ASSESSING THE RISK: PROTECTING THE CHILD

REFERRERS’ PERSPECTIVES

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This report is part of the NSPCC’s Impact and Evidence series, which presents the findings of the Society’s research into its services and interventions. Many of the reports are produced by the NSPCC’s Evaluation department, but some are written by other organisations commissioned by the Society to carry out research on its behalf. The aim of the series is to contribute to the evidence base of what works in preventing cruelty to children and in reducing the harm it causes when abuse does happen.
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KEY FINDINGS: YOUNG PEOPLE’S VERSION

Assessing the Risk Protecting the Child is a service that works with men who may be a risk to children. Social workers send men to the service to try to help families keep their children safe. Social workers who are worried about a child use the service to see if the man is a danger to the child and whether the parent/carer can keep the child safe from harm. The service also speaks to the child to check how they are feeling about things at home.

This report looks at how well social workers thought the assessments went. It also looks at how assessments could be better and how they helped to make decisions such as what can be done to look after the children. This was done by interviewing social workers.

Findings from the research show that:

- Social workers found that the reports they got back helped them understand more about the family they worked with and how to keep children safe.
- Some social workers thought that it took too long to get the reports back. This meant that it took a long time for families to find out what would happen next. Sometimes social workers also thought that the reports were too long and the words used meant that families couldn’t always understand them.
- Social workers felt that workers at the NSPCC worked well with families so that they could open up and speak more freely. NSPCC staff were seen as being separate from children’s service. This meant that families felt like they weren’t being judged.
- The sessions with children helped them to understand what was going on at home. The sessions with parents/carers helped them by giving them information on how to keep their children safe. This could also encourage parents/carers to make better choices when protecting their children.
- Social workers found the ideas the NSPCC had about keeping children safe helpful. Sometimes they would have liked some help with putting the ideas into action.
KEY FINDINGS

Assessing the Risk: Protecting the Child (ARPC) is an assessment service for men who pose a sexual risk to children and are not in the criminal justice system. As well as the man deemed a risk, the assessment involves gathering information from the protective parent/carer and the views and wishes of the child. The service has been delivered at nine NSPCC sites since 2011. Interviews with children’s services staff were undertaken to find out their views on the quality of the assessment reports they received.

The main findings from the interviews with referrers were:

• The assessment reports were viewed as rigorous and thorough pieces of work, which gave referrers a more detailed understanding of the service user’s life. However, sometimes referrers felt that the length of the reports and language used meant that the documents were not always accessible to service users themselves.

• Referrers felt that the reports made clear recommendations and included sufficient evidence to explain how the report author came to those conclusions. In some cases they would have welcomed more guidance from the NSPCC on how to implement the recommendations.

• There were mixed views on the time taken to produce the assessment reports. Some referrers accepted the relatively extended timescales, given the detailed nature of the reports. Others felt that the process took too long for the families involved.

• Referrers thought that NSPCC staff had worked hard to engage service users and get them to open up during the assessment sessions. They believed that the assessments helped children to understand more about what had been happening, and protective parents/carers to understand more about the risks posed by the man.

• Referrers felt that some children and protective parents/carers would have benefited from a longer period of input from the NSPCC than the assessment process allowed.
EXECUTIVE SUMMARY

Background

• Much sexual abuse is never reported and so the majority of adults who pose a sexual risk to children are not in the criminal justice system. These adults will often not have been assessed or received treatment and yet can be in contact with children.

• The responsibility for assessing this risk and making decisions about the actions needed to protect children rests with children’s services staff. Not all these staff will have the skills and expertise needed to undertake these specialist risk assessments.

• The NSPCC has been delivering an assessment service at nine UK sites since 2011. The assessments are based on the guide Assessing the Risk: Protecting the Child (NSPCC and Sexual Behaviour Unit, 2011) and include an assessment of the man deemed a risk, the capacity to protect of the protective parent/carer, and the views and wishes of the child.

• Children’s services departments commission assessments to inform their safeguarding decisions where there are concerns about a man’s contact with a child either due to previous convictions, a finding of fact in a family court, or allegations of sexual abuse.

Methodology

• The evaluation of the service is qualitative and includes the perspective of the service users who have been assessed, NSPCC staff who have used the assessment guide and referrers who have received completed assessment reports.

• The interviews with referrers focused on their views on the quality of the assessment reports and how they could be improved; how the assessment reports had been used to inform decision making, and how the process for conducting assessments with service users could be improved.

• Given the high workload of referring social workers, it was difficult to make contact with them and for them to find time to take part in an interview. Despite this, fourteen interviews were held, covering referrers in eight different local authorities or trusts.

• The sample was also diverse in terms of the reason for the assessment being commissioned, the forum the report was used in, and the decisions taken as a result of the assessment report.
Key findings

• Some referrers accepted the length of time taken to complete the assessment report given the detailed reports they got back. Others felt that the process took too long for the families involved and could delay decision making.

• Referrers welcomed updates from NSPCC staff during the assessment process about progress and emerging issues. These could be used to inform case planning and helped deal with the timescales taken for the report to be ready. However, not all referrers felt they had had enough updates.

• Referrers felt that NSPCC staff worked hard to engage service users in the assessment. It helped that NSPCC staff were seen as different to children’s services, and that families did not feel judged. However, some service users did not engage well in the process.

• Referrers felt the children involved in the assessment benefited from having any confusion about what was happening at home explained, and learning about protective behaviours. Some felt that the children would have benefited from a longer period of input from NSPCC staff.

• Referrers felt that the work with protective parents/carers helped parents/carers to understand the risks posed by the man and feel more able to take action to protect their child. However, some parents/carers struggled with the sessions, or referrers found the initial motivation to change was not sustained after the assessment had ended.

• Referrers were less likely to identify benefits for the men being assessed. The process could push them to get help with other areas of their life, but if they were in denial about the allegations, the input was not long enough to shift their views.

• Referrers described the completed assessment reports as thorough, rigorous pieces of work that gave them a detailed understanding of the service user’s life, relationships and views on the allegations or previous convictions. Referrers liked the fact that the reports were based on research evidence and felt that it gave them clear evidence on which to base their decisions.

• Some referrers felt that the length of the assessment reports and the language used meant they were not always accessible to service users. Sometimes reports did not focus on all the areas the referrer hoped would be addressed, but referrers acknowledged this could be linked to how the report was commissioned. Referrers would have liked more information on the risk levels outlined in the report and what they mean in practice. They also liked to have information about how risk levels may change as the child gets older. This was not covered in all reports.
• Referrers felt the recommendations in the reports were clear in that it was evident how the report author came to those conclusions. Practical, achievable recommendations were easier for families and children’s services staff to implement. Sometimes referrers wanted more guidance from the NSPCC on how to implement the recommendations with families, along with tools and resources to help them do this.

• Referrers did not always agree with all the recommendations in the reports. Sometimes the different child protection thresholds between children’s services departments and trusts and the NSPCC were felt to account for these differences.

• Some assessment reports confirmed the existing concerns referrers had and did not lead to any different safeguarding actions being taken. Referrers still found it useful to have the reports, to have the independent evidence to support their decisions. Other assessments highlighted new issues or concerns and directly influenced the safeguarding actions taken. Referrers felt the more detailed NSPCC assessment and having a different perspective on the case helped generate this new evidence.

Conclusion

• Referrers felt that NSPCC staff worked hard to engage service users, and the process helped the children involved understand more about the situation at home and about protective behaviours. It could also help protective parents become more aware of the risks posed by the man and more knowledgeable and motivated about protecting their child.

