

Assessment Guidance

Assessing the risk of harm in families where a parent/carer is being investigated for sexual offences against children



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Purpose and Introduction

This guidance has been designed to provide a framework for practitioners assessing the level of risk posed by individuals (who may or may not have been convicted) towards their own children. The guidance is not exclusive to this particular context and may be utilised or adapted when assessing risk in other circumstances.

The primary purpose of this guidance is to ensure consistency of practice across Children's Services and to ensure the paramountcy principle relating to the welfare of children, remains central to the assessment process.

Challenges in Practice

Assessing the risk of inter-familial sexual abuse alongside other forms of abuse (eg emotional harm) can be particularly challenging for social work professionals. In this context, practitioners may encounter the following challenges:

- Children may present with no obvious unmet needs and appear to be meeting their developmental milestones. There may be no previous safeguarding history, leading to the assumption that they are generally well cared for.
- Practitioners may be unable to disclose the allegations made against the individual of concern as by doing so, it may jeopardise the Police investigation. This leaves hundreds of victims in a position where they may not get justice for the abuse they have suffered.
- Having conversations about 'sex' and 'sexual abuse' is considered taboo in some communities. This means that practitioners may struggle to easily illicit vital information to support the assessment process.
- When assessing 'protective carers' there may be intricate cultural factors which play a crucial part of family dynamics. Unless these are comprehensively understood, the assessment may be flawed.
- It can be exceptionally difficult to assess the risk of sexual/emotional harm when you are prevented from exploring the exact allegations with a possible offender and/or a protective carer. In the absence of a conviction, assessments will need to be undertaken using the 'balance of probability' test which in itself may not be based solely on facts and relies on a degree of professional judgement.
- Trying to remain objective and focusing on 'these children' can be difficult when you know their parent may have sexually abused other children. Forming a view on the level of risk posed to 'these children', in the context of their life and family functioning can be a challenge for practitioners. Trying to determine whether there can be an overlap between extra-familial and inter-familial sexual abuse has not been well-researched.

Related Guidance and Legislation

- **The Children Act 1989**
 - Part 1 Section 1: The Welfare Checklist
 - Part 3 Section 17: Provision of services for children in need, their families and others
 - Part 4 Section 31: Significant Harm
 - Part 5 Section 47: Duty to investigate
- **The Children Act 2004**
 - Part 2 Section 11: Multi agency working
- **The Human Rights Act 1998**
 - Article 6: The right to a fair trial
 - Article 8: The right to private family life
- **The Data Protection Act 1998**
The Data Protection Act 2018
 - Part 1 Section 1: The Welfare Checklist
 - Part 3 Section 17: Provision of services for children in need, their families and others
 - Part 4 Section 31: Significant Harm
 - Part 5 Section 47: Duty to investigate
- **Working Together to Safeguard Children 2018**

Process of assessment

The information gathered during the assessment process should be extracted from various sources. These sources include but are not exclusive to:

- Individual assessment sessions with the adults in the family
- Direct work with the children
- Multi-agency information sharing in meetings (Police, NCA, Health, Education etc)
- Review of electronic and paper files
- Observations of contact between the children and their parent(s)
- Family network meetings

The social worker should be particularly mindful of the cultural and identity needs of the family, use of interpreters where required and an understanding of content considered to be 'taboo' in some communities. All of these factors can be a barrier to gathering information effectively and accurately if not given due consideration. At the onset of the assessment, the worker must make clear the reason for the assessment and the type of harm to be assessed ie Sexual, Physical, Emotional or Neglect.

The assessment should be undertaken in three parts:

- 1) The individual of concern (will be referred to as IOC within this guidance)
- 2) All about the child(ren)
- 3) Protective carer/network

A mapping exercise should be completed at the conclusion of each section to inform the final recommendation and analysis. The outcome of the assessment should provide a recommendation on the level of risk posed and whether this can be mitigated or safely managed by the family network. In the absence of a conviction or charge, the assessment should make an 'on balance' decision based on the information gathered. The social worker needs to clearly identify if the child(ren) has suffered 'actual harm' or whether the concerns of the Local Authority sit within the realms of likelihood. Should it be the latter, the analysis should determine 'how likely' a harmful event is to occur.

Every assessment should end with a clear set of outcomes and next steps for how to achieve the outcomes. Deciding if services are required and if so, which services and support to provide to deliver improved welfare for the child. The assessment should determine:

- Is this a Child in Need? (Section 17 Children Act 1989);
- Is there reasonable cause to suspect that this child is suffering, or is likely to suffer, Significant Harm? (Section 47 Children Act 1989);
- Is this a child in need of accommodation? (Section 20 or Section 31A Children Act 1989).

