

When children’s services end their involvement

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1. Who is this document for?

This practice guide is aimed at social workers who have been working with children and their families in cases where there have been concerns about child sexual abuse, and at professionals who are likely to have an ongoing or new role in working with a child¹ and their family once children’s social care are no longer involved.

2. Why will children’s social care no longer be involved?

After being alerted to concerns that a child may be being or have been sexually abused, children’s social care will have led a child protection enquiry or a multi-

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.

agency assessment of the child, which may have resulted in the child being supported through a child in need plan or a child protection plan.²

At some point, children's social care will decide that their ongoing intervention is no longer needed, because the child is safe and their immediate needs have been met; they will then bring their involvement with the child and their family to an end, unless another child in the family needs support or protection.

This doesn't mean that the child and their family no longer have ongoing support needs. There is still much that other professionals and organisations can do to address those needs, including through an early help response.

For information about what professionals can do if children's social care decide to take no action *when a child is first referred to them*, see our practice guide [When the threshold for intervention by children's social care or the police is not met](#).

3. How may the child be feeling?

The child and their family may feel **relieved** to learn that their case is being closed, especially if they feel they now have the ability to cope with the impact of any abuse they have experienced, or that people are no longer worried about their own sexual behaviour. Alternatively, they may feel **abandoned** and **worried** about what will happen without support from children's social care.

It is common for the child and their family to be **angry** and to interpret the decision as meaning that professionals:

- do not think the abuse happened
- think the harm was minimal
- think they should now feel 'better'.

The feelings of children are likely to depend partly on the actions that have been taken to safeguard the child and support them and their family, how effectively the impact of sexual abuse on the whole family has been addressed and their understanding of the ongoing needs of the child who has been abused, or who has harmed others sexually:

"My social worker. I love her so much she's just pure awesomeness ... I can't really explain it. She's always been there, she's like a real mummy. She's my government mummy. She's really cool. I am still in contact with her even though I am not with [service] anymore." (1)

² These are the terms used in England; in Wales they are known as a care and support plan and a care and support protection plan respectively.

"I think they could have given me and my family more support like afterwards cos it was sort of like as soon as we find out it wasn't going to court or anything and then you're left stuck in that situation. It was like 'oh well' we was left with like the aftermath sort of thing but no support or anything. We were just sort of left to cope with it." (2)

"They just wanna know a little bit then they take you away put you away and then that's it. File closed. Or we'll send you back to your family; send you back to drugs and drunks. And then close the file that's it." (1)

3. How can the social worker best help the child/family?

As the social worker who has been involved with the child/family, make sure that you have carefully considered the needs and safety of the child and their family before deciding with your manager that the involvement of children's social care is no longer needed.

Closing the case

Make sure that there is a proper handover to any follow-on services such as Child and Adolescent Mental Health Services (CAMHS), other therapeutic services, early help and/or third-sector organisations. This includes:

- talking to any new professionals who are becoming involved, so that the child and their family will not have to tell their whole story again unless they want to
- introducing those professionals to the child and their family, and ensuring the family understand what information has been shared with the professionals
- checking that a comprehensive chronology is held in the electronic records, which includes clear information about the sexual abuse concerns, even if they were not subject to police investigation or there was no further police action at the time, which will help those working with the child and the family in the future
- completing a closing summary, sharing it with professionals who will continue to work with the child/ family, and storing it in the electronic records. This summary should cover explicitly the concerns about child sexual abuse and any other harm such as neglect; the action that was taken; the ongoing needs of the child and their family; and the reasons why contact with the child and their family is ceasing.

It is important for other professionals and organisations to understand that ending the involvement of children's social care does *not* mean that the child was not sexually abused, *nor* that nothing more can be done to support them. Those

organisations may still be able to provide valuable interventions. **Make sure that you clearly communicate the reasons why children's social care are closing the child's case.**

Communicating the message to the child and their family

Think about how you will inform the child and their family that children's social care will no longer be actively involved with them. Consider how they are likely to react, and how you will respond to this. When you speak to them:

- Let the child, and their family, know that the closure of their case does *not* mean they aren't believed; they were right to seek help, and they should do so again at any point in the future. Address robustly any belief within the family that the decision to close the case indicates that the child was not sexually abused.
- Explain clearly, in a way the child will understand, why you no longer need to be involved in supporting the child. Frame this in a positive way by reminding the child and family of their strengths and progress.
- Remember that you may have been the first person the child was able to talk to about their abuse. How you end your relationship with them may affect their ability to develop trusting relationships in the future. Do not underestimate the value of your relationship with the child, and its meaning to the child.
- Let the child and their family know exactly what will happen next. Make sure you know what referrals have been made, what support will be provided, and when the child and their family are likely to get it.
- Leave relevant and useful information with the child and their family – they may not want any further support from other services right now, but this may change in the future. And tell them that they can contact children's social care if they are in danger or abused again.

4. How can other professionals best help the child/family?

If you are involved with the child and/or their family in a professional capacity, you can and should continue to support and protect the child after children's social care are no longer involved. It is important for you to find out what the original concerns were, how they were responded to, why children's social care are no longer involved, and what the ongoing needs of the child and their family are.

Supporting the child and their family

The child is likely to require ongoing support to help them cope with the impact of the sexual abuse they have experienced:

- Continue to reassure the child that **they aren't being disbelieved** by you or by children's social care, and reinforce the message that what happened to them was not their fault. If you are working with the child's family, give them the same message.
- Make sure that the child has **someone they can talk to** about any worries or concerns they have. Remember that you don't need to have received specialist training to talk to a child who has been sexually abused. What matters is that the child can talk to someone they trust, who will listen to them and provide a supportive response. For more information, see our [Communicating with Children Guide](#).

Consider too whether the child still needs support in specific aspects of their life. Our practice guides explain how you can support them with:

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

Talk to the child's parent(s)³ to find out whether they too are getting the support they need, and whether you can help them with this in any way. Our [Supporting Parents and Carers Guide](#) contains information about sources of support.

If the child has any siblings, consider their needs too.

Make sure also that you have enough support yourself through supervision and/or peer support. This is especially important in this work. See our practice guide [Taking care of your own wellbeing](#) for more on this.

Protecting the child

Ensure the child understands that they can come to you if they ever think they are in danger or are being abused again.

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.

If at any point you have concerns that the child is being harmed, or concerns about the behaviour of an adult in the child's life, talk to your safeguarding lead or contact children's social care for advice on making another referral.

It may be helpful to review our [Signs and Indicators Template](#) to remind yourself of the different ways in which a child's behaviour may indicate that they are being abused, or an adult's behaviour may indicate that they may pose a sexual risk to a child.

5. Where next?

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

[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) Sanders, J., Munford, R., Ballantyne, R., Henaghan, M., Allison, R. and Jackson, R. (2017) [Conditional openness: Young people define practices for successful child protection interventions.](#) *Journal of Social Welfare and Family Law*, 39(3):261–278.
- (2) Jobe, A. and Gorin, S. (2013) ['If kids don't feel safe they don't do anything': Young people's views on seeking and receiving help from children's social care services in England.](#) *Child and Family Social Work*, 18(4):429–438.

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.