• The completed assessment reports were viewed as thorough, rigorous documents that helped give referrers a detailed picture of the family and the associated risks for the child. Referrers felt the length of reports meant they were not always accessible for service users and that the assessment process could take too long for the families involved. They would also have liked more explanation about the risk categories given in reports. The NSPCC is using these findings to revise the assessment guide and process. A new report template is being introduced, which may deal with some of referrers’ concerns about the length of assessment reports, the time taken to produce them and how risk is described.

• Referrers felt that the assessment reports made clear, achievable recommendations that were supported with evidence. Sometimes referrers had requested further guidance or tools from the NSPCC to help them implement the recommendations. The NSPCC is implementing a ‘Women as Protectors’ programme, which should provide more ongoing support to protective parents and carers. Not all referrers agreed with the recommendations made. This was
usually because referrers felt the recommendations did not fit with their local context of resources and priorities and what was feasible for them to do.

- Other evaluation reports of the NSPCC ARPC service are available. These describe staff’s views on using the assessment guide; how this will be improved in response to their feedback, and the experiences of the men and protective parents/carers who have been assessed. A final evaluation report that brings together the qualitative findings and the results from the tracking of what happens after each completed assessment will be published in January 2016.
Chapter 1: Introduction

This chapter gives the background to Assessing the Risk: Protecting the Child (ARPC) and outlines the service offered to referrers. It also describes the methods used to evaluate the service and carry out the interviews with referring social workers, along with some of the challenges of achieving the desired sample of interviews.

1.1 Writing our assessment guide

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 those 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, these adults will often not have been assessed or received any treatment, yet they can be living with or having contact with children (Hebb, 2005; Fisher et al, 1998). The responsibility for assessing the sexual risk the adults pose and making decisions about the actions needed to protect children falls to local authority children’s services departments. Social workers in these departments do not always have the specialist skills and experience required to carry out such risk assessments (Hebb, 2005). The result is that they are often carried out by independent assessors who are not regulated. This is costly to local authorities and can result in assessment reports of varying degrees of quality (Hebb, 2005).

The factors that need to be considered to assess risk and take protective action for children are well known (Craig et al, 2008). The NSPCC commissioned the Sexual Behaviour Unit at Newcastle to bring together existing research in this area and to develop a good practice guide for conducting assessments. The guide, Assessing the
Risk: Protecting the Child – The Assessment of Men’s Sexual Risk in Child Protection Settings (2011) was written by the Sexual Behaviour Unit with input from the NSPCC. The guide 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 guide is based on the latest knowledge and best practice in sex offender assessment, drawing on cognitive behavioural therapy, attachment therapy and the Good Lives Model of Offender Rehabilitation.

Assessments based on the guide include the views of the children, the capacity to protect of the non-abusing parent/carer as well as the assessment of the man deemed to be a risk, and so focus on risk in a family context.

1.2 How the guide was implemented by the NSPCC

The guide has been in use by NSPCC practitioners since 2011 and is being delivered by nine teams across the UK. Referrals to the service are made by local authority children’s services departments when there are concerns about a family. Sometimes an assessment is requested to inform the social workers’ own decisions about the risk the man poses and the actions that are needed to protect the child. At other times an assessment is requested to inform a court decision about contact arrangements between the man and the child, or as evidence for the local authority to instigate care proceedings. The case remains open to children’s services while the assessment is being completed, and any safeguarding concerns must be managed by children’s services before the NSPCC will start the assessment work.

Practitioners use the guide to undertake an assessment of the:

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

The assessments are undertaken through individual sessions with the man, protective parent/carer and children, and include an examination of other sources of evidence, for example previous social services case files. An assessment report is then written with recommendations about risk and actions needed to protect the child. This will be shared with both the family and the referrer and used to inform decision making about the case.
Sessions with the man and protective parents/carers are co-worked, but sessions with children are usually delivered on an individual basis. Typically, about eight individual sessions are held with both the man assessed and the protective parent/carer. In addition, approximately 12 hours of direct work are undertaken with each child included in the assessment. The work is generally staggered, so partway through the man’s assessment, sessions start with the protective parent/carer and then with the child. This means that it can take around four months to complete the assessment sessions and write the report. In cases involving larger or more complex families, the process can take up to six months.

1.3 Evaluating the guide to improve content, process and dissemination

The evaluation seeks to understand how the guide is being used and how assessments inform child protection decision making. The findings will be used to improve the content of the guide; the process for conducting the assessments, and also to think about what needs to be in place if the guide is to be shared with other agencies who may be interested in carrying out their own assessments.

In-depth interviews were held to seek the perspectives of:

• the men and protective parents/carers who have been assessed
• referrers receiving assessment reports
• NSPCC practitioners using the assessment guide.

Quantitative data was collected through a tracking exercise to look at what happens as a result of each completed assessment. Surveys were also carried out with men, protective parents/carers, children and referrers at the end of the assessment.

This report looks at the findings from the interviews with referring social workers who have received an NSPCC assessment report.

Method

The interviews with referring social workers focused on:

• their views on the quality of the assessment reports received from the NSPCC and how they could be improved
• how the assessment reports have been used to inform child protection decision making
• what actions have been taken as a result of the assessment reports
views on how the process for conducting assessments with service users could be improved.

Developing recruitment to improve data collection

Many of the social workers who made referrals to the service are based in duty child protection or assessment teams. A combination of their high workload, the nature of their roles and the need to respond to emergency situations at short notice meant that they were a difficult group of respondents to make contact with. The initial approach to asking referrers to take part in an interview was to email all referrers a feedback survey after the assessment report had been completed. The survey also asked if they would be willing to take part in a more detailed interview to talk about how they had used the assessment report. The first referrer survey generated a 40 per cent response rate and five of the ten responding referrers agreed to be contacted about taking part in an interview.

Respondents were contacted by telephone and the interviews were explained in more detail. If the referrer agreed to take part, a time to complete the interview by telephone was arranged, or if preferred, the interview took place straight away.

Subsequent mail-outs of the referrer survey generated a lower response rate and no respondents agreed to take part in an interview. Instead, a different approach to generating interviews was tried. The survey was suspended and instead referrers were emailed about the interviews, which was followed up with a telephone call within a week. Often it took numerous attempts to speak to the referrer and some referrers could not be reached by telephone after several months of trying. This was often made more difficult by high levels of turnover of referring social workers, some of whom were agency staff and were no longer in post by the time they were contacted. Interviews, which ranged in length from 15 to 45 minutes, took place over an 18-month period from January 2013 to June 2014.

Ensuring diverse sampling

Fourteen referrer interviews were conducted, representing social workers in eight different local authorities or trusts. Each interview only gained the perspective of the social worker who had worked directly with the family who had been assessed, and did not include the views of their first line manager. Given the difficulties in contacting referrers for interview, it was not possible to sample referrers, so instead all referrers were contacted until the target of fourteen interviews was achieved.
Despite this, the final sample was diverse in terms of:

- local authority area
- the reason the assessment report was commissioned
- the forums that the report was used in
- the decisions taken as a result of the assessment report.

The composition of the sample can be found in Appendix 1.

Data collection and analysis

Referrers were asked for permission to record the interviews. If referrers did not agree to this or the organisation they worked for did not allow it, notes of the interview were taken instead. The interviews were transcribed verbatim and analysed in Nvivo using the framework approach. This allowed an analysis of emerging themes both within a case and across different cases.