The possible outcomes of the assessment should be decided on by the social worker and their line manager, who should agree a plan of action setting out the services to be delivered how and by whom in discussion with the child and family and the professionals involved.

The outcomes may be as follows:

- No further action;
- Additional support which can be provided through universal services and single service provision; early help services;
- The development of a multi-agency child in need plan for the provision of child in need services to promote the child's health and development;
- Undertaking a Strategy Discussion/Meeting, to consider whether a Section 47 child protection enquiry is required;
- Emergency action to protect a child.

The conclusions of the assessment should be:

- Discussed with the child and family and provided to them in written form. Exceptions to this are where this might place a child at risk of harm or jeopardise an enquiry;
- Taking account of confidentiality, provided to professional referrers;

- Given in writing to agencies involved in providing services to the child with the action points, review dates and intended outcomes for the child stated.

Section 1 – The individual of concern (IOC)

The following enquiries should be made to form part of this assessment:

- Information from the National Crime Agency – Nature of the allegation, date the offences were thought to have taken place, victim profile (is there a pattern? Number of victims, ages, gender, characteristics), age of the suspected offender at the time of the offence.
- Current status of the NCA investigation- arrested, designated, convicted etc.
- Is the IOC known to have links with other 'risky adults'?
- **The information gathered above should not be included in the risk assessment without the consent of the NCA**
- Police National Computer check results. Request for Intelligence to be made.
Intelligence is not to be included in the risk assessment
- Details of offences, suspected offences against children, convictions, cautions, findings of fact, allegations, generalised concerns. Contact and Non-contact offences should be considered as equally harmful/abusive.
- Time elapsed since the last offence – has the period of non-offending been more or less than the offending period?
- IOC's life circumstances at the time of the alleged offences (single, in a relationship, married, drugs, alcohol, employed etc.) Has the IOC evidenced any significant life changes or stability since the offending period?
- Any current orders in force? For example, SOPO or Probation involvement.
- Any offences against adults? For example, Domestic abuse, Assault, Battery .
- LCS checks to be undertaken to see if the IOC is linked to other families. Nature of involvement with other families in RMBC is to be considered within the broader assessment.
- Timeline of life experiences to date – note any negative or adverse childhood experiences. Experiences of being parented and the IOC's view of the relationship between own parents – how has this shaped his behaviours?
- When and how did the IOC learn about sex, sexual relationships, and consent? Was this discussed within the family? If not why not for example, was it taboo?
- Explore previous sexual relationships, what does the IOC find attractive, sexual preferences, fantasies, how do they get sexual gratification – analyse profile of previous partners.
- Analysis of past and current relationships – consider ages and circumstances for both adults. Any evidence of domestic abuse, coercion, power dynamics? Is the marital relationship one of choice, arranged or forced? Explore how accepted is the IOC's partner by the extended family network.
- Religious/cultural influences over relationship choices – for example, personal views on inter-racial relationships, views on sex before marriage etc. If the IOC

did have sex before marriage how does this shape his thinking/views and how accepted was this by the extended family?

- How does the IOC articulate the importance of inter-human relationships and harmony? What is the IOC's perception of white, black, gay, lesbian, transgender people etc? If the IOC has religious/cultural views that support their position, then explore what this means for them on a day to day basis?
- Views on Historical sexual abuse cases reported nationally as a whole – is it proportionate, necessary or an unfounded conspiracy?
- Ability to empathise/sympathise with victims of CSA – Can the IOC articulate how they must feel post abuse and how this will impact on the rest of their lives?
- What is the IOC's opinion of what it was about those children that led to the offences against them?
- What information has the IOC provided to the child's non-abusing parent regarding the purpose of this assessment? Is this accurate?
- Consider factors that may heighten risk for example, mental ill health, learning disability, physical disability, poor experience of being parented, childhood abuse, familial abandonment, care history, history of violence, domestic abuse, drug abuse, alcohol abuse, personal experience of sexual harm/abuse.
- Relationship with own children – complete a minimum of two observations of the time children spend with IOC, one in the home and one out in the community. Note factors such as emotional warmth, responsiveness, attachment, affection and ability to meet the children's care needs.
- Explore IOC's parenting role. How active are they in meeting the day to day needs of their children or is this the job of the other parent? If so, explore why?

