Centre of expertise on child sexual abuse

Child sexual abuse response pathway: practice guide

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Making a referral to children's social care / MASH and / or reporting to the police

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1. Who is this document for?

This practice guide is for professionals who have concerns that a child[1] is being, has been or is at risk of being sexually harmed by an adult or another child; this includes non-recent abuse. It is also for those designated professionals who are usually responsible for contacting the police or making a referral to children's social care.

You may have contact with the child in your role such as a youth worker, teaching or early years staff, medical professional, youth justice worker, voluntary-sector worker, sports coach, social worker or health visitor.

[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. The context

At this point, a child may have told you that they have been sexually abused or are at risk of sexual abuse, a third party may have informed you of what a child has told *them*, images of children may have been discovered, or you may have concerns about possible child sexual abuse. If you have not already done so, please read the appropriate practice guide from the list below before reading further:

- When you have concerns that a child is being or has been sexually abused
- When a child tells you they are being or have been sexually abused
- When images of child sexual abuse have been discovered
- When someone tells you that a child is being or has been sexually abused

When planning your response, think about the **context(s)** in which the child may have been sexually abused. The protection and support that they are likely to require 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. Sometimes children will be sexually abused in more than one context. Additionally, every child is different and requires an individual response.

If you have concerns a child is being or has been sexually abused and is in immediate danger, it is important to contact the police straight away. In other situations, it will be appropriate to make a referral to children's social care, who will contact the police where it is appropriate. Your local area may have a Multi-Agency Safeguarding Hub (MASH) containing both police and social workers, or there may be a different 'front door arrangement'.

It is also important to consider what else you and others can do to support the child and their family at this time; see section 6 below.

3. How may the child be feeling?

When a child communicates either verbally or through their behaviour about sexual abuse or coexisting harms but remains at home, they are in the uniquely

[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.

difficult position of living within the very problem that professionals are trying to solve. They are the person about who people are concerned, yet they are often not involved in the solution, left to navigate the emotional fallout alone. A child who knows that a referral is being made to children's social care may fear being **blamed** for what has happened, be worried about the **stigma** of having children's social care involved and feel scared about **what will happen to them and their family** (especially if the person abusing them has told them there will be consequences if the abuse becomes known).

Children rarely distinguish between different referral *or* assessment stages, often experiencing the entire period of Children's Services' involvement as one continuous period of uncertainty and stress. When a child talks about abuse but remains at home, the referral and assessment stage can be a time of heightened anxiety, loyalty conflicts, and a heavy sense of responsibility.

Conversely, they may be **relieved** that someone now knows, and they can hand over the responsibility to adults, and **hopeful** that something will be done to help them.

> *"I told [my support worker] where I was going and what I was doing when I was running away … She was really good. She didn't freak out or anything … She did tell me that she would have to tell my social worker and that they would have to tell the police, but they had a policewoman they worked with who was really nice and would come and talk to me." (2)*

4. Before you make a referral/contact the police

At this point, you may not have much information about what is happening to the child. Even if they have told you or someone else that they are being sexually abused, they are unlikely to have provided much detail; telling is typically a process that occurs over time. There are many reasons why the child may not have felt able to say anything about the abuse yet or may take time to give further details. Remember, that practitioners **can and should talk directly to children and families about concerns of sexual abuse**. Furthermore, **safeguarding decisions must be based on all indicators of sexual abuse and should not rely solely on verbal statements from children**. It is *your* responsibility to act on your concerns.

There may be physical evidence of sexual abuse, such as images of the child, but in many cases a professional's concerns are based on things they have observed which *may* indicate sexual abuse. If you have not already done so, you may find it useful to record these in our Signs and Indicators Template.

However limited the information you have, you must still treat it as a serious concern. Safeguarding the child is paramount.

Deciding what action(s) to take

First, talk to your organisation's safeguarding lead[3] to assess the situation:

- Where there is a concern that the child is suffering significant harm or is likely to do so, statutory guidance requires an immediate referral to children's social care.
- If the child is in immediate danger, the police should also be contacted.

Typically, your safeguarding lead has the responsibility to make a referral and/or contact the police. If they decide not to do so and you disagree with their decision, check their understanding and whether you have made your concerns clear; if there is still disagreement about next steps, you may wish to pursue this via your organisation's escalation procedures for resolving professional disagreements.

If your safeguarding lead is not available and you think there is risk of significant harm to the child, you may need to talk to a senior manager/leader or make the referral and/or contact the police yourself.

A referral should be made even if you know that children's social care is already involved with the child/family. Remember that it will be the role of social workers and the police to assess the situation and decide whether there should be a statutory intervention and/or a criminal enquiry.

Talking to the child and their parent(s) beforehand

It is good practice to tell the child's parent(s) as well as the child that you will be making a referral, provided that:

- the parent(s) are not suspected of the abuse
- there are no concerns that they will fail to safeguard the child effectively
- there are no concerns that they will threaten the child in any way, which might lead to the child feeling unable to talk to professionals

If there *are* concerns that the child might be abused or silenced, or that a delay might compromise their safety, you must contact children's social care/the police *without* informing them and their parent(s) first. Make these circumstances clear and record your evidence/rationale.