1.4 Limitations of the research

The views included in this report are those of referrers who could be contacted and were willing to be interviewed. It is not known whether the views of those referrers who could not be contacted may have been different in some way or less favourable to the assessments.

Given the time pressures felt by referrers, some interviews had to be done quickly, sometimes within 20 minutes, as this was all the time the referrer could spare. In these interviews, all topics within the interview schedule were still covered, but this sometimes left limited opportunity for probing and getting a more in-depth understanding of the issue being discussed.
Chapter 2: Analysing the assessment process

This chapter looks at referring social workers’ views on the way in which NSPCC staff carried out the assessment and how this could be improved. It includes feedback on the time taken to complete assessment reports; the level of communication between the NSPCC and the referring social worker, and referrers’ perspectives on how service users were engaged in the assessment.

2.1 Referrers’ views on time needed for assessment completion

Views on the time taken to complete assessment reports were mixed and fell into four categories. The referrers felt that the timescales were either:

- not problematic
- a bit long, but they accepted this, given the detailed reports generated
- acceptable to them as a professional, but too long for the families involved, or
- too long for everyone involved.

Some referrers reported that they had received their assessment reports within the timescales agreed at the start of the work (in these cases usually 8–12 weeks) and were happy with this. Referrers were pleased with the quality of the assessment report and for some, this meant they accepted the time it had taken to produce such a detailed piece of work. They understood the amount of work that had gone into the report – even if they would have liked it if it had been produced a bit quicker. Some referrers felt that, given the nature of the assessments, nothing could have been done to speed the process up.

It took a long time, about 6 months and we don’t like to keep cases open if we don’t need to. But I don’t think it should be rushed or they should try and condense it, because the information that we got out of it was really, really useful. So although it was a long time, it balanced it out because it was a useful assessment to have.

[Referrer 11]
When large family units were involved in the assessment and referrers knew that they could be difficult to engage or did not always turn up for appointments, this added to the acceptance of the length of time taken to complete reports. Referrers also recognised how difficult it had been for NSPCC staff to complete the report when the family context was quite complicated, or they were getting conflicting views from different family members. As long as their deadlines were met – to have the report ready for a case conference meeting or court hearing – referrers accepted the length of time it took for the report to be written.

Some referrers accepted the time taken to receive the report, but felt that the process could take too long for the families involved. This was particularly so if the family was left feeling anxious about what the outcome of the assessment would mean for them and their children.

I acknowledge the time it takes to get things up and running, reading files, because there were a lot of files to read. I mean there were six children and on top of that you had mother’s childhood files, you had uncle’s childhood files, there was a lot of preparation to do and then obviously meet with the family, meet with all the children – there was a lot of work. So I don’t think I was overly concerned about the length of time, but I know for the family it felt like a very long time. It felt that there was a huge delay in me saying, ‘I’ve made the referral’, to it being picked up, to it being finished. So from their perspective they would probably say: ‘actually no, it took too long’.

[Referrer 3]

The time taken to produce the final report could have an impact on the family or the decision making about the case. Sometimes no contact with children was allowed until the report was ready and this could leave families feeling hostile towards children’s services. In some cases, social workers felt they could not make decisions about the case until they had the assessment report, and this meant that potentially, children were left in situations that were not ideal for them.

While this was being undertaken, that child, potentially … could have been [in] too high of a risk situation … and we’re talking nine months, that’s not a short time. [...] I felt that I couldn’t make my decisions until that assessment was completed. [...] … actually, there are recommendations from the report … so then you’re looking [at] … another nine months plus time to then action.

[Referrer 10]
For some referrers the process felt too long both for them and the families involved. This was particularly the case if the report had taken longer than was originally planned or if a court deadline was not met. Sometimes the NSPCC sign-off process was felt to be the cause of the delay. If there was a delay in producing the report, some referrers had been sent the recommendations and felt it was useful to at least have these, even if they had to wait for the more detailed report.

We always want the reports as fast as possible and it doesn’t always happen as fast as we would like. I can appreciate it needs to be signed off by managers and I think that’s what slows it down, it being reviewed by managers. They sent me the recommendations prior to it being fully signed off, but she couldn’t send the whole report, but she could tell me roughly where things were at, which was quite good.

[Referrer 13]

2.2 Referrers’ reactions to assessment updates

The updates on progress with the assessment that referrers received from NSPCC staff throughout the process helped referrers feel more comfortable about the time taken to produce assessment reports. Referrers recognised that the NSPCC needed to maintain their independence throughout the assessment, but welcomed feedback on how the assessment was coming along, and hearing about any emerging concerns. This helped them to understand how NSPCC staff went about the assessment and what it was based on, along with giving them early insights into the type of issues that might be coming out in the recommendations. Referrers could use this to inform their case planning and it meant that there were no surprises when the final assessment report came out.

There wasn’t anything that I didn’t expect to hear out of the report because I was in contact with the workers. So we discussed things as the assessment went along and I did partake in a little bit of it with the client, which was really useful because it helped me to understand how they develop relationships and how they went about doing their work … They were very clear about the boundaries around their work and what they could discuss with me at certain times and what they couldn’t, and that was fine, I completely understood the process.

[Referrer 2]
Referrers also welcomed NSPCC staff attending case meetings or strategy meetings with other professionals to feed in progress with the assessment. However, some referrers reported that NSPCC staff did not attend multi-agency meetings and felt this would have been useful.

Not all referrers were in regular contact with NSPCC staff throughout the assessment process. Some referrers felt it would be more useful if the NSPCC could advise other professionals of likely support needs for the family as they became aware of them, so that referrals could be put in straight away rather than after the report had been produced.

If they had a session and … they advised me ‘actually, grandma’s really struggled with this session, I think she needs some emotional support,’ … I could look at actually signposting for emotional support. And I think that was one of the recommendations in the report.

[Referrer 10]

These referrers would have welcomed an early view on the risks posed to inform their case planning.

2.3 The importance of a quick start to assessment sessions

There were mixed views on how long it took for the assessment to get started once the referral had been made. Some referrers felt that the work started quite quickly. Others felt that there were some delays in getting started. Sometimes the delays were on the part of the service user missing appointments or changing their mind about whether they wanted to take part in the assessment, but at other times the delay was felt to be caused by the NSPCC. The reasons given for this included delays in finding a suitable venue for the assessment for a disabled service user, and the NSPCC reinforcing with the family that they had a choice in whether or not they took part in the assessment, when the referrer felt that they had already gained consent from the family.

Sometimes referrers felt the venues used by the NSPCC for the assessment sessions involved too much travelling for the service user, particularly for children.
The guardian on the case was really anti making these children come out of school earlier to travel that length to be seen. Now, I was kind of caught in the middle of that as the social worker, in the sense that I could understand where the NSPCC were coming from – that they wanted a neutral venue where everything was set up for the children, but I could also appreciate what the guardian was saying, ‘well, these children are coming out early from school and having to travel this length of time.

[Referrer 3]

2.4 Engaging service users in the assessment

Referrers felt that NSPCC staff had worked hard to try and engage service users in the assessment process. Some service users engaged well with the assessment, but others were more challenging to engage.

In cases where the engagement went well, the factors that seemed to have helped were:

- NSPCC staff quickly building a relationship with the family
- service users not feeling judged by NSPCC staff
- service users perceiving the NSPCC as different to children’s services
- the NSPCC assessment focusing on a different angle to the concerns of children’s services
- the service user being motivated to comply in order to get contact with the child.

Referrers thought that NSPCC staff had managed to forge a relationship with the families they were working with quite quickly, which had helped the family to discuss issues honestly with them and to talk openly about their background and experiences.

