

The role of protective parenting assessments and interventions in the prevention of child sexual abuse

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Who we are

How we help keep children safe

We work to reach adults and young people to prevent abuse from happening in the first place – and, if it already has, to prevent it from happening again.

Where abuse has already taken place, we work with all those affected, including adult male and female abusers; young people with harmful sexual behaviour; children with concerning sexual behaviours; and victims of abuse and other family members. But we also work with families and with adults and young people where there has been no abuse, to help them keep themselves and others as safe as possible.

We run the Stop It Now UK and Ireland helpline. A confidential service available to anyone with concerns about child sexual abuse, including adults worried about their own or someone else’s sexual thoughts, feelings or behaviour towards children. And we run Shore, a website that provides a safe space for teenagers worried about their own or a friend’s sexual behaviour.

The Faithfull Papers

We research and evaluate our work to make sure what we do protects children, and we share the evidence with professionals and the public. We want to make best use of our expertise, our data and our insights, independently and in partnerships, to develop new strategies and interventions that help keep children safe.

We advocate for a greater focus on preventing abuse before it happens and for a public health approach to the prevention of child sexual abuse. The Faithfull Papers are a series of reports showcasing our understanding of what works to protect children to the widest possible audience – to policymakers, journalists, researchers and partner organisations in the UK and overseas.

Around one in 6 children will be sexually abused.

Around one-third of this is carried out by under-18s.

And around 9 in 10 children who are sexually abused know their abuser.

At the Lucy Faithfull Foundation, we work to stop child sexual abuse before it happens.

We’re here for everyone who needs us.

Executive summary

The sexual abuse of children has a devastating impact on them and their families. To protect children, we must intervene with parents. At the Lucy Faithfull Foundation, one of our growing areas of work is in the delivery of assessments of ability to protect, and protective parenting interventions.

Families impacted by child sexual abuse concerns are often faced with very difficult circumstances. In addition to dealing with the potential devastation of the impact of actual, alleged or historical sexual abuse concerns, the family will undoubtedly become subject to input from statutory agencies. Protecting children can mean that families are split up, that contact has to be supervised, and for some, that consideration is taken as to whether children are safe to remain in the care of their parents. Assessments of protective ability need to be handled sensitively. Dual or whole family assessments where we can assess risk and protective ability simultaneously are the gold standard, allowing safeguarding needs to be identified holistically. The paper outlines key considerations in assessing protective ability regarding sexual harm. It outlines what an assessment needs to cover, and some of the common challenges we may face when undertaking assessments.

Safeguarding children from sexual harm is crucial. Protective parenting interventions can provide a way of helping parents develop knowledge and insight to become better able to safeguard.

Safeguarding is not just about accepting risk, but about creating the right environment for a child to feel, and be, protected. The paper identifies key elements of protective parenting interventions, and issues to consider in delivering these. Recognising some of the issues that can affect protective parents can help us to consider our own practices

and ways of engaging. Based on our work in protective parenting, **top tips for engaging with protective parents** are outlined. Helping families move forward to a safe and stable future can be challenging, but as professionals involved in child protection, this is our goal. Holding child safety as central to our practice, being proportionate in our responses, responsive, and empathic in our approaches, is key.

“**Safeguarding children from sexual harm is crucial. Protective parenting interventions can provide a way of helping parents develop knowledge and insight to become better able to safeguard.**”

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Introduction

The role of protective parenting assessments and interventions in the prevention of child sexual abuse

We firmly believe that it is not up to children to protect themselves from harm. To prevent child sexual abuse, we work directly with under-18s and adults who may pose a risk of sexual harm to children. This includes individuals where there has been proven or unproven sexual harm, and with the partners and parents or carers of these people. We provide assessments of risk and of the ability to protect, for individuals, couples, families, and parents/carers, as well as interventions aimed at reducing risk and increasing protective ability to safeguard children from sexual harm.

In the 2022/23 financial year:

We provided a total of 233 specialist assessments

This included 139 assessments of risk of sexual harm and 94 ability to protect assessments. Within those 233 assessments, we undertook 53 assessments that were joint, dual or mixed family assessments.

