Key findings

Assessing the Risk: Protecting the Child is an assessment service for men who pose a sexual risk to children and are not in the criminal justice system. Interviews with practitioners were used to find out how the guide was being used, views on the content of the guide and how it could be improved. The main findings from the interviews with practitioners are summarised below.

- Staff were positive about the holistic nature of the assessment process set out in the guide, and about the fact that it includes the perspectives of the man who poses a risk to children as well as those of the protective parents and the children involved.

- Staff felt the assessment guide provides a good evidence base for assessing men who pose a risk. However, it is predominantly theory-based and needs more practical detail on how to undertake each part of the assessment. It also needs more detail on how to collate the evidence from the three parts of the assessment to form a recommendation.
Staff who had previous experience of any of the three parts of the assessment were able to draw on their knowledge and previous training to help them do the work. For staff without this previous experience, the support of experienced colleagues and managers was essential to them understanding the assessment process and feeling more confident about following it.

These findings will be used to revise the assessment guide and inform future service development.

Background

There are approximately 30,000 registered sex offenders in England and Wales. However, some estimates put the proportion of sexual abuse incidents that are not reported as high as 95 per cent (NCIS, 2005). As a result, it is believed that the majority of adults who pose a sexual risk to children are not in the criminal justice system. This includes persons who:

- have historical convictions (including those that predate the Sex Offences Act 1997) or are no longer subject to registration requirements
- have never been convicted of sexual offences against children but have a ‘finding of fact’ from a family court against them
- are alleged to be perpetrators of sexual abuse but have not been prosecuted due to insufficient evidence.

Without any specialist input from the criminal justice system, often these adults will not have been assessed or treated, yet they can be living with or having contact with children (Hebb, 2005, Fisher and Beech, 1998).
The responsibility for assessing the risk an adult poses to children and for making decisions about the actions needed to protect children falls to local authority children’s services departments. However, staff in these departments do not always have the specialist skills and experience required to carry out such assessments.

The need for guidance in assessing risk to children

The factors that need to be considered in assessing risk and taking protective action for children are well known (Craig et al, 2008). However, there are few resources for assessing those men who have no convictions. The NSPCC therefore commissioned the Sexual Behaviour unit in Newcastle to bring together the existing research in this area and develop a good practice guide for conducting such assessments. They duly produced *Assessing the risk: protecting the child – The assessment of men’s sexual risk in child protection settings* (2011) with additional input from the NSPCC on how to include the views and wishes of children (referred to as ‘voice of the child’ work) in the assessments.

The guide is based on the latest knowledge of and best practice in sex offender assessment, drawing on cognitive behavioural therapy, attachment therapy and the Good Lives approach (a strengths based model of rehabilitation that helps offenders achieve their goals in socially acceptable ways).

It is aimed at local authority and voluntary sector social workers to assist them in undertaking assessments of the risk to children posed by a known or alleged adult male sex offender who is not in the criminal justice system.

The assessments include the views of the children, the capacity to protect of the non-abusing parent or carer as well as the assessment of the man deemed to be a risk to children, and so focus on risk in a family context.
Implementation of the NSPCC assessment guide

The guide was initially issued to staff as a draft document so that it could be revised and improved in response to staff feedback. It has been in use by NSPCC practitioners since 2011, and currently forms the basis for assessment in nine teams across the UK. Staff are still using the original draft document, but the findings of this evaluation will inform revisions to the guide.

Referrals to the service are made by local authority children’s services departments. Practitioners then use the guide to undertake an assessment of:

- the risk to children posed by the man
- the capacity of the non-abusing parent or carer to protect the child from the alleged risk
- the views and wishes of the child or children deemed to be at risk.

Practitioners carry out the assessment through individual sessions with the male who poses the risk, the protective parent or carer, and the child or children involved. They also examine other sources of evidence from, for example, previous social services case files. Sessions with the man and the protective parents or carers are co-worked, but sessions with children are usually delivered on an individual basis. An assessment report is then written with recommendations about risk and actions needed to protect the child. This is given to the referrer and used to inform their decisions relating to the case.

All practitioners receive training in how to use the assessment guide before starting the work. In response to feedback from staff, the required training pathway for undertaking this work has changed since the original service began.
Evaluating the usefulness of the guide: methodology

This briefing reports on the experience of NSPCC practitioners who have used the guide. It is based on 17 telephone interviews averaging approximately an hour in length. The interviews focused on:

- how staff used the assessment guide
- what staff thought about the content of the assessment guide and how it could be improved
- what difference the guide made to the way staff carried out assessments
- views on how the assessment guide could be implemented by other agencies.

The interviews were held from March to April 2014, after the service had been running for two-and-a-half years. Some of the staff interviewed had joined the service later on and so had just under a year’s experience of using the assessment guide.