Overall Mapping of the IOC – To be completed alongside multi-agency professionals

What are we Worried About?	What's Working Well?	What Needs to Happen?
<p>Has the IOC perpetrated historical Harm to Children: Action/Behaviour – who, what, where, when; Severity; Incidence and Impact.</p> <p>Danger Statements: Future Danger for the IOC. Worries for the future if nothing changes.</p> <p>Complicating Factors: Factors which make the situation more difficult to resolve.</p>	<p>Existing Strengths: Best attributes of IOC.</p> <p>Existing Safety/Protection: The strengths demonstrated as protection over time.</p> <p>Must directly relate to danger.</p>	<p>Safety Goals: Future Safety/Protection What must the IOC be doing in their care of the child that addresses the future danger?</p> <p>Family Goals: What does the family want generally and in relation to safety?</p> <p>Next Steps: What are the next steps to be taken to move towards achieving the goal?</p>
<p align="center">Safety Scale:</p> <p>On a scale of 0 to 10 where 10 means the direct risk posed by the IOC is managed and Children's Social Care no longer need to be involved and 0 means it is too unsafe for the children to stay at home, where do we rate this situation? <i>(If different judgements place different people's number on the continuum)</i></p> <p align="center"> 0 ←————→ 10 </p>		

Section 2 – All about the child(ren)

The following enquiries should be made to form part of this assessment:

- Child's age, gender and relationship to the IOC
- Any previous history with CYPS? If so why? Consider negative or adverse childhood experiences.
- The child's needs – Any welfare or development issues in respect of the child's vulnerability/ability to protect themselves?
- Wishes and feelings of the child in relation to their contact with the IOC. Include a view if you feel these wishes/feelings are genuine or have been coached by a parent/family member.
- Direct work away from the family home that is age appropriate.
- The child's understanding of why CYPS are worried about the IOC.
- Does the child have an understanding around age appropriate sexual boundaries for example, private parts, good touch bad touch, pants rule etc?
- The completion and outcome of keep safe work – Narrative work to be completed with the children in an age appropriate and sensitive format.
- Details of who the child would consider as a 'safe person' in their network. Do we have a positive assessment of this person/people?
- Relationship with IOC – complete a minimum of two observations of time with the IOC. One in the home and one in the community. Note factors such as emotional warmth, responsiveness, attachment, affection and ability to meet the children's care needs.
- Multi-agency partner's assessment of the children's development and cognitive understanding.
- Red flags which might need further exploration - depression, eating disorders, post-traumatic stress (PTS), difficulties in coping with stress, self-harm, suicide, sudden emotional or behavioural changes, fear of being alone, disturbed sleep, social withdrawal, suicide ideation, anxiety, risk-taking behaviour, using sexually explicit language inappropriate for their age
- Factors known to heighten risk - disrupted home life, previous sexual abuse, domestic abuse, drug use in the home

Overall Mapping of the Child(ren) - To be completed alongside multi-agency professionals

What are we Worried About?	What's Working Well?	What Needs to Happen?
<p>Past Harm to Children: Action/Behaviour – who, what, where, when; Severity; Incidence & Impact.</p> <p>Danger Statements: Future Danger for Children. Worries for the future if nothing changes.</p> <p>Complicating Factors: Factors which make the situation more difficult to resolve.</p>	<p>Existing Strengths: Best attributes of parenting.</p> <p>Existing Safety/Protection: The strengths demonstrated as protection over time. Must directly relate to danger.</p>	<p>Safety Goals: Future Safety/Protection What must the caregivers be doing in their care of the child that addresses the future danger?</p> <p>Family Goals: What does the family want generally and in relation to safety?</p> <p>Next Steps: What are the next steps to be taken to move towards achieving the goal?</p>
<p align="center">Safety Scale:</p> <p>On a scale of 0 to 10 where 10 means the children are safe enough and Children's Social Care no longer need to be involved and 0 means it is too unsafe for the children to stay at home, where do we rate this situation? <i>(If different judgements place different people's number on the continuum)</i></p> <p align="center"> 0 ←————→ 10 </p>		

Factors to be considered during the assessment:

- Does the protective parent need an interpreter or can she understand the discussions and what she is being informed of?

Link with the person of interest and other concerning adults

- Relationship with the person of interest, sexual relationship, relationship dynamics, domestic abuse (complete DASH assessment), is she dependant on the POI for finances, accommodation, immigration status etc., evidence of grooming. Is the marital relationship one of choice, arranged or forced? How accepted is the protective parent by the extended family network?
- Is the protective parent related to the IOC – Does this influence their position, i.e. sense of loyalty towards family/in laws. Will the protective parents be reluctant to share any concerns she may have due to fear of repercussions from the family? Are there issues around bringing shame on the family or honour based issues?
- Any involvement with the abuse.
- Links to other concerning adults from the family, friends/acquaintance.