It was really valuable, especially because I don’t know whether if I’d conducted those assessments myself … I would have got the same kind of result, because obviously I was known as the children’s social worker. So you have a different relationship with the family, and whether grandfather would have been so open about his kind of actions … I don’t know … .

[Referrer 10]
They felt this was due in part to the way in which NSPCC staff approached service users: sometimes a direct approach, outlining clearly what the concerns were and why an assessment was needed, had helped. Sometimes referrers described the families involved in the assessment as difficult to engage or denying the allegations against them, and so they acknowledged how difficult it was for NSPCC staff to engage them in the assessment. Referrers reported that families had felt they had a good service from the NSPCC and that they were not judged in any way.

I mean, it was a very difficult case really, because the disclosure wasn’t repeated and they were quite difficult people to work with in a lot of ways, because they would deny severity … of what had been said. So I think the worker did well to get them on board, really.

[Referrer 13]

Another important factor in encouraging families to engage with the assessment was that the NSPCC was viewed by service users as being independent from children’s services. Sometimes service users had a negative view about children’s services involvement and so it helped that they were working with someone else. This could mean that the service user developed a better relationship with NSPCC staff than they had with their social worker, which in turn led to them being more open in the assessment or sharing new information. It also helped that the NSPCC only looked at one area of concern, whereas children’s services could be focusing on a range of issues about the family.

And of course they’ve [NSPCC] got the same responsibilities as everybody else and they’re social work trained but their vision of it was different, because they were developing a relationship to understand an element of this man, whereas we were having to look at the whole thing and make decisions about what we felt could happen and couldn’t happen. So they were able to engage the family much better than I was.

[Referrer 2]

In cases that were going to court, this could be a source of motivation for the service user to engage with the assessment, particularly if this was reinforced by their legal representative. Similarly, service users could be motivated to take part if they felt this was going to give them contact with the child or other family members.
Despite the efforts to engage service users, referrers sometimes had concerns about how honest the service user had been during the assessment sessions. There were also examples of service users disengaging from the assessment, and not attending further sessions if they became annoyed with the sessions or staff had challenged them about their views.

**Summary of key points**

- Views were mixed on the time taken to write assessment reports. Some referrers felt the length of time taken to produce reports was acceptable given the in-depth reports they received. Others felt that they took too long for the families involved and could delay decision making about the family.

- Referrers welcomed updates from NSPCC staff during the assessment process to help inform their case planning. However, not all referrers felt they had received these, and some had not been made aware of the support needs of family members until the end of the assessment.

- Some referrers felt the sessions with service users were set up soon after the referral had been made. Others felt that difficulties with finding an appropriate venue or re-checking consent to take part with service users had delayed the start of the assessment.

- Referrers felt that NSPCC staff had worked hard to engage service users in the assessment. This was helped by NSPCC staff building relationships with the family and family members seeing the NSPCC as different to children’s services.
Chapter 3: Referrers reflect on what service users get from the assessment process

This chapter looks at referrers’ perspectives on the benefits of the assessment process for the men, protective parents/carers and children involved. It also looks at some of the limitations of the assessment for those involved, and identifies further needs of service users that are not always met.

3.1 ‘Voice of the child’ sessions can help give children greater awareness of protective behaviours

Referrers felt that children had benefited from the sessions. For children who had some understanding of what had happened at home, the sessions could help to clear up areas of confusion.

She was of an age where she could kind of understand what was happening. They did various exercises with her and let us know what the theory was behind the exercises. I think it helped her understand what was going on and helped clear some of the confusion around the whole situation.

[Referrer 1]

Some NSPCC staff had done work with the children on protective behaviours, which referrers felt was useful for the child.

The process was positive for her and she enjoyed the experience. She felt empowered by it. She gained an understanding … about keeping herself safe, her own boundaries and things like that. I did think the one-to-one work with the child that was done was excellent. I was really impressed with that and the child actually kept it and was quite proud of it and was able to talk about all the different things that she’d done, so that was good for her.

[Referrer 14]

If the family did not have a positive relationship with children’s services, referrers felt that it was better for the child to do this work with NSPCC staff rather than with their social worker. Sometimes the NSPCC did not do the protective behaviours work with the child,
but instead made recommendations about the work that children’s
services should do on this with the child. This was because some
NSPCC teams felt that the protective behaviours work with the child
went beyond the remit of the assessment.

Where work had taken place with children, referrers sometimes
felt there would have been a benefit in the NSPCC being able to
continue their involvement for a longer time period. It was recognised
that there were limits to how much input the NSPCC could give,
but where children were engaging well with NSPCC staff and
getting some benefit from the work referrers would have welcomed
further input.

One of the workers from the NSPCC did continue doing a
few more sessions with one of the children because she was
so concerned about him, but she couldn’t continue her work
because her focus is on the risk assessment, which was a
shame because actually he was benefiting. He had built up a
relationship; he seemed to be opening up.

[Referrer 3]

Sometimes referrers felt that the information about the child’s views
in the assessment report was not any different to the work they
themselves had done with the child. However, they could still see a
benefit of the child’s views being included. Referrers had different
levels of involvement with the child, which may account for the
different views on the usefulness of the ‘voice of the child’ work.

Not all the cases discussed in the interviews had included work
with the child. Sometimes this was because the child was too young
to take part in discussions with workers, or because the child was
already attending Letting the Future In (an NSPCC therapeutic
programme for children who have been sexually abused). The work
with the child could be limited if the protective parent/carer did not
support the work, or made negative comments about the work to
the child. Sometimes parents/carers had concerns about the child’s
involvement in the assessment and the possibility of the child hearing
distressing things.

3.2 Educative work can help protective parents/carers move forward with their lives

Referrers felt that the ‘capacity to protect’ assessments could bring
about a range of benefits for protective parents/carers, including:

- a greater understanding of the man’s behaviour and the risks
  he presents
• increased information about how to keep their children safe and feeling more empowered about putting this into practice
• reflecting more about their own life and opening up to staff about their experiences
• increased motivation to make changes in their life.

Referrers felt that protective parents/carers gained a deeper understanding of the risks posed by the men assessed; the reasons behind the behaviour the men might be displaying, and more awareness of risky behaviour that they should be alert to. This sometimes resulted in the protective parent/carer changing their view about the level of risk the man posed to children.

The evidence in the report was a turning point for mum, as she hadn’t realised these behaviours the dad was presenting could have possibly been because of his feelings towards young women. It was backed up with evidence that she’d not had before. That was the most useful bit, and that was what we went through with mum and [we] highlighted those areas. I think it will be more helpful in the future, so that if mum is going to have him back and needs to protect her two younger children as they grow up, she’s equipped to look for those types of behaviours in him and be more vigilant if he was to present those behaviours again at home.

[Referrer 11]

Protective parents/carers were also given guidance about the actions they could take to help protect their child from the risks the man posed. Referrers felt that the work also helped protective parents/carers feel more empowered about standing up to the man and putting their children first.

She got a lot of educational-type stuff out of it and I think it helped her to be able to say to [the man assessed] … ‘Well, look, this is how it’s going to be, because children’s services have said …’, or ‘because I’ve been advised’ or whatever, rather than her being given the responsibility of boundarying [sic] it all; she was supported to do that.

[Referrer 2]
The women involved in the assessments sometimes opened up to NSPCC staff about issues in their own lives that they had not always felt able to discuss with other professionals. This helped them to reflect on their own experiences, think about the impact this had on their current relationships with partners and children and make decisions about moving forward with their lives.

