



# What information is needed as part of a multi-agency assessment?

## Information about the child

The tables in this document outline the types of information that different organisations may hold about a child where there are concerns they may have been sexually abused, and the formats in which that information is usually recorded.

If you are the social worker conducting a multi-agency assessment, the tables indicate the relevant information that may already exist across different organisations, and how it can inform assessment, decision-making and protective action when brought together.

If you are a practitioner in another organisation, the tables show you the information that you can contribute to a multi-agency assessment in order to meet your safeguarding responsibilities.

**These tables are part of our online resource [Sharing information to tackle child sexual abuse: An introductory guide for practitioners.](#)**

## The child's experiences (including experiences of sexual abuse), views and wishes

Information about a child's lived experience and voice is essential to understanding the impact of harm, identifying risk, and shaping responses that are genuinely child-centred. This kind of information is often held across different organisations and recorded in different ways, reflecting the relationships and settings in which the child feels able to communicate or is observed. Not every child will have all of these practitioners involved in their life, and the table is not intended as a checklist for every child and family. Instead, it offers a range of examples to help you think flexibly about where meaningful information may be found, depending on who is involved in supporting the child and their family, and how the child's experiences are most likely to have been seen, heard or recorded.

Source of information	Who holds it?
Case notes, assessment documents, direct work tools, chronologies and (where relevant) child protection conference reports or plans recording things that the child has said or done, and practitioners' analysis of these	Social workers and Family Help practitioners
Pastoral notes, safeguarding concern logs, behaviour records, written work, drawings, emails to trusted staff, or records of conversations recording things that the child has said or done	Designated Safeguarding Lead/Person (DSL/DSP), who manages the information from all staff in the child's school/college or early years setting
School attendance records giving a picture of a child's pattern of attendance and absence	Designated Safeguarding Lead/Person (DSL/DSP)
Direct accounts from a child in formal settings, such as Achieving Best Evidence interviews, as well as things said and recorded during welfare checks or initial attendance	Police
Contact notes, key-work session records, activity logs or reflective summaries recording things that the child has said or done	Youth workers, mentors or support workers

## Behaviours that may indicate emotional distress

Some behaviours can provide important indicators that a child is struggling or may have been (or is being) harmed. These may have experienced, or be experiencing, harm. These behaviours are often noticed by adults across different settings – at home, in school, or in services – and may be recorded by a variety of practitioners. This table highlights examples of behaviours that different practitioners may observe and record, and the formats in which it is typically captured, to support a more complete picture of the child’s emotional wellbeing. See our [Signs and Indicators template](#) for more detail about these behaviours.

Source of information	Who holds it?
Day-to-day observations of the child’s behaviour in their education or early years setting	The Designated Safeguarding Lead/Person (DSL/DSP) who manages the information from all staff in the child’s school, college or early years setting
Emotional and mental health assessments or psychological assessments/reports	Psychologist or counsellor
Clinical mental health concerns (e.g. depression, anxiety, trauma response) recorded in the child’s health records	General practitioner (GP) or child and adolescent mental health services (CAMHS)

## Relationships within and outside the family home

Having an understanding of the child's relationships, both within and outside the family home, can help to identify possible sources of harm, influence and/or protection for the child. It also provides important context for understanding the child's experiences and patterns of contact, and any risks posed by people in their network.

Source of information	Who holds it?
Observations in the child's education or early years setting (interactions at drop-off/pick-up, conversations about home, emotional responses when a parent is present/mentioned, knowledge of peer groups both within and outside school)	The Designated Safeguarding Lead/Person (DSL/DSP) who manages the information from all staff in the child's school/college or early years setting
Notes of direct observations in the child's home (emotional warmth, responsiveness, boundaries)	Children's social care or Family Help practitioners
Parent-child interaction assessments (e.g. Strengths and Difficulties Questionnaire, attachment-based assessments)	Children's social care, family support services, health visitors, youth justice services, child and adolescent mental health services (CAMHS)
Notes from therapeutic or counselling work (if the child is in therapy)	Child's therapist (play therapist, counsellor, CAMHS clinician)
Notes of observations by health practitioners (especially for under-5s)	Midwife, health visitor, GP, community paediatrician
Notes from work with the child's parent(s)/carer(s) (parenting programmes, domestic abuse support)	Parenting support worker, IDVA (Independent Domestic Violence Adviser), domestic abuse services
Notes from a multi-agency safeguarding or support plan (when relationship quality is part of that plan)	Multi-agency safeguarding hub (MASH), core group/child protection conference
Mapping exercises looking at networks or peer groups in the community, maybe through the use of tools such as peer group mapping or relationship mapping	Contextual safeguarding teams or exploitation leads often complete network or peer mapping to understand risks outside the family (e.g. peer influence, grooming networks, places of harm)
Notes from conversations and observations exploring who the child spends time with, who makes them feel safe or unsafe, and where they go	Youth workers and Early Help practitioners

## Special educational needs or disabilities (including speech, language or communication needs)

Information about a child's special educational needs or disabilities (SEND) – including speech, language or communication needs – can be important for understanding how they experience and respond to the world around them. This is especially important as disabled children are at a higher risk of sexual abuse: they are more dependent on caregivers, experience greater barriers in communicating, and are less likely to have their abuse identified, particularly in a family setting.