Understanding of sexual abuse/exploitation

- General understanding of sexual abuse/exploitation – what is it, norms, impact, how sex offenders operate.
- When and how did the protective parent learn about sex, sexual relationships, and consent? Was this discussed within the family? If not why not (taboo?) If it was taboo she might find it difficult to hear and process some of our concerns. This doesn't automatically mean she can't protect.
- Attitudes and beliefs (use checklists and/or scenarios)
- Race, culture, religion, class issues. Religious/cultural influences over relationship choices – i.e. Personal views on inter-racial relationships, views on sex before marriage etc. how does this shape her thinking/views and how accepted is this by the extended family? How does the protective parent articulate the importance of inter-human relationships and harmony? What is the protective parents' perception of white, black, gay, lesbian, transgender people etc.? If she has religious/cultural views that support their position, then explore what this means for them on a day to day basis.

Reactions to the discovery that the person of interest has been arrested/convicted

- Understanding of Social Care concerns – understanding, denial, minimising.
- What information has the protective parent been provided by the IOC regarding the purpose of this assessment? Is this accurate?
- Reactions to the allegations/convictions; who is responsible? Does the protective parent think her partner was capable of sexually abusing children? If not why not. Is there a part of her that accepts he 'might have' which is why we need a period of assessment?
- Understanding of sexual abuse/exploitation by the person of interest.
- Does the non-abusing feel any different about the person of interest now?
- Does the non-abusing feel any different about herself?
- Ability to empathise/sympathise with victims of CSA – Can she articulate how victims must feel post abuse and how this will impact on the rest of their lives.
- What is the protective parent's opinion of what it was about those children that led to the offences against them?

Personal qualities & vulnerabilities, resources and networks.

- Timeline of life experiences to date – note any negative or adverse childhood experiences. Experiences of being parented and the protective parent's view of the relationship between own parents – how has this shaped her behaviours? Social care involvement as a child.
- History of previous relationships – consider ages and circumstances.
- Personality features.
- Communication skills.
- Self-esteem.
- A history of abuse.
- Physical health and self-care.
- Depression and mental health problems.
- Alcohol\drug\substance abuse.
- Criminal history - police check – convictions & intelligence (**intelligence not to be included in the risk assessment**). Angry, aggressive and violent behaviour.
- Learning needs
- What else is happening in her life?

Capacity to parent

- Recognising the needs of the children and ability to meet them, including while separated from the person of interest. Outcome of safeguarding check. Is general parenting assessed as being 'good enough'? Is there a sense that she would protect her children from harm if she needed to?
- Quality of relationship with the child; perception of the child
- Ability to recognise if their own child was abused/exploited and intervene appropriately.

Work with professional agencies and/or support systems.

- Engagement in the assessment.
- Capacity to work with professionals.
- Family/friend networks of support. Are they aware of Social Care concerns?
Outcome from family network meeting – Responses of extended family network.
Support by professionals.

Future

- What would she like to happen now?
- Does she think she understands the risks and can manage them – what support does she feel she needs?
- What will she do if professionals believe her children are not safe to be in her care if she does not separate from her partner?

Less able to protect	More able to protect
Attempted concealment at point of disclosure. Suspected of active participation in the abuse.	Brought concern to the attention.
Minimising events or over-simplifying explanation for the abuse.	Knows full history and details of abuse and given appropriate explanation to family/friends.
Denial of possible future risk.	Working in partnership with professionals.
Indiscriminate in sharing of information about the abuse.	Co-operation with professionals, but willing also to take responsibility for actions.
Has not told extended family about the abuse.	Understood 'grooming' process.
Continued antagonism to Social Services Department either overt or covert.	Willing to seek advice.
Emotionally and financially dependent on the perpetrator.	Owens responsibility for allowing abuser home.
History of former relationships with abusing partners. Antagonistic and blaming towards the victim including extended family disbelief of the victim and continued involvement with the perpetrator.	Believes child and has supported throughout disclosure and therapy, or has demonstrated a change in belief and attitude over time, or acknowledges ambivalent feelings.
Emotionally distant from children.	Good relationship with children.
	'Good enough' parenting skills. Able to empathise with the child and usually puts the child's needs first.