Mum gradually blossomed. She did have some issues in her past of her own relating to abuse and neglect and I think it helped her come to terms with those things and feel quite empowered about ‘well, this is what I want for my children and it’s not going to happen again,’ so I felt she benefited massively from it.

[Referrer 14]

Not all women were in a relationship with the man deemed a risk at the time of the assessment, but referrers were sometimes considering letting the woman supervise the man’s contact with the child. They felt that the learning the women gained from the sessions could still be used by them in future relationships.

She hadn’t opened up before and engaged, which was needed for her to take a lot of information on board and protect her child. Other professionals had spoken to her but she built up a relationship [with the NSPCC practitioners] and that consistency was beneficial. It can be daunting to discuss sensitive areas, but she found it informative. The NSPCC have worked with her effectively and she says now she’s taken on board the concerns, and I think what is crucial for her is for her to be aware of all these issues; all these scenarios that the NSPCC put to her is for future relationships and I think she’s taken that on board. So she’s being able to reflect in essence I suppose on the work she’d done previously, which I think is crucial for her for moving forward in her life with any sort of relationship she enters into.

[Referrer 6]

However, some protective parents/carers struggled with the assessment sessions and did not always fully engage with them. Sometimes referrers found that the assessment process seemed to help protective parent/carers feel motivated to make changes in their life, but this was not maintained once the assessment was completed.
There was a real response from mum following those recommendations, a real significant response in that she asked to meet with me alone for the first time to discuss the report and her childhood history, and reading her records and going to get therapy. So that was really poignant at the time, because she wouldn’t engage with me, I spent a couple of hours with her … However, a couple of weeks later, months later, things have rapidly deteriorated again.

[Referrer 3]

Assessments could identify that a protective parent/carer did not currently have the capacity to protect, but that with educative work and support this could be improved. Some referrers questioned who could then do this work with the protective parent/carer.

… Actually, if you’ve got skilled NSPCC workers who know this risk quite well and they’ve assessed that she has not got those protective factors … what they do is say, ‘Well, she hasn’t got those, she needs some support to learn those,’ but who does that? It would be beneficial if the NSPCC did that work … I don’t know whether that’s a piece of work that social care have got the capacity to do. It’s about using the skills widely as well, isn’t it … not all social workers are really skilled about dealing with sexual risk.

[Referrer 10]

3.3 Longer input is needed to help men benefit from the assessment

Referrers were less likely to identify how the assessment had helped the man involved. Some men were experiencing other difficulties in their lives at the time of the assessment, for example substance misuse or mental health problems, and referrers felt the assessment could provide the impetus for the men to seek help for these other difficulties and start to make changes in their life.

The man is still in some denial about his actions, but clearly understands what he can and can’t do and what’s appropriate and inappropriate. Other parts of his life deteriorated – he lost his job and was drinking heavily. This process has maybe given him the push to make other changes in his life, which may help the whole process.

[Referrer 2]
Although some men engaged with the assessment process, referrers felt that if they were still denying that there was a problem, it was difficult to see that the assessment had been of any benefit to them. Other referrers felt that a much longer input would have been needed with the man to start to shift what were often deeply set views and attitudes, but this was beyond the remit of an assessment service.

I think realistically the work would have had to have gone on for longer with them and that wasn’t going to … happen. My guess is that they haven’t shifted an awful lot because they haven’t had long enough … something that would have been a lot more long term, would have involved a lot more cooperation from them, which we weren’t going to get, … more willingness for their attitudes to change. The family didn’t think there was anything wrong.

[Referrer 5]

**Summary of key points**

- Referrers felt that the children involved in the assessment benefited from getting a greater understanding of what had been happening at home and learnt more about protective behaviours. They felt that it would have been useful for some children to have a longer input from the NSPCC.

- Some referrers felt that the ‘voice of the child’ work had not given them any new information, as they had already done some work with the child themselves. However, they still felt it was useful for the children’s views to be included in the assessment report.

- Referrers felt the work with protective parents/carers helped them to understand more about the risks posed by the man, and how to keep their children safe. It also helped them to reflect on their own experiences and become more motivated to make changes in their life and protect their children. However, referrers found that for some parents the motivation to change was not maintained once the assessment had ended.

- Referrers were less likely to identify how the assessment process had helped the men involved. It could push them to get help with other difficulties they were experiencing, but for men who were in denial about the allegations, the input was not long enough to shift behaviour.
Chapter 4: Quality of assessment reports: detail vs length

This chapter presents referrers’ views on the quality of the assessment reports received and the recommendations within them. It also describes the suggested improvements that could be made to the assessment reports as well as referrer’s views on the way the report is shared with service users.

4.1 Detailed assessment reports help inform decision making

Referrers were appreciative of the assessment reports they received from the NSPCC. They described the reports as being thorough and rigorous. Reports were viewed as informative in that they gave detailed descriptions of service users’ lives, their views, including going back to issues from childhood that were risk factors. This helped referrers to form a rounded view of the ongoing issues within a family, and to fit all the different pieces of evidence together.

It gave a real insight into the man and his understanding of what had taken place, his life generally, how he presents as a person, his views and values. Gave clear indicators of how they’d made the recommendations as it was quite technical stuff.

[Referrer 9]

The reports also gave referrers a more detailed understanding of the man’s offending history and his views on the allegations and therefore the risks he posed.

The information about his denial and him not accepting his previous conviction. That helped me not just to understand the sexual behaviours but his behaviour in general about violence and the way he behaves because he denies all that as well.

[Referrer 8]

Referrers found it useful if the assessment reports outlined how the risks might change as the child got older, as this helped the service users to understand why children’s services had concerns, even if at the time of the assessment the risk was not high.
It talked about [it] in my report that dad wasn’t a risk to young children necessarily, it was more when the children hit puberty and older, which was really useful to explain to mum … maybe the young children are not at risk at the moment but they will be as they grow older. And it was also useful to sit down with both parents together and dad to realise that I was saying these things to mum, so that mum understood, so they both know that I’m saying the same thing to them.

[Referrer 11]

Referrers liked the fact that the reports were linked to theory and research about risk factors for sexual abuse and felt that the analytical approach provided clear explanations about why the behaviours that were of concern had taken place. The reports also outlined how the NSPCC had worked with service users to carry out the assessment and collect the information in the report. This provided referrers with clear evidence they could use to support their decision making process.

The report author was very knowledgeable and had good insight into statistics and what’s commonly expected of people who are perpetrators of sexual abuse. He was able to relate that to the case. It was clear he wasn’t just making any judgement, he had a really good knowledge base for that.

[Referrer 11]

4.2 Assessment reports need to be concise and provide detail on risk levels

Although the assessment reports were viewed positively, some areas for improvement were identified. Sometimes referrers felt the reports were too lengthy. There were also concerns about some of the language used in the reports. While some referrers felt that the reports were accessible to service users, others felt the length of the reports and language used could make it difficult for service users to understand them.

It was a lengthy document and it did have a lot of jargon in it. It wasn’t that it wasn’t understandable but it wasn’t easy to read. … these reports do need to be shared with the family and when I shared it with them I really felt for them as it had taken myself and my managers some time to get my head around the report, so I don’t feel it is very service user friendly. There’s nothing wrong
with using big words that actually explain what you’re trying to say but when a service user is reading that it’s very academic.

[Referrer 10]

Sometimes referrers felt that the report did not cover all the issues they had hoped it would, although it was acknowledged that this could relate to how the assessment had been commissioned. Although some assessment reports covered issues about risk changing in the future, not all did and this was something referrers wanted more information about.

