



# A Case Management Hearing (CMH) is held

## Contents

Who is this document for?.....	2
1. What happens at the case management hearing? .....	2
2. How may the child be feeling? .....	3
a) If the child has come into interim care .....	4
b) If the child remains at home .....	4
3. Preparatory work to ensure an effective case management hearing .....	5
4. Directions to gather more evidence.....	6
5. Deciding if a fact-finding hearing is necessary.....	9
6. How can all professionals best help the child at this time? .....	11
a) Support the child and family's emotional needs .....	11
b) Identify vulnerability.....	11
c) Keep the child informed and support their participation.....	12
7. Where next?.....	14
References .....	15

# Who is this document for?

This practice guide is for all professionals working with a child and family when there are concerns of child sexual abuse and Children's Services are in care proceedings.

## 1. What happens at the case management hearing?

The case management hearing (CMH) is a significant hearing in public law proceedings where the judge makes decisions about how the proceedings will run. Children don't normally attend the CMH; they are represented by their Children's Guardian and their legal representative. On occasion, the child may disagree so strongly with their Cafcass Guardian, they appoint their own legal representative. This is funded through legal aid, once their solicitor has assessed them to be competent in making that decision. Even though they don't attend, it is important that they are kept informed (depending on their age and understanding) about what happens at a CMH and how the outcomes from it might affect them.

The main purpose of the CMH is for the judge to make a Case Management Order (CMO) which details all decisions and directions and a timetable for all parties to follow. The CMH is usually the first hearing, unless urgent action has been required to ensure the child's safety.

- To help ensure that cases finish within the 26-week limit, the CMH takes place between Day 12 and Day 18 of the public law process triggered when Children's Services applied for a Care Order or Supervision Order. An advocates meeting will take place at least two days before the CMH. Legal representatives of Children's Services, the parent(s) and the child meet to review the evidence and the parties' positions, and discuss any necessary assessments (as required by [Part 25 of the Family Procedure Rules](#)). Children's Services and the Children's Guardian should share their opinions beforehand on what further assessment is needed.

**An effective CMH is crucial for safe and just decision-making.** Being well prepared for the CMH helps ensure that the hearing is 'effective', which means the judge can make all the necessary decisions. If the judge is unable to make any of these decisions (an 'ineffective CMH'), a further CMH will be scheduled no later than Day 25.

When concerns about child sexual abuse and coexisting harms are presented at the CMH, the following decisions will be made:

- If the CMH is the first hearing, it is likely that the judge will make orders. This could be no order, an **interim care order (ICO)** – where the child is placed in care or, in some circumstances, at home/back with a parent or carer – or an **interim supervision order** where the child remains at home. In some instances, a child will be placed at home on an ICO. An order may have been made previously if there was an urgent hearing. If the child is placed or remains at home, a robust safety plan should be developed to ensure their safety.
- The court will confirm that the case is **allocated to the appropriate level of judge**, which is usually a **circuit judge** where there are concerns of sexual abuse of a child

within the family environment, or if there are concerns around parent(s) capacity and ability to protect, in situations of extrafamilial sexual harm.

- To decide whether a **fact-finding hearing** is necessary and proportionate, the court will clarify what is being alleged and what is being disputed by scrutinising the **threshold statement**, (often referred to in practice as the threshold document) and the parent(s)' response to each allegation – [see below](#).
- The court will make a series of **directions to obtain or disclose evidence** and for **family and friend assessments**.
- The court will consider applications for **expert evidence** from the parties ([Part 25 Applications](#)).
- The court will draw up a **timetable that concludes within 26 weeks**. The timetable will set dates for filing all evidence (such as assessments, the social worker's final evidence and care plan, and the Children's Guardian's final analysis) and for future hearings like the fact-finding hearing (if necessary) and the issues resolution hearing (IRH). The timetable should be shared with other relevant professionals, such as police (if there are concurrent criminal proceedings) and experts commissioned under Part 25.
- The court will issue a **case management order** (CMO) that includes all the decisions, directions and deadlines made at the hearing. This means that all parties understand what the plan is and know what is expected of them and by when.