A child's special educational needs or disabilities are likely to influence how they communicate distress or harm, how they interact with others, and how adults interpret their behaviour or wellbeing.

Information is often recorded by a range of practitioners in education, health and social care, and in different formats depending on the setting. This section highlights the types of SEND-related information that may be held, and the practitioners who are likely to record it.

Source of information	Who holds it?
Report/notes describing the child's current special educational needs status (detailing the SEND support needed, the type of need, and the support in place)	Special educational needs coordinator (SENCo) in the child's early years, school or college setting
Education, Health and Care Plan (EHCP), detailing a statutory support plan for the child, intended outcomes, and the support in place	Local authority special educational needs and disabilities team
Details of any early developmental concerns (0–4 years)	Health Visitor or early years Designated Safeguarding Lead/Person (DSL/DSP)
Educational psychology assessments	Educational psychologist (usually commissioned by the school or the local authority)
Medical or diagnostic reports (relating to physical or learning disability, neurodivergence, learning difficulty, speech, language and communication needs)	GP or paediatrician
Therapy reports (speech & language, occupational therapy, mental health)	Relevant service (e.g. speech & language therapy, occupational therapy, child and adolescent mental health services (CAMHS))

## Possible or diagnosed mental health difficulties

Information about possible or diagnosed mental health difficulties can help practitioners understand how a child is experiencing their emotions, relationships and daily life. Such difficulties may affect their behaviour, their communication and their coping strategies, and can influence how they respond to stress or harm. This information is usually recorded by a range of practitioners across health, education and social care settings, in different formats depending on the service and purpose.

Source of information	Who holds it?
Mental health diagnoses (e.g. depression, anxiety, psychosis, eating disorders)	GP, child and adolescent mental health services (CAMHS)
Therapy or treatment records (e.g. counselling, psychotherapy, CBT)	CAMHS, school counsellors
Crisis intervention records (A&E visits, crisis team involvement)	Hospital records, mental health crisis team
Notes of mental health concerns recorded during social care assessment	Children's social care, Family Help teams
Specialist service assessments (neurodevelopmental, trauma-related, substance misuse co-occurrence)	Specialist health teams – e.g. autism/ADHD clinics, substance misuse services, CAMHS

## Alcohol or substance use

Information about a child's use of alcohol, drugs or other substances can provide important context for understanding their wellbeing, behaviours and additional vulnerabilities. Substance use may be a mechanism to manage the impacts of child sexual abuse, and may affect how a child is able to engage with their school, their family or support services. This information is usually recorded by practitioners across health, social care, education and youth services.

Source of information	Who holds it?
Therapy or treatment records	Child and adolescent mental health services (CAMHS), substance misuse services
Crisis intervention records (A&E visits, crisis team involvement)	Hospital records, mental health crisis team
Day-to-day observations of behaviour in the child's education setting – these may record changes in mood, engagement or attendance linked to possible alcohol or substance use	The Designated Safeguarding Lead/Person (DSL/DSP) who manages the information from all staff in the child's school and college

## Previous experience(s) of trauma

Information about a child's previous experiences of trauma can help practitioners understand the context for their current behaviours, emotions and wellbeing. Trauma may include experiences such as abuse, neglect, domestic abuse or other significant adverse events, and it can affect how a child responds to stress, relationships and everyday life. This information is usually recorded by practitioners across health, social care, education, and therapeutic services.

In a major survey, more than half of adults who described being sexually abused in childhood said they had also experienced other forms of childhood abuse. **One in six** said they had been physically, emotionally *and* sexually abused, and had also witnessed domestic violence, as children.

Source of information	Who holds it?
Social care records (detailing historical safeguarding concerns, child protection plans, previous looked-after status, records of abuse or neglect)	Children's social care, Early Help teams
Health service records (detailing what the child has said about their experiences, injuries consistent with harm or abuse, or mental health presentations linked to trauma)	GP, hospital records, community paediatricians, mental health services
Notes from therapeutic work (counselling, trauma-focused therapy, play therapy)	Child and adolescent mental health services (CAMHS), adult mental health services, independent therapists
Education safeguarding files (detailing reports of abuse to staff, behavioural indicators, referrals to external organisations)	Designated Safeguarding Lead in school, college or early years setting
Police records (crime reports, statements, intelligence related to victimisation)	Local police force, Police National Database (PND)
Youth justice records (detailing trauma history relevant to offending behaviour assessments)	Youth justice service – held on the AssetPlus framework
Notes made by specialist support services (domestic abuse, sexual violence, exploitation, substance misuse, refugee/asylum support)	IDVA/ISVA services, rape crisis centres, trafficking/exploitation support organisations