A screening questionnaire was sent out to all practitioners who deliver the service to check their previous level of experience of working in this area; how long they had been using the guide, and the type of assessments they had been involved in. The final sample was diverse in terms of:

- whether staff had done this type of work prior to working with the assessment guide
- whether staff had a probation or social work background
- the length of time they had been delivering the service
- the elements of the assessment they had been involved in (for example men, protective parents or carers or children)
- the service centre where they worked.
With the permission of staff, interviews were recorded and transcribed. The interviews were analysed in Nvivo using the framework approach.

Evaluation findings

Benefits of the three-part ARPC assessment model

Staff were positive about the holistic nature of the model, which involves sessions not only with the man, but also with the protective parent or carer and the child or children – provided they are old enough. They felt that prior to the introduction of the ARPC assessment model, it was easy for the main focus in the assessment to be the man who poses the risk, and that as a result the protective parent, carer or child could be forgotten.

The ‘voice of the child’ work was viewed most positively, as this aspect had not always been incorporated in assessment services delivered by the NSPCC; NSPCC staff had assumed that local authority social workers were listening to the children, but then found this had not always happened:

“I’ve been at meetings before … talking about … a child’s needs, and you’re not actually getting the view of that child. … I don’t know that child. [...] I think the fact we’re able to do that in-house now and actually have contact with that child; bring that child to life, they’re not just a name. It’s also giving them appropriate info about what’s going on, as so often in the past they’ve not been informed. They don’t even know why the social worker is seeing them. At least we can say what concerns they have, whether they want the dad back in the
home. [...] We’re not relying on third parties when sometimes it’s not accurate. So for me it’s just a really brilliant safety net.”
[Practitioner – probation background]

Staff gave examples of cases where the children’s views had been different to those of the adults involved:

“In another case we shared info and the child said ‘I don’t want him to live in the house with mummy’. And if we hadn’t had that conversation we wouldn’t have captured that, as the adults are saying ‘the children are fine, they are happy for him to move in’.”
[Team manager – probation background]

In some cases this led to the child making a disclosure during the assessment.

Practitioners also said that some children seemed to feel unable to talk as their parents did not support the work:

“Children… seem to have been primed. They’re engaging but you almost feel like they don’t have the permission to talk about certain things and there’s a tension with them wanting to talk and them being concerned about getting it wrong and saying something they shouldn’t.”
[Practitioner – social work background]
In such cases, where children were reluctant to talk and seemed concerned about discussing their home situation, practitioners were often still able to glean some information and get a sense of risk. They reported that in some situations, teams had in fact included observations of the child and parents instead, even though this was not specified in the practice guidance.

**Problems with the assessment guide**

The three elements of the ARPC model are not equally represented.

Staff felt that the ARPC guide does not reflect the equal importance of the three parts of the assessment model: it focuses on the risk assessments of males who pose a risk and much less on the work with protective parents or carers and children. They felt that it should focus equally on each of the three parts and make better connections between them, incorporating guidance on helping the protective parent and child understand the risks posed by the adult, and bringing their collective views and experiences together to form a recommendation – one of the most innovative features of the NSPCC assessment model.

“There is nothing in the guide that helps you make the links. It is very risk assessment-focused. I think the key bits are the ‘capacity to protect’ work and ‘voice of child’, as that’s where you feed the outcome of the risk assessment to the partner and make sure the child understands the situation about whether the man can have contact. That’s a crucial part of the work.”

[Team manager – probation background]
Recommendations

- The guide should include more detail about how to represent the child’s views if they cannot take part in the sessions or do not feel comfortable about giving their views.

- The learning from this report should be used to revise the draft guide to better reflect the assessment model used by the NSPCC and to explain how the evidence from the three parts of the assessment should be drawn together to form recommendations.

More support needed for staff who lack previous experience

The evidence-based assessment guide was welcomed by staff. However, while the guide was intended for practitioners with previous experience of all three elements of the assessment, in practice it was also used by those with only limited or no experience.

In fact, at the start of the service few staff had previous experience of undertaking all three components of the assessment, and it is likely that there will always be staff using the guide without previous experience of at least one component.

However, the mix of staff backgrounds – some from probation services, others from social work – had the benefit of bringing together a useful set of skills and questioning techniques. This also helped staff without previous experience of any individual element of the work to learn from more experienced colleagues. Probation staff were experienced in assessing and working with men deemed a sexual risk, whereas social work staff brought in the child protection expertise. Together this gave a focus on risk in a family context.

Nevertheless, additional training has now been implemented for staff who do not have previous experience of working with this group of men.
Too much theory, too little detail in the practical guidance

Staff felt that the guide provided a good evidence base for assessing men who pose a risk to children, but that it was primarily a presentation of theory and that it needed more practical details about how to carry out the assessment. They also felt the guide could be made more user-friendly so that practice-based information could be found more quickly.