We undertook 73 specialist interventions

This included 47 protective parenting interventions, and 26 offence-focused interventions. Within that, 12 pieces of intervention were joint, with mixed persons of concern/ partner, couples, or with young people and their parents/carers.

As professionals, we need to be compassionate and aware that children and partners of men with sexual offences are secondary victims, and that the initial shock and disbelief after the discovery of sexual offending is normative, and self-protective (1). The partners/family members of those who have sexually harmed have often no idea and had no involvement in the harm, but are left feeling distressed, ashamed, blamed and severely anxious about the future. Add to this the involvement of lots of agencies and professionals as well as the emotional and logistical consequences for families, and we can see why there can be an initial lack of acceptance and struggles with engagement.

What is protective parenting?

To be protective as a parent means protecting children from harm in any form. This may include neglect, emotional, or physical direct or indirect harm, from known or unknown individuals or sources. We use the term protective parenting within our work to consider how parents or carers safeguard children from sexual harm. Children can be at risk of sexual abuse in lots of ways, including from an adult family member, a sibling or another child, a stranger, or online.

As primary caregivers, parents are responsible for the safety of children in their care. Assessments and interventions are crucial in preventing the sexual abuse of children. Our direct work with adults as protective parents/carers is fundamental to the prevention of abuse, or further abuse, of children.

A note about language

The term “non-offending partner (NOP)” is commonly used by professionals to describe the partner of a person who has committed, or is alleged to have committed, sexual harm to children. This term is literal in defining the partner as non-offending, as opposed to the person who has offended. However, the term non-offending

partner/NOP is one that individuals affected by this label may not feel comfortable with, and may be felt by some as an inappropriate or offensive label, one which attracts stigma and negativity. Similarly, the term ‘offender’ may be an incorrect or unhelpful label.

Language within child protection work is important and it can be difficult to always get it right. Within this paper, I have tried to avoid using the term non-offending partner and instead, talk about protective parents.

“The partners/family members of those who have sexually harmed have often had no idea and no involvement in the harm, but are left feeling distressed, ashamed, to blame and severely anxious about the future.”

The impact of sexual abuse concerns for families

Sexual abuse can have a devastating and long-lasting impact on those affected by it, including children who experience it and their families, but also the families of people who have committed sexual harm.

Research shows that for men arrested or investigated for internet sexual offences, the impact on their children and families can lead to PTSD symptomology (2, 3). There can be experiences similar to grief and mourning for partners and children. Whether offences are online or contact, family members are often shocked and confused at the discovery of sexual harm that their loved one has been committing, left mourning the loss of life as they knew it, of their relationship, and needing to readjust their view of everything they had known to be true. Partners can be left needing to reconcile the man they once knew with the actions of a man being investigated for a sexual offence. They can be left fearing the consequences for their children, their family, and their partner who may be vulnerable if they end the relationship.

When I deliver training to professionals about assessing risk and protective ability within the family context, I often ask the trainee group to consider what it would feel like to discover that their partner had committed sexual offences. I ask them this:

Imagine you get a knock on the door and are told that an allegation of sexual abuse has been made against your partner or a person you love and trust.

- Would you believe it?
- Would you immediately accept it?
- How would you feel?
- What would you do?

What might the consequences be for:

- **Your children? Other children?**
Are they safe? Have they been harmed?
- **You? Your identity?**
How do you feel about yourself?
What does it say about you?
Is it your fault? How did you not know?
How did you let that happen?
- **Your family?**
How will people react?
- **Your partner?**
How will they cope?
- **Your employment?**
Could I lose my job?
- **Your community?**
Who can you tell?
- **Your relationship?**
How would you respond?

We need to remember on a human level that we are dealing with people and families who are likely going through the worst time of their lives. We need to take action to protect children. We need to keep the safety of children central to all we do. This may mean making difficult decisions that have further adverse impacts on children and families, such as decisions that lead to splitting up families or asking difficult, uncomfortable questions of people. However, we can act with compassion, and sensitivity. The role we play as professionals supporting families can help them get through the worst of times and move forward.

Our work in protective parenting assessments and interventions

The Lucy Faithfull Foundation undertakes the following [areas of work](#) linked to protective parenting.