The Public Law Working Group have produced a comprehensive [checklist of matters to be considered at the case management hearing](#) and [Best practice guidance: The application and case management](#).

For tips on preparing your case, see our guides:

- [A decision is made to go into pre-proceedings](#)
- [A decision is made to go into care proceedings](#)

Guidance from the President of the Family Division, [Make Every Hearing Count: Case management guidance in public law cases](#), emphasises rigorous case management focused on essential issues and proper hearing preparation.

## 2. How may the child be feeling?

The CMH is usually the first substantial hearing after care proceedings have been issued, unless an urgent hearing has occurred. Care proceedings will be relatively new to the child, and they are likely to be experiencing complex feelings and uncertainty. If they or their parent(s) have been through care proceedings before, they may well have an emotional reaction to experiencing them again<sup>1</sup>. They are simultaneously coping with their abuse, and any other changes that have happened, such as coming into care.

Care proceedings are a confusing and stressful time for children and their families. Big decisions are being made about who the child can live and spend time with and – if there are concurrent criminal proceedings – possible convictions, including whether the child may be

required to give evidence. They will be anxious to know what the judge decides at the CMH and how it will affect them.

The child doesn't normally attend the CMH. They are represented through their Children's Guardian and their legal representative. Depending on their age and understanding, they are likely to be aware that a hearing is taking place – but without support from professionals, it is unlikely that they will know what type of hearing it is, what will happen, and what it might mean for them.

The decisions made at the CMH will set the direction for what will happen next. Where directions for further assessment are made, this may mean that children and family members need to meet new professionals, repeat what has happened to them, to people they don't know, and relive traumatic events. While professionals want to approach children's accounts of child sexual abuse and other harms from a position of belief, the need for an assessment are likely to feel disbelieving and intimidating. The child's journey through investigation and sequential assessment processes – from initial report to care proceedings – could be a long, repetitive and frustrating route, especially if there has been a child protection enquiry and pre-proceedings stage. Where a fact-finding hearing is directed at the CMH, children are likely to wonder what is expected of them to 'prove' their account.

### a) If the child has come into interim care

A child who has come into care will have experienced major changes to their life, possibly at short notice. They have been separated from their parent(s) or carer(s) and are living in a new home. They may have been separated from their brothers and sisters, other family members, pets, friends and community. They may have had to change schools and extra-curricular activities.

They are likely to be feeling complex mixed emotions and uncertainty. While they may feel relief about being removed from a harmful situation, they may also be worried about their family and what might happen next, especially if there are concurrent criminal proceedings. They may be wondering whether the CMH will mean more changes to their lives. They may well be anxious because of the uncertainty about whether they will be going home, changing foster homes, or staying in care. To learn more about the challenges children face when they come into care and how their behaviour may change, [see our guide here](#).

### b) If the child remains at home

When a child reports sexual abuse (or any other harms) but remains at home, the care proceedings can be a time of heightened anxiety, conflicts of loyalty, and a heavy sense of responsibility. They may still be at home during care proceedings because this was in Children's Services care plan or because the court did not grant an ICO –

Research shows that children almost always talk about sexual abuse gradually, sharing different pieces of information with different people over time as they gauge who is safe to trust. There is a risk that **the information available at the start of the care proceedings may be incomplete**, so **decisions about where the child should live should be kept under review**. This not a flaw in the evidence but the typical reality of working with children who are scared, conflicted, and uncertain about who they can trust and what response they will receive<sup>ii</sup>.

### Interim Care Orders at home

In some instances, an ICO at home is granted which creates an ambiguous middle ground where the parent(s) and Children's Services share parental responsibility. An ICO is only granted if the court is satisfied that there are reasonable grounds to believe the child is suffering, or is likely to suffer, **significant harm**. Placing a child at home under this order creates a tension between the legal recognition of high risk and the physical reality of the child remaining in that high-risk environment. Where child sexual abuse is a concern, the child may remain in the proximity of the person of concern and/or those who failed to protect them. The Court of Appeal has stated that it should be "rare in the extreme" for a court to find that a child is at sufficient risk of harm to warrant a ICO yet simultaneously safe enough for them to remain at home<sup>1</sup>.