The report missed the point as it said [man] was no risk to his daughter, but didn’t talk about when she gets older.

[Referrer 5]

Some referrers would have liked more explanation about the risk level given in the report and what this meant in practice.

It was very clear in terms of coming to a conclusion … I thought medium, what does that mean? … it means that basically obviously they can’t really say that there’s no risk and it’s very difficult. […] I don’t want to say it felt like a cop out because … it is a risk assessment, but … in other reports, other programmes that NSPCC do they break those down … and I think that would be really helpful.

[Referrer 10]

4.3 Referrers do not always agree with recommendations

Referrers felt that the assessment reports gave clear recommendations and presented the evidence in such a way that it made it easy to see how the assessors had reached those conclusions. Referrers were positive about recommendations that were very practical and achievable for families to take on board and that made it easy for children’s services or the court to see what actions had to be taken to protect the child.

Not all referrers had the skills or experience to undertake risk assessments themselves and found it useful to have someone with that background propose recommendations for the case they were working on.
I would have been expected to make a judgement about dad and mum’s ability to protect but although I’ve worked in child protection for years I’m not qualified to go into the psycho-social side of things, and the offender type of stuff, so … it was invaluable.

[Referrer 13]

However, some referrers did not agree with all the recommendations made in the assessment report. This could be because the recommendation was different to the referring social worker’s view on what was appropriate for the child. Sometimes referrers felt that NSPCC assessment reports could have a large influence on decisions taken by courts and this could raise concerns if the referrer did not feel comfortable with the recommendation.

… If it was a risk assessment, then balancing up the safety of the child and the fact that she would be continuing to have contact with somebody that she was quite anxious about, against the positives of being able to maintain contact with a dad. It is difficult … and I think they obviously wanted to make sure things were right for the child but I just felt … to promote contact would just be an ongoing issue of anxiety for her.

[Referrer 14]

At other times, referrers felt that the different child protection thresholds used by children’s services departments and the NSPCC meant that recommendations for further work were not always seen as a necessity or priority by children’s services when resources were limited.

While agreeing with some, I do believe that the NSPCC’s thresholds don’t always meet with our thresholds in terms of child protection, and I suppose at times there’s a lack of understanding of what the limitations of our role are. While both organisations are focused on protecting the children … I suppose there are very different perceptions of – I don’t want to say reality … in terms of what we can do, but also of what the family are expected to do. […] I don’t want to come across that we have lesser expectations … but I suppose in the context of … the family that you’re working with … recognising … progression … as opposed to always try and strive and … want more and more, … which in the long term can put the family off.

[Referrer 12]
4.4 Referrers find it difficult to share reports they haven’t written

In some teams, NSPCC practitioners had shared the assessment report with service users and explained the content to them. In other teams, the referrer had been asked to do this. Some referrers found this difficult to do when they had not written the report themselves.

I shared the report with the family, as I can’t make a decision based on a report they haven’t read. But I did feel it wasn’t my report, I didn’t have ownership over that report, so sharing it with the family wasn’t beneficial for me … because when they had questions or if they hadn’t understood certain concepts, who am I to be able to unpick that, as I didn’t write it. It was difficult if they question what’s been written as it might not have been what I thought, or my opinion.

[Referrer 10]

Where the NSPCC practitioners had shared the report with service users, some referrers felt more planning should have gone into the logistics of this for families who had brought the children along to the appointment, as this had meant that someone had to look after the children while the report was being shared with the adults involved in the assessment.

4.5 NSPCC assessments compare favourably

Of the referrers interviewed, some had only ever received assessment reports from the NSPCC and so were not able to make comparisons in terms of quality. Others had had reports from other assessors and felt that the quality was similar.

Sometimes referrers felt they would have preferred a more specialist forensic psychology report on the man rather than an assessment by an expert social worker, but had found the cost prohibitive.

However, overall, referrers were pleased with the assessments received from the NSPCC and felt they would use the service again.

The NSPCC service is really valued here as it was a massive gap. We really appreciate the independence and expertise of the NSPCC. The service is very much needed and we want it to continue.

[Referrer 1]
Summary of key points

- Referrers felt that the assessment reports were thorough, rigorous pieces of work that gave them a detailed picture of service user’s lives, including risk factors from childhood. The reports helped them understand the man’s views towards the allegations or previous convictions and gave a rounded view of the available evidence.

- Referrers liked the fact that the reports were based on theory and research about the risk factors for offending, and felt that the analysis in the reports gave explanations for the behaviour of concern. This gave referrers clear evidence to inform their decision making.

- Referrers found it useful when reports outlined how risk may change as children get older. Some referrers would welcome more explanation about the risk levels used in the assessment report and what they mean in practice.

- Sometimes referrers felt that the length of the reports and the language used in them could make them difficult for service users to understand.

- Not all assessment reports had focused on the issues that referrers thought needed addressing, although there was recognition that this could be a reflection of how the assessment report had been commissioned.

- Referrers felt that the reports made clear recommendations and that it was easy to see how the report writer had reached those conclusions. Recommendations that were practical and achievable were easier for families, children’s services and courts to implement.

- Some referrers did not have the relevant skills or experience to implement all of the recommendations themselves, and would have welcomed further guidance from the NSPCC on this.

- Referrers did not always agree with all the recommendations in the reports and sometimes felt the different child protection thresholds used by the NSPCC and children’s services accounted for these differences.

- Some teams had shared the report with service users, but others had asked the referrer to do this. Referrers found this difficult as they had not written the report themselves.

- Referrers valued the NSPCC service and wanted it to continue.
Chapter 5: Evaluation of assessment reports

This chapter outlines the reasons referrers had requested an assessment and what information they felt they gained from the completed assessment reports. It looks at the actions referrers had taken as a result of the assessments and the barriers to the recommendations in the reports being implemented.

5.1 Reasons the assessments were requested

Referrers requested assessment reports for six main reasons, which were not necessarily mutually exclusive:

- to get a detailed risk assessment of the man
- to understand the protective parent/carer’s ability to protect the child
- to inform decisions about safe levels of contact between the man and named children
- to inform work that needed to be done with the child
- to demonstrate that the local authority had done what they could to safeguard the child
- because the court had requested an independent assessment.

Referrers described a range of complex scenarios where they had concerns about the man assessed and the children he was in contact with, and wanted to understand more about whether these concerns were valid and what actions they should take to manage them. Referrers found it challenging when allegations had been made against a man, but the police had not charged him, and they were left trying to decide whether something had happened or was likely to happen in the future. The main issues referrers wanted the assessment to help them with were:

- whether the man was a sexual risk to named children and children in general
- the level of risk the man posed
- whether the man recognised his level of risk
- whether the man had moved on from historical convictions
- whether the man had the capacity to change
- the actions needed to manage the risk.
For the ‘capacity to protect’ assessments, referrers wanted to know how protective other family members would be of the child at risk. They also wanted the family to have more information and understanding about the risks posed by the man and then assess how the family reacted to that information.

Sometimes the assessment had been requested to inform decisions about whether the man could have contact with the child or whether the contact could be unsupervised. This could be to help children’s services make a decision about appropriate contact or, if the man had applied to court for contact, the assessment would be used as evidence in court. Some referrers wanted guidance about the type of work they should carry out with the child to ensure that their needs were met and they were being kept safe. The assessments were sometimes also used to demonstrate that the local authority had done everything they could to safeguard the child. Using the NSPCC to carry out an assessment showed they had made use of appropriate expertise to inform their decision making.