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[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.

Wherever possible, the person who talks with the child should be someone the child trusts and feels comfortable with.

Remember that, if the child is being or has been abused, threats may have been made to stop them telling anyone about it. Ask the child:

- whether anything is currently making them feel unsafe
- what could help them feel safer
- what anxieties they might have about statutory agencies becoming involved, and what support they might need regarding this.

Ask them what they want to happen next, and what their hopes and fears about this are, but be careful not to promise anything that may be outside your control: there may be situations where you have to take actions or make decisions that go against what the child wants. It is important to talk to the child about this and help them understand it.

When you talk with the child's parent(s), explain the sexual abuse concerns to them and describe why a referral or a report to the police is needed. Our Supporting Parents and Carers Guide may help you to have this conversation.

Your conversation with the parent(s) may be more difficult if the concerns relate to harmful sexual behaviour by the child's sibling; our resource *Sibling Sexual Behaviour: A Summary Guide to Responding to Inappropriate, Problematic and Abusive Behaviour* may help you to prepare.

Our *Safety Planning in Education* resource (which can be used by any professional) gives advice about talking to parents when a child has been sexually harmed by another child outside the family.

5. Making an effective referral to children's social care or a report to the police

Arrangements for making a referral to children's social care vary between local areas. It is common to make the referral in writing through your local authority's 'front door' arrangements, which may involve a multi-agency safeguarding hub (MASH), but in some areas you are required to raise concerns by phone – in which case it is important that you ask for a written outline of what was discussed and what was agreed, as well as making a note yourself.

If contacting the police separately, you may have a direct phone line to your police force's specialist child abuse unit – which may be called the Child Safeguarding Unit, Public Protection Unit or similar – or you can call 999 or 101.

a) Making a referral to children's social care or a MASH/Front Door

If your concerns relate to one child sexually harming another child, make a separate referral for each child.

Whether making a referral by phone or in writing:

- State clearly **what your concerns are** and what has given rise to them. State that you are worried about child *sexual abuse* and use that term. If the child has told you about the abuse, use their language in your referral.
- Use **straightforward language** to document your concerns: What have you seen? What have you heard? What has the child said? Include examples, quotes, dates and times if possible.
- Provide **details** of what has been witnessed/reported. For example, rather than reporting 'sexualised behaviour', describe *how* the child has been behaving. Use your local authority's 'Level of need' or threshold for services document (or equivalent) to help assess and evidence your concerns. Include details of any concerning behaviour by people in the child's family and network and explain why you are concerned about it.
- Describe any **impact on the child** that has been/can be observed. For example, are they withdrawn, erratic or tired? Have you noticed changes in their behaviour and demeanour that you are concerned about? What is the likely future impact on them if things don't change? You may find it useful to complete the Signs and indicators template and attach it to your referral, particularly when you are concerned about a child who has not verbally reported abuse.
- Describe any other concerns you have about the child, including child **neglect, emotional abuse, domestic abuse and other forms of abuse**, and any other information that you feel is concerning. A focus on child-parent interactions may be helpful.
- Make clear what **actions** you expect children's social care to take given the level of your concerns. For example, you might expect a child protection enquiry to be initiated so will need to detail the reasons for this.

- Explain **whether you have told the child and/or their non-abusing parent(s)**[4] about the concerns and/or the referral. If you are making a referral by phone, you will usually be asked whether you have sought consent from the parent(s), and it will be helpful to be clear when this has not been possible and why; you can ask for advice if you have not told the parent(s) and are unsure whether to do so. Do not let the lack of consent get in the way of safeguarding a child. Remember that in all decisions to be made about the child, their welfare is the paramount consideration. You need to be clear why consent was not possible or in the child's best interests. You can use the children's safeguarding partnership escalation policy if you feel that your rationale and concerns have not been listened to.

Describe the child's situation and the circumstances of the suspected abuse:

- Share as much information as possible about **any other children** inside and outside the home who may be at risk.
- If the concerns relate to **one child harming another**, make this clear including in concerns of sibling sexual behaviour or abuse.
- Give details of any potential **trusted adult** for the child, based on what you know about the child or what they have told you; this adult may be someone with their family, yourself or someone else outside their family.
- Provide any information that may help to **facilitate communication**. Are there any additional challenges in communicating with the child? What language(s) do they speak at home? Do they have a physical disability, such as a hearing impairment, or a learning disability/difficulty?
- Describe any **health or wellbeing concerns** identified by the child, other professionals or people who know the child.
- List any **other referrals or actions** you have previously made/taken that may be relevant – for example, you may have facilitated a sexual health screening, the child may be undergoing other assessments (e.g. for autism), they may be receiving services from the speech and language team or educational psychologists, or you may have referred the family to a local community or voluntary sector organisation. These services can be potential sources of support and help understand the child's needs.