A central question arises: *What will the local authority do with its parental responsibility (PR)?* An ICO or Care Order allows the local authority to override parental decisions, but shared parental responsibility requires a certain level of cooperation and partnership. If a parent is "resolutely refusing to cooperate," a Care Order at home is often **unworkable**. Using an ICO as a 'stick' to compel cooperation in a home setting is inappropriate. If the parent(s) are cooperating, the justification for an ICO often fails and consideration should be given to a Supervision Order. An ICO with a plan for a child to live at home should only be made where there are **exceptional reasons**. It should not be considered a standard or 'middle-ground' option. A judge cannot compel Children's Services to accept an ICO at home<sup>2</sup>.

## 3. Preparatory work to ensure an effective case management hearing

Care proceedings are an opportunity to safeguard the child now and in the future. When preparing the evidence, the practitioner will collect information from multi-agency sources to build a picture of the child's circumstances. This information will be presented as evidence to the court to support Children's Services application. **The case management hearing is the court's first opportunity to rigorously examine the evidence supporting the allegations of child sexual abuse and any coexisting harms.**

The scrutiny of the evidence will shape decisions about what happens next. The child's social worker, practitioners and Children's Guardian, local authority legal representatives and any other professionals involved in the hearing have a key role in ensuring the hearing is effective.

**A case management hearing is *effective* when the allocated judge can make all necessary directions, and there is a clear path to a final decision.**

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<sup>1</sup> Re JW (Child at Home under a Care Order) [2023] EWCA Civ 944

<sup>2</sup> A & Ors (Care Orders at Home) [2025] EWCA Civ 901

The effectiveness of the CMH is directly linked to the quality of the evidence and preparation undertaken by the local authority during the pre-proceedings phase, before the application is issued, and leading up to the hearing<sup>iii</sup>.

Social workers have a responsibility to:

- provide good quality evidence to the court to enable safe and just decisions
- scrutinise the evidence to ensure its quality
- prepare adequately for the CMH
- have a clear plan for how to resolve any gaps in evidence – for example, through expert assessment or contextual evidence.

**The Children’s Guardian will scrutinise Children’s Services evidence and the Interim Care Plan, and will provide an initial analysis to the court.** This analysis must identify any immediate gaps in the assessment process, and advise the court whether the **Section 31 threshold** for significant harm is met. Crucially, it should focus on the ‘timetable for the child’, recommend necessary expert assessments ([see below](#)) and provide preliminary advice on interim placement and contact arrangements to ensure the child’s welfare is protected during the 26-week proceedings.

**The CMH will be used to scrutinise evidence, and Children’s Services should have a clear picture of the weight of the evidence and any gaps.** The evidence bundle should draw on multiple sources of information, including the child’s Achieving Best Evidence (ABE) video recorded interview. To reduce the evidential burden on the child, the social worker relies on multi-agency professionals from a range of agencies to contribute contextual evidence; this is where the multi-agency completion of the CSA Centre’s [Signs and Indicators Template](#) can be particularly useful. Gaps in evidence may be resolved by the court making directions for:

- disclosure of evidence
- assessments by a social worker
- Directions for an expert assessment(s)

The court will also make directions for family and friends to be assessed so that all reasonable options have been considered before the Issues Resolution Hearing and there is a clear picture of who may be available to care for the child.

## 4. Directions to gather more evidence

At the case management hearing, the court will respond to the allegations of child sexual abuse and any other harms by making directions to gather evidence. Usually, the judge will direct that evidence is disclosed and assessments are filed with the court before the fact-finding hearing (if one has been directed – see below) or before the Issues Resolution Hearing.

The judge may make a range of directions to provide evidence to the court, enabling safe and just decisions.

## Directions to disclose evidence

The judge may direct that that partner agencies disclose additional evidence to the court.

This could include ordering **disclosure of records or assessments** from Children's Services, the police, medical professionals (GPs or hospitals), the child's school, and other relevant witnesses – for example, the child's Achieving Best Evidence (ABE) video recorded interview (VRI), police interviews with the person of concern, the paediatric medical assessment or other examination, and any other evidence of sexual abuse or other harms.