<p>Pre-occupied with own needs which may relate to own abuse history.</p> <p>Low self-esteem.</p> <p>Mental health problems such as psychosis, chronic depression, eating disorders which make a parent unavailable or distant to children.</p> <p>Substance misuse both drugs and alcohol.</p> <p>Poor physical health or disability or communication problems.</p> <p>Uses religious beliefs to absolve responsibility or to deny possible future risks.</p>	<p>Strong personality – able to act independently.</p> <p>Able to challenge future suspicious behaviour of offender.</p> <p>Own abuse history previously disclosed, but has worked out own resolution including self protection.</p>
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Overall assessment questions to be considered:


1. Is the adult able to meet their child(ren)'s day-to-day needs independently outside the context of sexual abuse/exploitation?
2. What is the adult's view on the sexual abuse and sexual exploitation of children?
3. Does the non-abusing adult believe that the child(ren) has been abused/exploited by the individual of concern? If yes, why? If not, why not?
4. Does the non-abusing adult have the ability to protect child(ren) generally from abuse and exploitation? If yes, why? If not, why not?
5. Is the adult able to protect their own child(ren) from sexual abuse and exploitation by the individual of concern? If yes, why? If not, why not? How? Think of when family members are or should be asleep?
6. Are there a range of services/support/interventions which will allow the non-abusing adult to protect their child(ren) from sexual abuse and exploitation? If not, why not? If yes, is there a timescale involved in developing appropriate skills to protect the child(ren)?
7. Will the adult be to manage any contact arrangements/follow any safety plans in ways which will safeguard and promote the welfare of their child(ren)? If yes, why? If not, why not?

8. Overall conclusion about the non-abusing adult's ability to protect.

The assessment processes are likely to produce one of the following conclusions:

- The adult understands the concerns and is able to protect and support the child(ren) and does not require further professional intervention.
- The adult understands the concerns and is able to protect and support the child(ren) if provided with sufficient resources.
- The adult denies that the individual of concern poses a risk, however, is able to protect the child(ren) and follow agreed safety plans because they are aware that not doing so will/may result in legal intervention taken by Social Services.
- The adult denies that the individual of concern poses a risk or is ambivalent, however, there are ways to ensure the children's safety while the child remains in their care.
- The adult denies the abuse occurred or/and is very dependent on the individual of concerns and is unable adequately to support or protect the child(ren) even with support. The child(ren) would suffer harm if they remained in their care.

Overall Mapping of Protective Carer/ Network - To be completed alongside multi-agency professionals

What are we Worried About?	What's Working Well?	What Needs to Happen?
<p>Has the protective parent/network caused past Harm to Children: Action/Behaviour – who, what, where, when; Severity; Incidence & Impact.</p> <p>Danger Statements: Future Danger for Children if the protective carer/network don't offer protection. Worries for the future if nothing changes.</p> <p>Complicating Factors: Factors which make the situation more difficult to resolve.</p>	<p>Existing Strengths: Best attributes of parenting.</p> <p>Existing Safety/Protection: The strengths demonstrated as protection over time. Must directly relate to danger.</p>	<p>Safety Goals: Future Safety/Protection What must the protective parent be doing in their care of the child that addresses the future danger?</p> <p>Family Goals: What does the family want generally and in relation to safety?</p> <p>Next Steps: What are the next steps to be taken to move towards achieving the goal?</p>
<p align="center">Safety Scale:</p> <p>On a scale of 0 to 10 where 10 means the children are safe enough due to their protective carer/network and Children's Social Care no longer need to be involved and 0 means it is too unsafe for the children to stay at home, where do we rate this situation? <i>(If different judgements place different people's number on the continuum)</i></p> <p align="center"> 0  10 </p>		

Analysis and recommendations

- Balancing exercise to be undertaken weighing up the overall risks against the overall strengths. Three mapping sessions to be co-analysed to support an overall view.
- If a decision is made to remove the IOC from the family home due to the level of risk, will you consequently remove any of the strengths identified in your mapping documents?
- Social Worker to determine whether the children have suffered actual harm or if we are in the realms of likelihood. If so, how likely is a harmful event to occur? 'Likelihood' is determined by what has occurred before alongside what is happening now for these children. Be sure to comment on the 'risk' you were assessing ie risk of sexual harm, emotional harm etc
- Views of partners to be included in the assessment re the proposed outcomes (NCA, Police, Education, Health etc)
- Recommendation and plan to be agreed alongside Team Manager. Risk Assessment to be considered. Exploitation Team to be drawn into planning oversight. Occasionally other senior managers may be present to offer additional oversight.

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