In some cases, the assessment had been commissioned, as the court had requested an independent assessment to inform social services’ decision making. In some cases, this was welcomed by the referring social worker as a way of getting more detailed evidence. For other cases, the referring social worker felt they already had enough evidence about the man to make a case for them not having contact, but still had to commission an NSPCC assessment because this was what the court had asked for.

5.2 Assessment reports improve referrer confidence about safeguarding decisions

Some assessments confirmed the initial concerns that had led to children’s services making the referral, and did not provide any new information or result in any change to the safeguarding actions that they would have taken anyway. Despite this, referrers still found it really useful to have the assessment report, to have their concerns confirmed in writing by someone independent and to have the detailed evidence to back up their concerns and the decisions taken to address these.

I think the local authority would have come to the same conclusion, because a lot of the NSPCC recommendations were similar to those in the core assessment. Having the NSPCC report it very much feels safer, more thorough, a more in-depth assessment, and in terms of evidence, the assessment is very clear evidence of your decision and steps to be made.

[Referrer 10]
Referrers felt more comfortable taking their planned safeguarding actions once it had been confirmed by a more in-depth assessment than they had been able to carry out. They felt that the NSPCC had more capacity to carry out an assessment than children’s services staff and could spend more time with families and engage them in a way that could be difficult for children’s services staff. It helped that the NSPCC was able to consider risk factors other than sexual risk in the family.

… Observations of the dad and his care of the children, which was important as the case is now in court proceedings with concerns about neglect. The referral was for sexual risk, but it drew out information about parenting and, in spending time with the children, raised concerns about the children, so a very comprehensive assessment.

[Referrer 3]

Some referrers felt that even if the assessment did not reveal any new concerns, it was still useful if it had helped to educate the protective parent/carer about the risks posed by the man.

It was centred on mum’s ability … we were hoping … for mum to engage with NSPCC in order to make those decisions, put the children’s needs first as opposed to continuing the relationship with the potential risk that could be posed to those children. So we were looking at educating mum basically around the risk factors of being in this relationship with this … ex-partner.

[Referrer 6]

Some assessment reports confirmed existing children’s services concerns, but in addition highlighted new information or concerns that needed addressing. This was often a consequence of the more detailed nature of the NSPCC assessments, which were able to go into more detail about a man’s offending and attitudes towards the allegations. Some assessments also gave new insights into the family history or dynamics. Referrers found it useful to get a different perspective on the family.

It confirmed … and highlighted extra things that I hadn’t picked up on myself, like how her relationship with dad was quite controlling. It also looked at previous history which I’d not dealt with or delved into in as much detail. It looked at how even though they had not been together for a few years since the incident, he’s still quite controlling and I’d not really picked up on
that, and mum needed a chance to realise he was doing that and step back and say: ‘this is what I think’ … It was helpful that it offered a new perspective and delved deeper.

[Referrer 11]

In some assessments the NSPCC had revealed new evidence about the risks posed by the man or even the protective parent/carer that raised the risk level, which had directly influenced the safeguarding decisions that were made about the case.

Through the persistence of the NSPCC we found out mum was a perpetrator. They got to know her better than I did and knew when she was lying and lots of stuff came out. It’s a very complicated family and I don’t think anyone will ever get to the bottom of it and I’m sure they probably haven’t got close to the truth but probably closer than anybody’s ever going to get. The reason the children were removed was totally dependent on the NSPCC info because they had time to do the work that we hadn’t had the time to do. Without it we wouldn’t be where we are today as Mum had said just enough to keep us off her back.

[Referrer 7]

5.3 Actions taken as a result of the assessment report

Referrers reported that the assessment reports had informed the decisions they made about the case. Even if the report had confirmed the existing children’s services concern and planned safeguarding actions, referrers had waited for the assessment report before taking this planned action.

The range of actions taken as a result of the assessment were:

- cases being closed
- recommendations implemented and monitored through the child protection conference or child-in-need reviews and then the case being closed
- cases being de-escalated to a family support worker to implement and monitor the recommendations in the assessment
- recommendations being used to inform decisions about the nature of contact between the child and man deemed a risk
- children in care being returned home
- children being removed from home.
If the assessment report had helped confirm that the man did not pose a risk to the children involved in the assessment or that the ability to protect from the protective parent/carer was strong, this could result in the referrer closing the case soon after the assessment had been completed and any recommendations had been actioned. Sometimes referrers had felt that this would be the likely outcome of the case, but wanted this confirmed and had waited until the assessment was completed before closing the case. If the family needed some ongoing support to help them implement the recommendations from the assessment, the case was sometimes de-escalated and the support provided by a family support worker rather than a social worker.

Assessment reports had also been used to inform decisions about whether it was appropriate for the man to have contact with the child and if it was, whether the contact should be supervised or unsupervised. Sometimes these were decisions children’s services departments were taking, but sometimes the case had gone to court for a decision about contact. In both circumstances, the recommendations put forward in the NSPCC report about the nature of contact had been implemented.

Sometimes children had been removed from home before the assessment commenced due to the nature of the concerns about the man assessed. If the assessment helped the protective parent/carer improve their capacity to protect or identified other actions that had been taken to manage risk, this could result in the child being returned home.

Conversely, in some cases the risks to the child were so great that care proceedings were instigated for the child to be removed from home. Sometimes the level of concern was such that children’s services were already moving into care proceedings, but the NSPCC assessment helped provide further evidence to inform care plans. In other cases, care proceedings were instigated as a direct result of the evidence in the NSPCC assessment report.

In cases where the assessment report had been used in court, referrers valued NSPCC staff attending court to present the evidence in the report.

I did a brief social work report on the issues, but then attached the NSPCC report and they also attended court. It was excellent to have the NSPCC there at court, I could have given evidence, but it was so much better to have the report author there to talk about the report.

[Referrer 4]
5.4 Lack of capacity and skills can prevent implementation of report recommendations

Sometimes there were barriers to referrers being able to implement all the recommendations outlined in the report, or it raised a need for further work and it was not always clear who could support this. In some cases, this was because referrers needed more help or guidance because they did not have previous experience of undertaking the work suggested. For example, referrers sometimes wanted more guidance on developing contracts of expectations with families about what should and should not happen to keep children safe or on doing protective behaviours work with children or protective parents/carers. Some referrers had gone back to the NSPCC for support on this or ideas for resources they could use to help them, and had found this useful.

I did struggle as it recommended some direct work with the children and some with the mum around her understanding of abuse and I didn’t have any tools to do that. I went back to the NSPCC and they emailed me some worksheets that they’ve used and some research they had on this, which is helpful. I then read through and picked out the bits I thought were useful for this family and used those.

[Referrer 11]

Some recommendations suggested that the service user could be referred to a different NSPCC service to meet their needs. However, the referrer then sometimes found that the referral was not accepted if the case did not meet the eligibility criteria.

There were also cases where the assessment showed that the protective parent/carer had low capacity to protect the child. In these circumstances, referrers would find it useful to then be able to send other potential protective carers straight to the NSPCC for an assessment, as the NSPCC already knew the family circumstances, instead of making a new referral. The outcome of subsequent assessments could also potentially change the assessment report and recommendations.

Referrers also noted that there could be limitations in the ability of service users to take on the recommendations from the report. They found that some families had been able to implement the recommendations and were motivated to do so. For others, referrers had concerns about whether the family were implementing the recommendations once the assessment had finished.
Summary of key points

• Some assessment reports had confirmed the referrers’ existing concerns and not resulted in any different safeguarding actions being taken. However, referrers still found it useful to get their view backed up by someone independent and have written evidence to support their decisions. Referrers had waited until the assessment report was ready before taking their planned safeguarding actions.