This is important contextual evidence which may help support the child's account in proceedings. This evidence may be disclosed to people who are completing assessments (see below). Decisions will be made about whether it is necessary and safe to disclose some evidence. For example, it may be unsafe to disclose some evidence to the person of concern, but they will need to be able to respond to any allegations made about them.

## Social work assessments, final evidence and care plan

The judge may direct the social worker to prepare an assessment of the child and family's circumstances. The social worker will be directed to prepare and file Final Evidence, which should consider all evidence filed in the case.

In preparing the reports, the social worker should reach out to other professionals involved in the child's life, to help understand the child's circumstances and provide an updated picture – including of whether there are any [signs and indicators of sexual abuse](#). See our guide *Considerations in assessment where child sexual abuse is a concern*.

## Directions for an expert assessment

It can be helpful to have expert input where child sexual abuse is a concern, in order to understand the impact on the child, gather an enhanced understanding of risks posed by the person of concern, and understand the parent(s)' vulnerabilities and capacity to protect.

The parties may agree that an expert witness should be instructed to complete an assessment under Part 25 of the Family Procedure Rules. The expert may be a psychologist, psychiatrist or other medical expert. An independent social worker (ISW), or another suitably qualified expert

The expert will be provided with a letter of instruction (LOI) which sets out the scope of the assessment and the specific questions to answer. The questions will usually be agreed by the parties and approved by the judge. The party directing the expert, usually Children's Services, is responsible for sharing the LOI and any disclosed documents (within the agreed bundle) with the expert. The expert will prepare a report for the court which responds to the questions set out in the LOI within the directed timescales.

The CMH is the deadline to apply for the court's permission to instruct a regulated expert witness. Usually, parties will share the Part 25 applications with the application to go into care proceedings or before the advocates meeting, which takes place at least two days before the CMH.

## Family Group Decision Making (FGDM)

Family group decision-making (FGDM) is a term used to describe a voluntary process that enables a family network (including those who are not blood relatives) to come together and make a family-led plan in response to concerns about a child's safety and wellbeing, working alongside skilled professionals. Family Group Conferences (FGC) are form of FGDM.

Under Families First transformations:

- FGDMs should be offered through family help, multi-agency child protection and care and consider offering FGDM at every decision point, including at the point of reunification, should the child return back to the care of their parents / family member, after a period outside of the home.
- FGDMs should be offered at the pre-proceedings stage to ensure that families on the edge of care are offered the opportunity to make a family-led plan before care proceedings are initiated, if this offer is in the child's best interests.
- FHLPs and the MACPT should consider whether it would be appropriate to exclude certain individuals from FGDM to ensure the safety of the child, this includes person(s) of concern and those who have been identified as unable protect the child.

When Care Proceedings begin suddenly, this may not be possible. If an FGDM has not taken place before proceedings commence, Children's Services should arrange this at the earliest opportunity. It is a voluntary process so the judge may not direct an FGDM, however, they may make a direction to file a short list of realistic and viable options of potential family and friend carers so the assessments can be timetabled.

## Family and friend assessments

The FGDM process can identify support for the child and family as well as alternative potential carers. If children are unable to live safely at home with their parents, there should be an assessment of other reasonable options within the family and friend network. Often Children's Services begin viability assessments pre-proceedings following a FGDM, so the court can understand who may be available to care for the child.

It can take 12-16 weeks to complete a full kinship assessment, so the court will expect names and contact details of nominated people to be provided at the CMH or within the following week. These assessments will be included in the timetable and should be filed before the IRH. Where there are concerns of child sexual abuse in the family environment, a family and friend assessment should consider the risks posed by intergenerational abuse, and the capacity of the potential carer to set safe boundaries with the person of concern and any other family member who does not believe the abuse took place.

Research shows that rushed assessments, the presumption of safety, and bias that 'family is best' can contribute to poor decision-making. There is evidence that some children have been placed with kinship carers without adequate assessment and have been subsequently sexually abused<sup>ix vii</sup>. To ensure robust assessments on prospective carers analyse risk appropriately, assessors should include consideration to non-recent reports, including previous police investigations that resulted in no further police action at that time and triangulate this with observations and interviews with wider family members. To learn more

about understanding the child's care needs, finding the right carer, and considering family and friend placements, [read our guide here](#).