If the suspected abuse involves **child sexual exploitation or child criminal exploitation**, provide any information you have about the adults of concern and

[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.

indicate whether other children may also be exploited (in which case you will need to make separate referrals).

Remember, if you have concerns about **harmful sexual behaviour** by a child, you will need to make separate referrals about the child who you think has been harmed and the child who you think has harmed.

Provide as much information as you can, and remember that it will be for social workers to consider the information and decide whether there should be a statutory intervention.

What happens next?

Once you have made a referral, statutory guidance says you should expect to receive confirmation of this and information on next steps within 24 hours (one working day). If the situation is urgent, follow up on this deadline.

If you have not heard anything after three working days, follow this up as a priority. If this does not lead to action, then think about what action you need to take. You may need to consider your children's partnership escalation policy. A lack of response to a referral means that a child's welfare has not been assured.

It may be helpful to remind children's social care or the MASH that you need to know what is happening so that you can keep the child and/or their non-abusing parent(s) updated and address any worries they might have.

If you think the response to your referral does not address the concerns that you raised, our practice guide *When the threshold for intervention by children's social care or the police is not met* explains what you can do. It also sets out some actions you can take to ensure that the child receives support and protection.

If children's social care decide that an intervention *is* required to address the concerns you have raised about child sexual abuse, they will inform you of the next steps – which may be a *multi-agency strategy discussion*, a *multi-agency assessment* or an *early help response*.

b) Calling 999 or 101

When you make a 999/101 call, you will speak to a call handler – a serving police officer or a member of police support staff – who is *not a specialist* in child protection or child sexual abuse. To help them understand your concerns:

- Use **plain language**, avoiding child protection 'jargon', so that what you are reporting is not misunderstood by the call handler.
- Make clear that **your concerns are about child *sexual abuse***, as this allows the call-handler to identify this as a 'child protection' call. A call relating to child sexual abuse may not immediately be identified as 'child protection' if, for

example, it is primarily about domestic abuse, a missing child, or a child's offending.

- Be prepared for the call handler to ask some initial questions about the **vulnerability** of the child and any **immediate safeguarding needs**.
- Be **specific** about your concerns, providing all the information you have about what has happened, where it has happened, when and how often it has happened, and who is suspected of harming the child.
- Tell the call handler what you know about **the child**, their **background** and any **communication and support needs** they may have.
- If your concerns relate to **harmful sexual behaviour** by another child (including a sibling), explain this to the call handler as they may be unfamiliar with this type of harm; it is particularly important for the call handler to understand that the person reported to have harmed the child is also a child, so that thought can be given to both children's needs.
- Provide a direct-dial **phone number** on which you can be contacted. A police officer will be assigned to the case, and you should ask that they call you for a more detailed conversation about your concerns before sending officers to attend the call – but be aware that, depending on the urgency of the situation, this may not be possible.

What happens next?

The timing of the police response will depend on the information you have given, and on background checks that the call handler will carry out. As you have raised concerns of child sexual abuse, your call is more likely – depending on the safeguarding issues identified – to receive a high-priority response (an immediate response as soon as an officer is available). The attending officer may be a uniformed officer who is not a child protection specialist. At the first opportunity, the case will be passed to the MASH or to the force's specialist child abuse unit, which will contact children's social care to discuss the need for a strategy discussion.

The police will contact you to let you know what is happening. If that does not happen you need to recontact them.

6. How can you best support the child and their family?

An important way to support the child is to update them when children's social care and/or the police tell you what is to happen next. Check with the relevant agency that you understand what will happen, and the implications, so you can

explain this. (Our practice guide *When the threshold for intervention by children's social care or the police is not met* has advice on talking to the child if these agencies decide not to intervene.) And if there *is* an intervention, be sure to continue updating the child regularly, even if it seems that nothing is happening.

Provide this feedback to the non-abusing parent(s) as well, unless the police and/or children's social care consider that it will put the child at risk of harm.

You can also offer the child space to talk about how they are feeling and support them through the next steps. For more information about what you can say to them while a police investigation is ongoing, see Chapter 12 of our Communicating with Children Guide.

Whatever the decision, consider how best to support the child during the next steps. We have produced 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. In some cases, it may be helpful for them to get advice from the Family Rights Group or local advocacy organisations.

Supporting yourself

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 and discuss it with your line manager or in supervision. And read our *Looking after your own wellbeing* practice guide if you are finding it difficult to manage the ongoing impact of your work.

7. Where next?

- Find out what children's social care do when they receive your referral.
- Find out about the police's first steps when you contact them.
- When the threshold for intervention by children's social care or the police is not met.

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:

(1) 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.

(2) Franklin, A., Raws, P, and Smeaton, E. (2015).*Unprotected, Overprotected: Meeting the Needs of Young People with Learning Disabilities Who Experience, or Are at Risk of, Sexual Exploitation*. Barkingside: Barnardo's.

Procedures to be followed in cases of child abuse are set out in the 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 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.