• In other assessments, the reports had highlighted new concerns or given new insights into the family and had influenced the safeguarding action taken. Referrers felt that the detail of the NSPCC assessments had contributed to this and found it helpful to have a different perspective on a case.

• Referrers had taken a range of different actions as a result of the assessment reports. Sometimes the safeguarding actions had been implemented and the case closed. The recommendations influenced decisions about contact between the man and the child and could also result either in children being returned home or being removed from home.

• Some referrers had asked the NSPCC for more guidance about taking forward the recommendations. Some had suggested that the NSPCC staff would be better placed to take forward educational work with children or protective parents/carers, as they had more expertise in this area and had already built a relationship with the family.

• In cases where a protective parent/carer had been assessed as not having the ability to protect the child, referrers would have found it useful to be able to send a different family member to the NSPCC for a ‘capacity to protect’ assessment.
Chapter 6: Conclusion

Thorough reports offer confidence but must remain accessible and concise

Referrers felt that the assessment reports received were rigorous and thorough documents that gave them a detailed understanding of service users and their lives. The reports helped referrers bring together the different pieces of evidence about a family and form a rounded picture about each individual and the relationships in the family. Referrers liked the fact the reports were based on theory and research evidence and so formed a strong evidence base for them to take to court or to base their decisions on. Sometimes referrers felt the length of the reports and the language used in them made them difficult for service users to understand. Some felt that the report did not always focus on all the issues they thought should be addressed, but recognised this could be because of the way the report had been commissioned.

While detail can offer new perspectives, greater input on recommendations would be welcomed

Referrers felt the reports gave practical, achievable recommendations that families were able to take forward. Sometimes referrers did not agree with all the recommendations in the report or felt that the recommendations made did not fit with their local context of priorities and resources and what was feasible for them to take forward.

Some reports had confirmed the existing view of referrers and not resulted in any changes to the planned safeguarding actions. However, referrers still found it useful to get their views confirmed in writing by an independent assessor. Other reports had highlighted new issues or concerns and directly influenced the safeguarding action taken. Referrers felt the more detailed nature of the NSPCC assessments and having a new perspective on a case helped highlight new issues.

Some referrers would have welcomed ongoing input from the NSPCC to help them take forward some of the report recommendations – particularly around educative work on protective behaviours with children and protective parents/carers. Referrers without previous experience of this work felt it would have been useful to draw on NSPCC expertise in this area, especially when staff had already built up a relationship with the family, and service users seemed to be starting to get something out of the assessment sessions. This can create a challenge in how much additional input can be given in what is an assessment service. Some referrers had gone back
to NSPCC staff and asked for tools and resources to help them take forward the recommendations and had found this useful.

Overly long report processes can negatively impact on families

There were mixed views on the length of time taken to produce assessment reports. Some referrers accepted the time taken for the report to be written, given the detailed pieces of work they received. There was recognition of the time taken to read historical files and set up appointments with service users, which were all part of the process. If deadlines for conference meetings or court hearings were met, and referrers were kept updated about the progress of the assessment and emerging issues, then referrers often accepted the time scales. However, some referrers did feel that the timescales were too long for the families involved, particularly when there had already been children’s services involvement before the referral, which might continue after completion of the assessment. This could cause anxiety for families who could be concerned about the outcome of the assessment and what this meant for their child. Referrers therefore felt it was useful to have an early indicator of the likely recommendations from the report before the report was ready, so they could start putting in place the necessary support for families.

The time taken to produce reports is partly a reflection of the low staff allocation available for delivering this service. The steering group will consider how the assessment process might be truncated in cases where there is a strong imperative to come to an initial decision within a tight timescale. They will also look at bringing in a more consistent review process during the assessment to help inform referrers’ case planning.

Advice of independent experts could increase positive outcomes for families

Referrers felt that NSPCC staff had worked hard to engage service users and build relationships with them. Service users sometimes viewed NSPCC staff as being different to children’s services staff and so would be more open with them. Referrers felt the work with children helped clear up any confusion for them about what was happening at home and made them more aware of protective behaviours. Similarly, referrers identified benefits for the protective parents/carers of being involved in the assessment. They felt it helped protective parents/carers to understand the risks the men posed and sometimes changed their views about the risk to their children. It could also help make them more aware of how to protect their children and more motivated to make changes and stand up to the man assessed. Referrers were less likely to identify benefits for the men taking part in the assessment, particularly those who continued to deny
the allegations. Some families were motivated to change during the assessment, but referrers felt that without further input, this reduced soon after the assessment ended.

Issues for future development and next steps with the evaluation

The interviews have highlighted some variations in practice between teams in a number of areas. These include how risk is described and whether future risks are outlined; how the report is shared with service users; attendance at multi-agency meetings, and differences in the nature of the work with children. The steering group will consider how these differences will be addressed in future developments of the service.

The NSPCC is working on a revised template for writing assessment reports, which may address some of the referrers’ concerns about the length of assessment reports; the time taken to write reports; how risk is described, and accessibility for service users. The findings presented in this report will inform those developments.

The NSPCC is developing a Women as Protectors programme to provide support and educational input to protective parents/carers. This should be operational from January 2015 and may help to provide some of the additional input on the issues from the assessment that referrers requested more guidance on.

A report on the views of service users going through the assessments will be produced in July 2015. A final evaluation report that brings together all the key findings of the qualitative work along with the quantitative survey data and information about what happens as a result of each completed assessment will be available in January 2016.
### Appendix 1

**Sample Profile**

<table>
<thead>
<tr>
<th>Case</th>
<th>Assessment of man?</th>
<th>Assessment of protective parent/carer?</th>
<th>Voice of Child?</th>
<th>Forum where report was used</th>
<th>Action taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Child in need review</td>
<td>Safeguarding actions agreed and case closed</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Children’s services decision on contact</td>
<td>Unsupervised contact agreed and case closed</td>
</tr>
<tr>
<td>3</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Child protection conference and then care proceedings</td>
<td>Children removed</td>
</tr>
<tr>
<td>4</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Child protection conference and then care proceedings</td>
<td>Children removed</td>
</tr>
<tr>
<td>5</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Child protection conference</td>
<td>Safeguarding actions agreed and case closed</td>
</tr>
<tr>
<td>6</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Court for contact application</td>
<td>Contact to be supervised</td>
</tr>
<tr>
<td>7</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Child protection conference and then care proceedings</td>
<td>Children removed</td>
</tr>
<tr>
<td>8</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Court for decision about child returning home</td>
<td>Child returned home, contact with Dad to be supervised</td>
</tr>
<tr>
<td>9</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Court for contact application</td>
<td>Contact to be supervised</td>
</tr>
<tr>
<td>10</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Children’s services decision about whether to start child protection proceedings</td>
<td>No decisions yet made – assessing other family members</td>
</tr>
<tr>
<td>11</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Children’s services decision on contact</td>
<td>Man’s contact with child not allowed. Work in place to improve Mumm’s capacity to protect</td>
</tr>
<tr>
<td>12</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Child protection conference</td>
<td>Work taking place with family to improve their support to the child</td>
</tr>
<tr>
<td>13</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Child in need review</td>
<td>Safeguarding actions agreed and case closed</td>
</tr>
<tr>
<td>14</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Court for contact application</td>
<td>Man did not attend for contact hearing so contact refused</td>
</tr>
</tbody>
</table>
References