## 5. Deciding if a fact-finding hearing is necessary

Research and judicial guidance highlight the crucial role of **fact-finding hearings** in public and private law proceedings, particularly where there concerns of child sexual abuse and domestic abuse. A fact-finding hearing is where public and private law guidance crosses over and can be read here. If courts and practitioners do not follow proper procedures, the child may be forced to live with or spend time with someone who may abuse them <sup>iii</sup> <sup>iv</sup>.

To decide whether a fact-finding hearing is relevant, proportionate and necessary, the judge clarify what is being alleged and what is being disputed by considering the threshold statement and evidence bundle submitted by Children's Services as part of the application for a Care Order or Supervision Order, and a schedule of allegations that includes the parent(s)' response to each allegation.

If the judge decides to hold a fact-finding hearing, they will encourage the parties to '**narrow the issues**' so that the number of allegations to be considered is focused and relevant to deciding the child's welfare; the fact-finding hearing will consider only the **disputed allegations** in the threshold statement. The judge will decide who should give evidence at the fact-finding hearing, including whether the child should give evidence.

Professionals involved in the case management hearing can support the child by advocating for a fact-finding hearing if they think it is necessary. Legal representatives must clearly explain to the judge *why* findings of fact are necessary for a final decision.

To learn more about what happens during a fact-finding hearing where child sexual abuse is a concern, [read our guide](#).

### How can you contribute to the decision?

When considering whether there is a need for a fact-finding hearing, ask yourself these questions:

#### Is the court applying the appropriate legal standard of proof?

Research<sup>v</sup> shows that, in making safeguarding decisions around child sexual abuse, professionals, at times, applied the threshold of criminal law ('beyond reasonable doubt'), as opposed to the '**balance of probabilities**,' standard of proof – meaning that something is **more likely than not** to have happened. This could be due to lack of confidence in how to 'evidence' child sexual abuse. It's important that:

- a police decision of 'no further action' should *not* be regarded as proof that sexual abuse did not happen – it simply means that the police have not found *beyond reasonable doubt* that it did happen
- professionals presenting or evaluating evidence should explicitly state that police outcomes are distinct from welfare decisions – and the term 'no further action' should be

considered to mean ‘no further police action *at this time*’, to prevent the inference of safety or that the child was not abused

- decisions should not be based solely on criminal charges and convictions – Children’s Services should consider a wide range of information from agencies, including the police (such as historical intelligence and non-recent recordings, discontinued investigations, and any concerns regarding other adults in the household) when collating their evidence bundle; alongside input and contextual evidence from professionals across multiple agencies.

*If you feel that a wider range of evidence needs to be considered before the court can reach a decision on the balance of probabilities, it’s appropriate to advocate for this evidence to be gathered and then reviewed at a fact-finding hearing.*

### **Is the court giving too much weight to what the child has and hasn’t said?**

There is a widespread misconception that, if a child has been sexually abused, they will verbally report their abuse clearly and consistently. Research<sup>vi</sup> <sup>vii</sup>contradicts this:

- Children often ‘tell’ through behaviour (e.g. regression, sexualised behaviour, self-harm) rather than words. The absence of a verbal report is not evidence they have not been abused.
- If a child retracts a statement, this should not be automatically viewed as proof that the abuse did not happen. Retractions are common, and are often the result of fear, pressure from family members, or a desire to stop the turmoil of the investigation or proceedings.
- Many children delay reporting sexual abuse for years or decades; research from the Children’s Commissioner has found that most do not tell anyone throughout their childhood. If there was a delay between the sexual abuse that took place and the child telling someone about it, this should not be used to undermine their credibility in court.

*If you feel that the court needs to consider other evidence before deciding whether – on the balance of probabilities – the child was sexually abused, it’s appropriate to advocate for a fact-finding hearing.*

### **Is the court considering other potential risks to the child which are often linked to child sexual abuse?**

Child sexual abuse rarely happens in isolation, so the court shouldn’t consider it in isolation – it should also be considering the wider family dynamic and any indicators of **domestic abuse, grooming, and other controlling or abusive behaviours**:

- People who sexually abuse children often use domestic abuse to silence and control other family members and gain access to the child; evidence indicates that, where child sexual abuse is present, approximately 57% of cases also involve domestic violence.<sup>viii</sup> Considering both forms of abuse together helps the court to gain a more accurate understanding of the risks to the child.
- The court should assess how domestic abuse and coercive control affect a parent’s ability to protect their child from sexual abuse, including considering evidence of how the person of concern may have groomed the child and the adults around the child.

