

When children’s social care / MASH or the police decide not to progress the referral

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1. Who is this document for?

This practice guide is for professionals whose concerns about child sexual abuse have resulted in a referral to children’s social care and/or a report to the police, however children’s social care and/or the police have deemed there is insufficient evidence to enable them to take action at this time.

2. The context

Sometimes when children’s social care receive a referral or the police receive a report, they will decide that it does not meet the threshold for statutory intervention, or they may respond to evidence of concerns which are unrelated to child sexual abuse. This does not mean that the child¹ has not been sexually abused and is not at risk of sexual abuse; it means that there was not enough information or evidence for the agency to act based on the concerns raised. This

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.

is often referred to as 'no further action' or NFA. Referring agencies often receive little information about what this means. It has often been assumed that when there is a decision of 'no further action' this means that the child has not been sexually abused and is not at ongoing risk. This is rarely the case. It is important that you, as the referrer, ask what led them to come to this decision and what this means for the child and their family. This will enable you to consider whether concerns remain, and what you should do next to support the child. There is still much that you can do to protect and support the child in these circumstances.

At all times, your response to the child should take account of their individual situation and characteristics. What is their **family background**? Do they have any **disabilities or learning difficulties**? Consider too their **age** and **stage of development**; their **sex**; their **ethnicity, religion** and **culture**; their **social class**; and their **sexual orientation** and **gender identity** as well as language needs. Consider if interpreters are needed for children who have English as a second language or who might help for children who use sign language or other alternative communication approaches. Our [Communicating with children: A guide for those working with children who have or may have been sexually abused \(second edition\)](#) has advice about how best to work with interpreters and in supporting children's individual communication needs.

Be careful **not to make assumptions** about the child based on their characteristics, though. Our [Taking account of diversity](#) practice guide contains more information.

Think too about the **context(s)** in which the child may have been sexually abused. The protection and support they need will depend on factors including whether the abuse has taken place inside and/or outside the family environment, and who may have abused them. For example, sexual abuse by a parent,² sexual harm by a sibling, sexual harm by another child at school, sexual exploitation by an individual or group, and a parent's viewing of sexual images of children (including videos or livestreams) will all require different approaches to safeguarding and support. Additionally, every child is different and requires an individual response.

3. How may the child be feeling?

² 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 the child knew that a referral or report was being made, they may have been relieved and hopeful that something would be done to help them, but anxious about what would happen next.

A decision not to act on the sexual abuse concerns at this time may leave the child feeling betrayed and disbelieved; they may be angry or distraught that nothing will be done to protect them or to bring the person who has harmed them to justice.

"I told my form teacher everything that was going on at home ... And she was like well I'll talk it out with your head of year and everything and we can see what can be done ... and then nothing was ever done from there." (1)

Conversely, the child may not consider or realise that what was or is happening to them is sexual abuse and may have resented the prospect of any interference in their private life – you may explain that despite no further action being taken, you continue to be concerned and will remain there for them.

4. How can you best help the child?

Although the referral or report has not met the threshold for statutory intervention, this does not mean that the child hasn't been sexually abused or isn't at risk of sexual abuse. There is still much you can do to protect and support them.

a) Ensuring that the child is protected

Consider whether to challenge the decision

Once the police and/or children's social care have made their decision, the professional who made the referral – possibly you, or your organisation's safeguarding lead³ – must be informed of the decision, the reason for it, and the next steps to be taken.

If you do not agree with the outcome, you can respond to children's social care or the police with further information or to stress the level of your concerns. If you haven't already done so, see our practice guide on [Making a referral to children's social care or police](#), in particular section 5, to make sure your referral is as clear and explicit about your concerns as possible.

If this does not lead to the necessary action, you can escalate your concerns using your local area's child safeguarding partnership procedures for addressing

³ If your organisation works with children, this is the individual who takes the lead on safeguarding and child protection. They may also be known as, for example, the child protection lead or officer, the designated safeguarding officer, or the named person for child protection or safeguarding.

and escalating professional disagreements. These will be on your area's safeguarding partnership website.

Remain alert to possible signs of sexual abuse

Even though the threshold for statutory intervention has not been met at this stage, continue to be alert to further signs and indicators that suggest the child may be being sexually abused and keep a record of these. Our [Signs and Indicators Template](#) will help you to continue to build a picture of your concerns, by considering:

- physical or behavioural signs displayed by the child
- potential indicators of sexually abusive behaviour in those who may be abusing the child
- factors in the child's family or environment which may increase opportunities for abuse to occur.

The Signs and Indicators template can support you to keep a detailed written record of your observations, any on-going concerns and actions (or check that your safeguarding lead is doing so), and keep others informed of any new observations that concern you. You may also want to note any conversations you have with the child's non-abusing parent(s)⁴, or any observations or information you acquire about any people of concern, which may help add to the 'bigger picture'.

If you continue to have concerns (including new concerns) about the child, talk to your safeguarding lead about making a new referral. You may decide to use the Signs and indicators template to support your referral.

Take protective actions that are within your power

Let the child know that you are there for them and available if they want to talk to you. By letting the child know that you are available and are looking out for them, you can build their trust. Be proactive, ensuring that you regularly check in with the child rather than waiting for them to ask for help.

Ensure that the child is kept fully informed of any actions you take.

⁴ We use the term 'non-abusing' to mean a parent who is *not considered to have been involved in sexually abusing the child*, even if they may have previously come to agencies' attention for other reasons.

If your organisation has any interaction with the person(s) thought to be abusing the child, you and your safeguarding lead can discuss how you may be able to take protective action such as limiting contact between them.

If you work in a school, for example, and your concerns are about one child's behaviour towards another, our guide to [Safety Planning in Education](#) contains more information on actions that can be taken in the school environment to keep both children safe.

b) Supporting the child

Even if children's social care and the police deemed the situation not to require statutory intervention, the child will still need to be supported.

If the child knew that a referral or report was being made, they will need to be informed of the outcome in a way they are able to understand. It is important that the child understands this is not the only way they are able to access support and you will need to tell the child what you and others will do to support them and keep them safe.

There are a number of different ways children can be supported following concerns of child sexual abuse, whether or not children's social care or the police have accepted your referral. If you haven't done so already, see our practice guides to help you support them with:

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

Consider too whether the child's non-abusing parent(s) need support in their own right – see our [Supporting Parents and Carers Guide](#) for more information.

Supporting yourself

It can be extremely difficult if you have concerns about a child which statutory agencies are not recognising. To be able to provide effective ongoing support for the child, you need to look after your own wellbeing. Allow yourself time to reflect on the referral decision and continue to discuss it, and any ongoing concerns, with your line manager or safeguarding lead. And read our [Looking after your own wellbeing](#) practice guide if you are finding it difficult to manage the ongoing impact of your work.

5. Where next?

- [Making a referral to children's social care and/or reporting to the police](#)

Or [return to the response pathway](#).

Source of quotations

The quotations in this practice guide, from children who have been referred to children's social care, illustrate how the child may be feeling at this point and how your actions can make a difference:

- (1) 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 English Government's statutory guidance [Working together to safeguard children 2026: statutory guidance](#) and the [Wales Safeguarding Procedures](#) (2020).

*This practice guide outlines specific considerations for professionals working with children 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.