Staff with a probation background felt confident about carrying out the risk assessments on men and drew heavily on their previous training to help inform the risk assessments. Staff without this background felt that the training and guide alone did not give them enough background information, and that it was pitched at those who already had a level of understanding of this work: it did not tell them what to expect when working with this group of men. Specifically, they wanted more information about the thinking and behaviour of sexual abuse perpetrators, and more understanding of their different profiles and characteristics.

Staff without previous experience also felt they needed something more prescriptive and detailed about how to collect and interpret sources of evidence. For example, the four risk domains set out in the guide helped staff in knowing what information they needed to collect from the men, but they wanted more detail about the type of questions to ask and how to ask them, along with examples of techniques and tools they could use. The guide also needed more detail to help staff understand why it is important to look for evidence about each of the risk factors suggested.

“…but it’s just like it can go anywhere, the interviews. You can ask one question and then it can open a can of worms, so it’s knowing how to deal with that and understanding where your interviewing needs to go. So I think it’s all just going
to be from experience, really, and knowledge from my colleagues.”

[Practitioner – social work background]

The guide focuses on men with previous convictions, whereas the remit of the NSPCC work is to work with those who have allegations against them, but no convictions. Staff would therefore have welcomed more guidance on assessing adults with allegations against them, as making risk assessments in these circumstances can feel quite subjective. They would also welcome more guidance about assessing how risk might change as the child gets older.

Staff also felt that the section of the guide dealing with assessing the man who poses a risk could be improved by adding more detail about assessing men with learning difficulties, mental health problems, or those who had been involved in internet offending or harmful sexual behaviour as a teenager.

More detail needed on ‘capacity to protect’ part of the assessments

Mirroring the perceived shortcomings of the guide in assessing adults who pose a risk, staff also felt the guide needed more detail on carrying out ‘capacity to protect’ assessments. A large component of these assessments is aimed at helping the protective parent or carer to understand more about the risks posed to the children by the man who has been assessed. Practitioners who lacked experience of this work felt they needed more guidance on how much information about the man’s previous offending history or risky behaviour they should share with these parents, should they be unaware of it.

Sometimes protective parents or carers were in denial about the allegations made against the man or by the child. Practitioners without previous experience of these assessments felt they needed more detail about why a protective parent may be in denial, and how to respond to this.
“I wasn’t aware initially if they say they ‘don’t believe the partner has done this’, what do you do with that? Do you try and explore that further or do you just accept? It was those bits that I felt a bit unsure about, being able to explore that further or how to do that, and questions you could ask or techniques.”

[Practitioner – social work background]

Staff either drew on their previous experience to undertake ‘capacity to protect’ assessments or relied on the experience of colleagues in their team. Even staff who had undertaken parenting assessments previously felt they needed more input from the guide on specific factors to look out for and on how to prepare for the more intrusive nature of such assessments.

Additional training has now been developed for staff who have no or little previous experience of ‘capacity to protect’ assessments.

More background needed on ‘voice of the child’ work

Similarly, staff without previous experience of working with children felt that the guide and training alone did not equip them for carrying out ‘voice of the child’ assessments. Those who had not worked with children before thought the guide needed more information about child development; how this could be affected by conflict at home or the experience of abuse, and how to give children information about the risks posed by the man concerned. They also wanted more practical information about what methods and techniques to use when working with children face to face.

While social work staff were able to draw on their previous experience of work with children and families when undertaking ‘voice of the child’ work, they still felt that the specialist nature of ARPC assessments required more guidance on how to explain the allegations and concerns to the child.
“The area which is difficult for me … in the guide it says the children have to be made aware of the concerns in the family. I agree, but with regard to the age of the child … sometimes it’s really hard to think how much info should be shared … and will the information do more harm than good? So it’s being really careful towards their feelings. It depends on how much mum is willing to be shared as they think they’re protecting the child by not sharing much info, but we’re saying we need to share so much info for them to keep themselves safe in the family. So that’s a very difficult judgement to make.”

[Practitioner – social work background]

In response to this, some additional training on working with children was made available. This focused more on the practicalities involved, but some staff felt this still did not give them everything they needed to incorporate the child’s views into the assessment.

Those with a probation background were sometimes allocated primarily to work on assessing men and the protective parents. This meant they did not always develop further skills in ‘voice of the child’ assessments – sometimes this was through choice, but often due to lack of capacity within teams. This also meant that sometimes other staff, who were not in fact working for this service, carried out the ‘voice of the child’ work.

Recommendations

- In view of the fact that staff without previous experience had to draw heavily on the support and knowledge of more experienced colleagues, it is important that any future rollout of the service includes plans for the learning and support needs of staff who are new to any area of this work.
• The training for delivery of the service has now been revised to include additional courses for people without experience of any area of the assessment. The content of these courses should also be included in the revised assessment guide.