- Specialist risk assessments of the risk of sexual harm to children.
- Specialist assessments of the ability to protect from sexual harm.
- Dual assessments of the risk of sexual harm and ability to protect children from sexual harm.
- Offence-focused interventions.
- Protective parenting interventions.
- Joint interventions.
- Specialist consultancy to professionals.

We strive to ensure that our services are accessible, and tailored to the needs of the people we work with. We consider carefully whether there is a need for in-person or remote sessions, and whether we need to adapt the structure and methods of our delivery. We find that dual assessments with the person of child sexual abuse concern and the protective partner, are the most effective way of us providing a comprehensive assessment of risk and protective ability to aid decision-making about the safeguarding of children from sexual harm. Similarly, joint interventions appear to be the most meaningful way we can intervene to protect children.

Assessments of protective ability

Our 'ability to protect assessments' are focused on identifying whether a person or persons, are able to adequately protect children from sexual harm. This may be in relation to the risk posed by known individuals, and/or more broadly. We identify the nature of the concerns, the person's insight into the concerns, their understanding of how to safeguard children from sexual harm, and their capability to do this. We outline recommendations about intervention needs, and where suitable, we comment on what safeguarding should be in place within a family. For many families we engage with, there may be multiple concerns regarding the welfare of the children. We typically work with families involved with children's services, and/or for whom there may be court proceedings underway.

Types of referral

- Women who become pregnant within the context of a relationship with a person with child sexual offence convictions or allegations.
- Mothers who already have children and become involved in a relationship with a person with child sexual offence convictions or allegations.
- Parents/carers/foster carers where there are concerns that a child has been, or has alleged to have been sexually abused whilst under their care.
- Parents/carers/foster carers of children/young people who have committed sexual harm to other children.
- Male partners of females who have, or have been alleged to have, caused sexual harm to children.

Assessment instructions – the ability to protect assessments

When referrers seek an assessment from us, our specialist knowledge and experience are utilised in decision-making that leads to the increased safety of children from the risk of sexual harm. We ask our referrers about the context in which an assessment is required so that we can ensure it appropriately meets their needs, is of good value, and is within the boundaries of our professional remit of child sexual abuse prevention. Referrers come to us as independent experts to help them move forward with child protection arrangements, family contact, and/or court processes. Sometimes, referrers do not have specific assessment questions in mind, and we offer guidance about the assessments we offer and the kinds of questions that we can answer.

Here are some of the typical questions that we answer within an assessment.

- What is the person's knowledge and understanding of the sexual harm concerns? Do they accept the concerns? What is their general understanding of child sexual abuse? Do they display general attitudes and beliefs around sexual abuse that are prosocial?
- What is the nature of the relationship with the person who poses a risk of sexual harm to children?
- Do they have the ability to prioritise their child(ren)'s needs over their own needs/the relationship?
- Do they demonstrate the ability to work openly/honestly with professionals?
- Is the person protective? Can they protect the children from the risk of sexual harm generally? And/or against the risk of sexual harm posed by a particular individual?
- Do they have the ability to supervise contact between the person of concern and the children?
- What should contact look like? How can it be implemented? What should be included in a family safety plan?
- Recommendations: Do they require any therapeutic or educative work? What other supports need to be in place?

A comprehensive assessment should include the triangulation of information by a suitably trained practitioner, in order to provide a report with a clear summary of opinion, which is evidence-based, includes recognition of risk and protective factors, and makes clear, concise recommendations.

How our assessments are carried out

We liaise closely with the referrer in arranging assessments. We consider the needs of each person we are assessing carefully. We gather information from referrers such as background, the nature of the concerns, existing assessments and historical information, and any other relevant information that can help us consider how best to engage an individual. In liaison with the referrers, we agree on whether an assessment is best suited to take place in-person or via remote interviews. Our assessments include several sessions, usually based on up to six hours per adult. We gather information from the person we're working with through tailored clinical interviews, and we speak with any relevant professionals.

