s):

- are treated with empathy and respect
- receive any help and support they need to understand the sexual abuse concerns, accept that the abuse has happened, and come to terms with it
- know how best to respond to the abuse and support their child, and are assisted to do so – our [Supporting Parents and Carers Guide](#) contains more information on how to approach this
- receive support, including counselling and mental health support where needed, including to address the impact on their own emotional and physical wellbeing of learning about the concerns and caring for their child afterwards
- receive support to address any disruption, including financial disruption, to the family's day-to-day life caused by the abuse.

Remember that, while most parents will be very supportive of their child after concerns of sexual abuse are raised, some may disbelieve or even reject the child. Such a reaction may lead professionals working with the family to think that the parent(s) already knew about the abuse and didn't act to protect their child – but denial is a normal and functional defence that can help protect the parent(s) against a painful and distressing reality in the short term. They may need help to understand the grooming behaviour of adults who harm, the importance of supporting their child, and *how* to provide that support in the context of the abuse's potential impact on the child over time. This can be particularly challenging if the parent has their own experiences of sexual abuse as a child – consider what support they need in these circumstances.

In drawing up the plan, consider the effect of the parent(s)' faith and culture on family relationships. How might their beliefs and cultural norms affect their parenting? Are there words, or acceptable words, for 'rape' or 'sexual assault' in the language used in the home, for example? And does the parent(s)' religion or culture clash with the child's religious or cultural identity? You may need to help the parent(s) see that their child's needs at this time are more important than their own personal beliefs.

Some parents may fear they will be at risk of harm from others in their community if they act to protect their child from child sexual abuse, as this may be seen as bringing shame and dishonour to the family. In that case, you will need to support the family to identify and work through such fears.

The plan will also need to take account of any abuse or harassment that the family may experience if the child sexual abuse becomes more widely known in the community.

Support for the child's siblings

If there are other children in the family, their needs must also be considered, whether or not they too have been sexually abused. The abuse of their sibling may have affected their own family relationships, their emotional and physical wellbeing, and their education. They need to be consulted as part of preparation for the meetings; ask them how best to do this, and how they want their views to be represented at the meetings.

d) Consider the context of the abuse

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

Where there are concerns that an adult in the family may have sexually abused or groomed the child, the plan should ensure that they have no opportunity for further grooming or abuse of the child or other children in the family:

- If they remain in the family home, the plan must – through the development of a family safety plan (see below) – assess any potential ongoing risk they pose.
- If they are not living in the family home, the plan must outline safe and appropriate arrangements for contact between them and the child(ren), if this has been assessed as appropriate.

Any contact that they have with the child(ren) will require continual review in the context of the child(ren)'s safety, wellbeing and wishes.

Abuse by an adult in the family network can have a particularly traumatic effect because it involves high levels of betrayal, stigma and secrecy. Its impact on the non-abusing parent(s), in terms of guilt and self-blame, can be pronounced. There may also be financial, practical and emotional support implications which need to

be addressed. A non-abusing parent may have to come to terms with the loss from their life of the person who committed the abuse, and may have feelings of grief or loss as a result. They may also become separated from other family members, such as close relatives of the adult who abused their child. These issues need to be addressed in the plan.

The plan will also need to address any disruption caused to the family's day-to-day life after abuse by an adult family member is identified. If one parent has been taken into custody or told to leave the family home, for example, the other parent may have to assume sole financial responsibility for the family at a time of stress. Additionally, the adult who has abused may have created dependencies by the other parent, and the child, as part of the grooming process.

In situations where an adult in the family has downloaded child sexual abuse imagery or other material, 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.

Harmful sexual behaviour by a sibling

Sibling sexual abuse can have a huge emotional and physical impact on the child who has been harmed, so you need to give them appropriate support to address these impacts. The sibling who has harmed also requires safeguarding and support: address their harmful behaviour and other emerging needs, bearing in mind the possibility that they themselves may have been sexually abused or harmed.

If either sibling is now living away from the family, consider how they can continue to feel part of the family, including through arrangements for supervised contact.

To address the wider family's needs:

- recognise that the parent(s) may find it traumatic to deal with the harm that has taken place
- ensure that the parent(s) and other family members receive support which empathetically explores and addresses the impact of the harm on them, and on family relationships
- develop a family safety plan (see below).