• Staff wanted more opportunities for sharing the different approaches teams had taken to each element of the assessment. They had often developed their own resources to help fill some of the gaps in the guide and this collective knowledge and experience could be used to improve the assessment guide.

More guidance needed on report writing for those with less experience

Views were mixed on whether the guide provided enough detail on how to write assessment reports. Practitioners said that analysing the information collected during the assessment sessions was a skill that needed time and experience to develop. However, staff without previous experience of this work often found this difficult at first, and drew on the support of more experienced colleagues for help.

“It’s also having the knowledge base to know the significance of the information. Anybody can do an assessment of gathering information but it’s only as good as the analysis that you make, and the analysis that you make depends on your knowledge base.”

[Practitioner – social work background]

Some staff wanted more guidance on report writing and had struggled with the balance between describing risks and giving a factual analysis of risk factors.
Without a clear process to follow, they either reverted to how they had done things before the guide was introduced, or attempted to create their own process for doing the assessment. This led to some variation in practice between teams in the format of assessment reports given back to referrers; in whether the final assessment report assigned a level of risk to the man assessed, and in how the final report was shared with service users.

Recommendations

- The steering group for the service has already introduced a report pro forma, which may pick up on these issues. However, the steering group may want to continue to monitor how much variation in the assessment process between teams is acceptable.

Future service development

In some cases, staff felt the impact of the assessments was limited because they were unable to offer treatment services for the man assessed and/or educative work for the protective parent or carer.

“We are expecting the man to change but in terms of policing it and managing the risk it’s ultimately the mum, yet we don’t feel the need to do any additional work with her. She’s just an average person and she shouldn’t need to understand what’s grooming about.”

[Practitioner – social work background]

In September 2013 the NSPCC started offering an intervention programme for men who were assessed as needing treatment. The programme is in the process of being rolled out to all teams delivering the assessment service. The NSPCC is also currently developing a programme for women as protectors, which should be available from January 2015.
Based on their own experience of using the guide and knowledge of local children’s services teams, staff agreed with the steering group that children’s services staff would probably not be able to take on the assessment guide in its current format, particularly without previous experience of this type of work. Co-working with an appropriate NSPCC practitioner may help and support children’s service staff in learning more about the process and in developing the confidence to carry out such assessments.

“The dynamic risk factors for the man need interpretation and are very complex to understand and you need experience to do this. … This could not be done by just any social worker: I still do not feel confident about this, even with support. … It’s all well and good reading the manual, but you need examples from someone who has done the work and examples of behaviour. One size does not fit all, and the men assessed can be very different. You need to understand and analyse this, and that only comes with experience.”

[Practitioner – social work background]

However, resource challenges and the need for independent assessments for court could also be a barrier.

Recommendations

- These findings should be used to inform any future decisions about scaling up and transferring knowledge of this service to other agencies.
Conclusion

Staff were positive about the three-part assessment model used by the NSPCC, particularly because it includes the views of the child. They felt that the assessment guide provides a useful evidence base for assessing men who pose a sexual risk to children. However, they also felt that the guide was very theory-based and would benefit from including more practical detail on how to conduct each of the three parts of the assessment, and how to draw the evidence together from each component of the assessment to form a conclusion. The guide was initially implemented in draft form, so that it could be improved on the basis of feedback from staff using it. These findings will be used to improve the guide.

The guide was intended for use by staff with previous experience of assessing men who pose a sexual risk to children. Staff who had done this work before drew heavily on their previous training and experience to inform the risk assessments, their approach to working with such men, and for collecting and analysing information from the sessions, as this was not fully documented in the guide.

In practice, the guide was also used by staff without previous experience of assessing men who pose a sexual risk to children. They struggled to undertake the work using the guide and training alone, and needed to draw heavily on the support and knowledge of more experienced colleagues and managers, until they became more confident about conducting the risk assessments.

Similarly, staff without previous experience of ‘capacity to protect’ assessments or getting the voice of the child relied on more experienced colleagues to support them in this work as the guide and training did not give them enough practical information about how to do this.
A series of recommendations has been made throughout this briefing. Some of these are already being addressed by the NSPCC, for example, the training provision has now been amended to provide more input for staff without previous experience of any area of the assessment. Other developments are under way, including adding the additional training content to the revised assessment guide.

The views on the assessment reports of referrers and how these reports have been used to influence child protection decisions are covered in another evaluation report (due March 2015) and the views of service users on the assessment process (due April 2015). A final evaluation report which reviews what has happened as a consequence of each assessment report, survey data from service users and an overall summary of the qualitative evaluation will be published in August 2015.

References