Engaging people in assessments in relation to protecting children from sexual harm can be challenging and emotive. We work as collaboratively as we can to ensure that the person or persons in the centre of an assessment experience a process that is as comfortable as we can make it. People may become distressed, overwhelmed or may even struggle to engage with us at all. Our practitioners are sensitive, empathic and where necessary, appropriately challenging, but warm, approachable and professional. We hope that everyone we work with experiences an assessment process in which they feel they have been treated with kindness, objectivity and fairness. We hope that our referrers feel they have experienced an assessment that is thorough, and helpful, contributing to the protection of children from sexual harm.

This paper shares what we've learnt so that people who engage with protective adults can apply it to their work.

What makes someone able to protect children from sexual harm?

When undertaking assessments, it is important to explore what characteristics, attributes and capabilities someone has to protect children from sexual harm. It is necessary to explore the protective parent's understanding and view of the sexual harm concerns, and their views on, and approach to safeguarding. In assessing protective ability. The Faithfull Classification Scheme (FACS) tool (4) was designed in part to aid in the assessment of protective parents regarding child sexual abuse. In the context of an assessment of ability to protect children from sexual harm, FACS outlines that a powerful adult protector is considered to be someone who:

- a) is prepared to accept that their partner poses a potential risk
- b) is committed to ensuring the child's safety even at the expense of their partner
- c) is in a position to act as a protector (for example, by being the primary caregiver for the child)
- d) has the personal attitudes and skills required to resist intimidation or manipulation by their partner
- e) is not strongly economically, emotionally or practically dependant on their partner

It can also be useful to consider the following factors which are indicative of reduced ability to protect children from sexual harm. (5)

- History of severe physical or sexual abuse.
- Relationship with own mother characterised by extreme rejection and emotional deprivation.
- Repetitive pattern of abusive adult relationships.
- Prior concerns of neglect and abuse of their own children.
- Marked mental health difficulties including personality disorder and substance misuse.

Within ability to protect assessments, it is important to consider physical and emotional safety within the home, including sexual boundaries and safety. Assessments should carefully consider whatever evidence base is relevant for each case. Research suggests that in order for a child to be safeguarded, protective parents need not only to be alert to the indicators of abuse and how to respond to these, or teach children how to keep themselves safe, but also to create an environment of stability and safety for children, improving their confidence and well-being and developing open communication to help enable a child to disclose any sexual abuse concerns (6).

Areas of assessment

From our experience of assessment, we think you will find it useful to cover a range of areas of discussion with the protective parent.

- Current context – what is going on for them, the impact on them and the children, and relationships? What are the plans and hopes for the future?
- Engagement – their experience of working with professionals, ability to adhere to rules, engagement in child protection processes? Any concerns, barriers, support needs.
- Childhood and upbringing – any factors that may be relevant to their understanding of, and attitudes around sexual abuse, or general parenting. Have they experienced abuse or trauma that has shaped them, and if so, how?
- Emotional functioning – issues that may affect their well-being and may impact adversely on their capability to prioritise the welfare of the children.

- Relationship history – any experiences of abusive relationships, any relationship concerns that lead us to have increased concerns about dependency on a partner, or vulnerability to grooming/manipulation within the relationship?
- Personal attributes – do they have good levels of autonomy, self-efficacy, assertiveness, and communication skills?
- Relationship with the person of concern – are there dependency issues?
- The needs of the child – their age, vulnerability, their views, impact on them.
- Knowledge and understanding of the sexual harm concerns – do they accept that the person of concern poses a risk of potential sexual harm? How have they responded?
- Knowledge and understanding of child sexual abuse – do they have good general insight into the risks posed to children around sexual abuse?
- Sexual attitudes and practices – what are the influences on their views of sex and sexual behaviour? What are the sexual boundaries like within the home? What messages do/will they give the children about sex and relationships?
- General parenting – how do they speak about the children? Do they prioritise the children? Do they have open communication with the children? Do the children feel able to come to them with problems and be believed and receive appropriate responses?
- Safeguarding – do they have a good level of insight into how to safeguard children from sexual harm? How are they putting this into practice? How do they feel about their role in supervising the person of concern in the future? Can the home environment provide the level of stability and safety that the children need?
- Support – what support do they have in place? What additional support or interventions would be helpful?