Extra-familial sexual abuse

Where there are concerns about the sexual abuse of a child outside the family, including in online contexts, it is important to ensure that the plan:

- focuses on the harm to the child, rather than focusing continually on likely risk

- addresses the child's needs, regardless of whether they are male or female, and without adultification bias⁶
- does not contribute to victim-blaming (for example, by suggesting that what the child did or didn't do contributed to the harm they have experienced, or by using risk assessment frameworks which imply responsibility by focusing on the child's vulnerabilities)
- consider whether the child may also be subject to criminal exploitation – this often happens in cases of extra-familial child sexual abuse
- outlines the adult(s) and/or child(ren) thought to be responsible – as individuals or as groups – for the harm, and (through a mapping process) identifies any connection between them
- sets out and analyses the action being taken (by the police, community safety partnerships and/or other appropriate organisations) to disrupt those individuals, and to apply appropriate criminal justice measures to them
- provides appropriate support to address any pressures, stresses or threats which may affect the child's ability to contribute to any police investigation.

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.

The plan will need to keep the child safe while recognising the role that technology plays in their everyday social and emotional life.

⁶ Adultification bias is a form of racial bias that perceives some children to be more adult than their years

If the child has themselves displayed harmful sexual behaviour

Where there are concerns that the sexually abused child may also have displayed harmful sexual behaviour, it is still important to ensure that they are supported and safeguarded: provide them with appropriate services and support to address both their own needs and any risks they may present to others.

If the child continues to live at home, it will be important to develop a family safety plan (see below).

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 feeling part of the family.

e) Support and engage with any police action

All professionals in contact with the child/family should use their understanding of the child to help with any police investigation, such as the collection of evidence. The plan should state whether there is (or has been) any police action, and how professionals can best support the child around this.

The plan should also include the provision of support for the child to give a statement to the police, including in an Achieving Best Evidence formal interview. It should consider any embarrassment, or fear of reprisals, that the child may feel, and address communication needs and support in a trauma-informed way.

In drawing up the plan, consider whether the child or their parent(s):

- should be supported to challenge the Crown Prosecution Service (CPS) under the [Victims' Right to Review Scheme](#), if the CPS decides not to proceed with a prosecution
- can be helped to apply (or have an application made on their behalf) for financial compensation under the [Criminal Injuries Compensation Scheme](#). This is a scheme for victims of violent crime (including sexual abuse) that has been reported to the police, and it is not necessary for there to have been a prosecution or conviction.

f) Draw up a safety plan with the family

Ensuring and promoting safety within the family will be a priority, especially when sexual abuse has happened in the family environment, and a key way to achieve this is through a safety plan which covers issues such as sexual boundaries, rules regarding bedrooms and bathrooms, and safe internet access.

For a safety plan to be effective, it must be more than a written document which is signed by the family: it must be **written with the family** (and **feel meaningful** to them). The process of discussing family safety is often as impactful as the plan

itself, and should involve the whole family if possible. With the exception of very young children, every family member should have the opportunity to voice their feelings about safety and how they would like the whole family to work together in building a safe home.

The safety plan should also:

- 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.

Our [guide to assessing and responding to sibling sexual behaviour](#) contains additional advice on drawing up a family safety plan in situations of sexual harm by a sibling.

g) Hold further meetings to review the child in need plan

Once the plan is in operation, further child in need meetings should review the plan's progress and ensure that the child is **supported** and **safeguarded**: These meetings should be attended by the same professionals, with the child and/or their parent(s), as the initial meeting.

At each meeting:

- check that services are being provided to the child to address their needs, including needs related to their experience of sexual abuse and (where relevant) their own harmful sexual behaviour – review progress related to these services, address any delay in provision, and review whether the child needs any further help and support
- check that a family safety plan, and school [safety plans](#) (where appropriate) are in place, and review their progress, taking into account the safety of any other children in the family home and any change of circumstances

- check that the child has ongoing opportunities to talk with a safe and trusted professional or family member about any concerns they have, including around sexual abuse.

After the meeting, ensure that the child and the non-abusing parent(s) have received an up-to-date copy of the child in need plan and the minutes of the meeting, in a format that they can understand. In situations where a parent is suspected of sexually abusing the child, decide what information will be shared with that parent.

A child in need meeting or care and support meeting is the opportunity to review the current circumstances of the child and their family against the plan. All professionals should continue to be alert to any indicators of possible sexual abuse, particularly noting the behaviour of any adults in the family (whether they are living in the family home or not) about whom there are sexual abuse concerns. Note that this behaviour may be directed towards the child themselves, or to any sibling(s) or the non-abusing parent(s); you may find it useful to refer to our [Signs and Indicators Template](#). If you do think there is a risk of further abuse, a referral should immediately be made for a child protection inquiry.

Once it is decided that the child has no further unmet needs, they will no longer be subject to a child in need or care and support plan. This does not mean that they and their family no longer need support, however. Depending on the child's circumstances, they may be referred for an **early help** response (if you think they and their family would still benefit from support and the parent(s) are willing to work with early help services) or may be referred to **therapeutic services**.

5. Where next?

- [An early help response is proposed.](#)
- [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) 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.
- (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.