*If you feel that the court needs to give greater consideration to the overlap between child sexual abuse and these behaviours, it's appropriate to advocate for a fact-finding hearing.*

## 6. How can all professionals best help the child at this time?

The CMH is an important hearing where big decisions are made. Professionals can help the child and family in a number of ways.

This section covers:

- supporting the child and family's emotional needs
- identifying vulnerability
- keeping the child informed and supporting their participation.

### a) Support the child and family's emotional needs

There is a common misconception that the child cannot receive emotional support or therapy during a police investigation, criminal proceedings, or family law proceedings. This is not true: if you are the child's social worker or other involved professional, you should discuss **referring the child for therapeutic support at the earliest opportunity**. The child's health and wellbeing should always be the determining factor in whether, when and with whom they can receive therapy – and you can help by **reassuring the child that what they say in therapy remains with the therapist, unless it *has* to be shared to safeguard them**.

Children may not currently be ready for therapeutic support, and their needs should remain under review. Therapy can be accessed at any point; if they are not ready now, this can be revisited in the future. Be mindful that there can be long waiting lists for therapy, and work with other safe adults to consider how you all can support the child and each other.

To support the child and family's emotional needs effectively, you should consider:

- the child's immediate and long-term care, support and therapeutic needs
- the parent(s)' emotional and support needs, including their need for support to understand their child's needs
- the immediate and long-term care and support needs of other children and vulnerable people in the home, not least because they too may have been sexually abused
- the care, support and therapeutic needs of any children in the home who have engaged in sexually harmful behaviour.

To learn more about how you can support the child and their family, see our guides:

To learn more about the how you can support the child and family, see our guides:

- [Supporting the child's emotional health and wellbeing](#)
- [Supporting the child's physical health and wellbeing](#)

- [Supporting the child's relationships with their family and friends](#)
- [Supporting the child's education](#)
- [Supporting parents and carers: A guide for those working with families affected by child sexual abuse](#)

## b) Identify vulnerability

All professionals – including the local authority social worker, the parents' legal representatives, and the Children's Guardian – should **tell the court about any vulnerability factors that could limit a child's or another party's ability to participate in proceedings** (under FPR PD3AA). Children are vulnerable by virtue of their age, and children who have been sexually abused are recognised by the Achieving Best Evidence (ABE) principles as **vulnerable and intimidated witnesses**.

Decisions made at the CMH should consider vulnerability, especially in relation to:

- the vulnerability of the child and other family members
- decisions about the need for a fact-finding hearing and whether the child will give evidence at it
- whether and how the child should be involved in any further assessment
- the capacity of the child
- whether the child may benefit from being allocated a **Registered Intermediary**. To learn more about the role of the Registered Intermediary, see the practice guidance prepared by the President of the Family Division, [The use of Intermediaries, Lay Advocates and Cognitive Assessments in the Family Court](#).

A thorough assessment of the child's vulnerability and specific needs should ideally be available to the court. The social worker and the Children's Guardian should have a reasonable understanding of the child's (and other family members) vulnerability and needs before the CMH. However, it may be necessary to further assess the child's specific needs (which contribute to their vulnerability) to help understand their care and support needs. Where any specialist assessment is required, an application should be filed with the court (under FPR Part 25). The court will carry out a balancing exercise that will weigh the advantages of the child being called as a witness or being involved in assessments against the impact this may have on the child.

## c) Keep the child informed and support their participation

Keeping children engaged and informed is a way of ensuring that their voice is heard and they are at the centre of their case. How best to do this will depend on their age, understanding, preferences and specific needs.

