



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

## Information about the child's non-abusing parent(s)/carer(s)

The tables in this document outline the types of information that different organisations may hold about a child's non-abusing parent(s)/carer(s) where there are concerns that the child may have been sexually abused, and the formats in which that information is usually recorded.

This information) is important for understanding:

- the child's safety and wellbeing
- the capacity of their parent(s)/carer(s) to give them consistent, nurturing support
- the support needs of the parent(s)/carer(s) themselves.

If you are the social worker conducting a multi-agency assessment, the tables list useful information that organisations may have recorded about the child's parent(s)/carer(s). This includes observations about their parenting capacity, their patterns of interaction with the child, their emotional or mental health, the substance use, or other factors that could affect the child's day-to-day experience. It should also include information about the parent(s)/carer(s)' own support needs around, for example, access to services, coping strategies, financial stability or protective resources that can strengthen the child's environment.

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.](#)**

## Experiences of domestic abuse

Source of information	Who holds it?
Police reports (domestic abuse incidents, call-outs, statements)	Local police force – local systems, Police National Database (PND)
Domestic Violence Disclosure Scheme (Clare's Law) requests	Police – disclosure process managed by local force
Multi-Agency Risk Assessment Conference (MARAC) records	MARAC coordinator (usually within local authority or police); shared with relevant organisations
Children's social care records (domestic abuse noted in assessments, plans, or referrals)	Children's social care
Adult safeguarding records (if relevant)	Adult safeguarding teams
Health service records (disclosures to GP, midwife, health visitor, A&E, mental health services)	GP, hospital records, community health teams
Specialist domestic abuse service case files (IDVA/ISVA services, refuges, outreach support, perpetrator programmes)	Domestic abuse charities/services
Education safeguarding records (if child disclosures highlight parent's experiences)	School/college Designated Safeguarding Lead
Court records (family court, criminal court linked to domestic abuse cases)	Family courts, Crown/magistrates' courts

## Relationships and support networks

It's important for assessments to consider the relationships and support networks of the non-abusing parent(s), for several reasons:

1. **Parental capacity and resilience.** The non-abusing parent(s) often play a central role in protecting and supporting the child. Their ability to respond effectively to concerns about abuse can be influenced by the quality and availability of their own support networks (family, friends, community). Strong support can enhance coping and resilience, whereas isolation may increase stress and reduce protective capacity.
2. **Safety planning and supervision.** Understanding these relationships helps identify people who can assist with child supervision, provide safe spaces, or support practical arrangements; this is critical when managing ongoing risk or implementing safety plans.

3. **Emotional wellbeing.** The non-abusing parent(s)' own mental health and emotional wellbeing are likely to be affected, and support networks can buffer stress and offer support.

Source of information	Who holds it?
Genogram and chronology	Social workers/child protection teams – often the main source of direct information, gathered through interviews with the parent(s), home visits, or family assessments. They may already have knowledge of extended family, friends, and community support
Case notes or records may hold information about the parent(s)' participation in support networks, and the support they receive	Support groups, domestic abuse services, or parenting programmes
Education safeguarding records	Designated Safeguarding Lead

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

Parents with learning disabilities/difficulties may be more isolated, reliant on limited social networks, or susceptible to coercion or stress, which can indirectly affect the child's safety and wellbeing. It is important to understand whether the learning disability/difficulty has been exploited by the person of concern, and what it means for your support for the family. Having a learning disability/difficulty doesn't mean that the parent can't understand what has happened or protect their child, but explanation may be more difficult and take longer.

Source of information	Who holds it?
Cognitive assessment or details regarding diagnoses	GP, health visitors, or adult learning disability services
Assessment records or case chronology	Children's social care and/or Early Help services
Medical or diagnostic reports (relating to learning disability, neurodivergence, physical disability, or speech and language needs)	GP
Therapy reports	Speech & language therapist, occupational therapist

## Possible or diagnosed mental health difficulties

Parents with mental health difficulties may be more isolated, reliant on limited social networks, or more susceptible to coercion or stress, which can indirectly affect the child's safety and wellbeing. It is important to understand whether their difficulties have been exploited by the person of concern, and what it means for your support for the family.

Source of information	Who holds it?
Mental health diagnoses (e.g. depression, anxiety, psychosis, eating disorders)	GP, adult mental health services
Therapy or treatment records (e.g. counselling, psychotherapy, CBT)	Adult mental health services, psychologist
Crisis intervention records (A&E visits, crisis team involvement)	Hospital records, mental health crisis team
Notes of mental health concerns recorded during social care assessments)	Children's social care, Early Help teams

## Dependency on alcohol or substances

Understanding whether the non-abusing parent(s) have any difficulties related to alcohol or substances is important, for the following reasons:

1. **Stress and coping.** Substance misuse may indicate or exacerbate stress, mental health difficulties or coping challenges in managing the aftermath of abuse; this will affect the parent's emotional availability and resilience.
2. **Safety and stability.** Substance misuse can contribute to chaotic home environments, financial difficulties or unsafe situations, indirectly affecting the child's safety and wellbeing.
3. **Engagement with services.** Substance misuse may influence how a parent engages with social care services, health practitioners or treatment programmes. Understanding it allows for appropriate support rather than punitive responses.

Source of information	Who holds it?
Therapy or treatment records (e.g. counselling, psychotherapy, CBT)	Adult mental health services, substance misuse services
Crisis intervention records (A&E visits, crisis team involvement)	Hospital records, mental health crisis team

## Previous experience(s) of trauma

Understanding whether the non-abusing parent(s) have any experience of trauma is valuable for the following reasons:

1. **Emotional availability and resilience.** A parent with unresolved trauma (e.g. childhood abuse, domestic violence or other adverse experiences) may experience stress, anxiety or mental health difficulties which affect their ability to respond effectively to their child's needs or to the abusive situation.
2. **Parenting style and coping.** Trauma can influence coping strategies, attachment, and emotional regulation. For example, a parent may struggle with overprotection, withdrawal, or inconsistent responses to the child's behaviour.
3. **Risk of secondary trauma.** Supporting a child who has been abused can trigger a parent's own trauma, potentially affecting their mental health and parenting capacity. Recognising this allows for targeted support to prevent overwhelm or burnout.
4. **Service engagement.** Understanding a parent's trauma history informs how practitioners engage with them (e.g. using trauma-informed approaches) and what interventions or supports might be most effective.

Source of information	Who holds it?
Child and family chronology	Social care records (detailing historical safeguarding concerns, child protection plans, previous looked-after status, records of abuse or neglect)
Health service records (detailing disclosures of trauma, injuries consistent with abuse, mental health presentations linked to trauma)	GP, hospital records, mental health services
Notes from therapeutic work (counselling, trauma-focused therapy, play therapy)	Adult mental health services
Notes made by specialist support services (domestic abuse, sexual violence, exploitation, refugee/asylum support)	IDVA/ISVA services, rape crisis centres, trafficking/exploitation support organisations