When facts are disputed and a fact-finding is directed at the CMH, professionals must address conflicting accounts which may affect the child's safety and emotional wellbeing. Keeping children informed is an opportunity for them to clarify what has happened, or to provide other information about their circumstances which might help with the court's decision-making.

Children (and parents) are unlikely to understand what a CMH is, why it is important, and what to expect. The social worker and the Children's Guardian both have a responsibility to meet with the child **before the CMH** to 'ascertain their wishes and feelings', explain what is happening, and give them an opportunity to ask questions. It is likely in cases where child sexual abuse is a concern, there will be more than one CMH due to the complexities involved with multiple assessments or the Children's Guardian or the court noticing a gap in evidence. The process for the CMH will be repeated each time.

Ensuring that children are truly heard and understood means building a relationship and actively listening. Where children have come into care after an urgent hearing, it is important to get an update on how they have settled in and hear any changes to their wishes and feelings **before the CMH**.

**Before the CMH**, take the time to discuss:

- the purpose of the CMH
- who will be at court
- what they will talk about
- how the child can participate in the CMH
- what decisions will be made, and how
- what further assessment might be necessary (if any), and how they might be involved
- who they would like to nominate as an alternative carer, and who they would like to rule out
- what a fact-finding hearing is, why it might be directed, and (if it is directed) whether they want to provide evidence.

Some children want to provide evidence, while others may feel worried about it. Help them to think through what it will be like. Talk them through the [special measures](#) that are available and how these can support their participation. If the child 'wants their day in court', help them to think through how their expectations might not align with reality.

You may want to talk to the child about what happens at the CMH when you meet with them to talk about their wishes and feelings, and what will happen in care proceedings. Remember, though, that it is a lot of information for a child to understand, and you might need to have more than one conversation.

To learn more about the decision to go into care proceedings and how to prepare for the CMH, [read our guide here](#).

**After the CMH** help the child understand:

- the decisions that were made at the CMH and the reason why
- any further assessments that will be completed and their role (if any) in these assessments

- what will happen at the fact-finding hearing (if one has been directed), what their role in it will be, and how it helps with final decisions
- which people have been put forward to be assessed as potential alternative carers – it's also important to get the child's views on those nominated people
- the timetable that has been agreed for the remaining proceedings
- any suggestions or decisions that were made about how the child will participate.

Always ask the child whether there is any more information that they would like to share with the judge. If further assessments have been ordered or a FFH date set, this may make the child wonder why the existing evidence is not enough. Make sure they know how they can share more of their story and who they can share it with – help them identify safe adults.

To learn more about what happens during a fact-finding hearing where child sexual abuse is a concern, [read our guide here](#).

Although children don't usually attend hearings in public family law proceedings, there are many ways for them to participate and remain central to proceedings. You can support the child's participation by:

- checking if they want to meet the judge or visit the court
- asking the judge to write the child a letter explaining any big decisions that have been made
- supporting the child to writing a letter to the judge.

However, the child *may* participate in hearings, if the court decides it is necessary for them to provide evidence at the fact-finding hearing. To learn more about this, see the [Family Justice Council Guidelines in relation to children giving evidence in family proceedings](#).

## 7. Where next?

Ideally there will be one CMH. If there is a further case management hearing, the procedure outlined in this guidance will be repeated.

The next steps will be determined by the directions that are made during the CMH – for example, if further assessment is directed or a fact-finding hearing is considered necessary. If no fact-finding hearing is necessary, the next hearing will usually be the issues resolution hearing (IRH).

- [When the judge directs a fact-finding hearing in the context of child sexual abuse](#)
- [Where a final decision is made at the IRH or final hearing](#)
- Or return to [this summary guide](#) in the response pathway.

## References

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- <sup>i</sup> Alrouh, B. and others, *Mothers in Recurrent Care Proceedings: New Evidence for England and Wales* (Nuffield Family Justice Observatory 2022) <https://www.nuffieldfjo.org.uk/resource/mothers-in-recurrent-care-proceedings-new-evidence-for-england-and-wales> accessed 10 December 2025.
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- <sup>iii</sup> Public Law Outline (PLO) - Family Rights Group, accessed October 7, 2025, <https://frg.org.uk/get-help-and-advice/a-z-of-terms/public-law-outline-plo/>
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