The challenges of assessing protective ability

The ability to protect children from sexual harm isn't static or fixed, and neither is the risk of sexual harm posed to a child. It is not always clear cut and easy to assess risk and protective ability. Families often have complex and evolving circumstances, relationships and processes with external agencies. It is important to explore the level of insight and acceptance of the concerns, and knowledge of safeguarding, but these issues can change over time and in light of information, education, and guidance. For many protective parents, there is a journey towards realisation of risk in which individuals move from initial disbelief or denial to shock, fear and anger, the blame of self or others, the pain of realising the consequences and readjusting their views of their own identity, their relationship, and the world (7). Wherever we meet people on this journey, as practitioners we hope to help them move forward to ensure that children are suitably protected.

Assessing protective ability can be challenging if there are limits to the amount of historical information about a person, their background, their relationships, their parenting, or the nature of the risk posed by the person of concern. It can be difficult to gather information from the people we work with in our sessions. We need to gather as much information as we have about the risk concerns, and about the parent's understanding of this, in order to gauge insight into their capability to protect. Here are some key issues to understand.

- What is the nature of the risk? Are we assessing the person of concern also? If not, what do we know about the alleged matters of concern?
- What is the relationship between the adult protector and the person of concern? Are there additional issues of concern?
- What are the views of the professionals involved? How have the concerns been addressed so far? What restrictions or measures are in place or needed?
- How has the situation impacted on the children? How has it impacted on key relationships?

- What are the circumstances that led to the referral? What are the living arrangements? What contact is the child/children having with the person of concern? What are the plans or hopes for the future around contact?

Referral considerations

If you are looking for support in working with protective parents, we may be able to help. External assessments are not always necessary, as there may be scope for assessments to be undertaken within your organisation. In some cases, independent assessments can be helpful and preferable. Further details on factors to take into consideration for referring for an assessment can be found in [Appendix 1](#).

Protective parenting interventions

Our protective parenting interventions are typically educational, bespoke and we adapt to suit individual needs. Our programme of work is based on eight to ten sessions, but with additional time added where appropriate. When delivering joint interventions, we may engage with people individually and/or together.

Our sessions are discussion-based, action-focused, supportive and empathic. We make use of frameworks such as cognitive behavioural therapy, the good lives model, and compassion-focused therapy. We utilise our extensive knowledge and experience of working within the field of child sexual abuse, and the theory and research relating to this. The sessions are a safe space for reflection, discussion and exploring the issues of concern. While therapeutic in nature, this is not therapy, but a focused, time-bound input designed around the person, to equip them to protect the children in their care. We work creatively with people to try and best enable them to put their learning into practice. We use PowerPoint, models, flow charts, quizzes and videos to emphasise key points and highlight areas of learning and discussion. We may do skills practices, or test learning through quizzes or questions.

For many families, we work with there are additional complex issues, such as neglect, domestic abuse, substance misuse, additional learning needs, or their own abusive experiences. These issues would be considered carefully at the point of referral and throughout protective parenting input, with signposting for additional support where suitable. We tailor our interventions as sensitively as we can, remaining focused on our goal to provide intervention that improves the parental ability to protect children from sexual harm. It can be challenging for some individuals to take on board learning or put this into practice after our input has ended, but we hope to arm them with skills and knowledge that with support, can help them work towards a safer future with their children.

We communicate with the referring social worker to help enable the service user to be supported to take forward any actions to improve their ability to safeguard. One of the common goals of the work is for a safety plan agreement to be developed that identifies how children will be safeguarded. The family safety plan element of the work is best done in collaboration with the referrer, and when we work together, we can achieve the best results for protective carers, and most importantly, for children.

Key aims and objectives

- **Increased insight/acceptance of the risk concerns**
- **Increased knowledge of child sexual abuse**
- **Increased protective ability**
- **Improved relationship insight and communication**
- **Effective family safety plans**

See [Appendix 2](#) for more details.

Themes, challenges and top tips

There can be a wide range of challenges and issues that arise in undertaking assessments of the ability to protect children from sexual harm, and protective parenting interventions. Here are some insights and tips based on our experience.

Professional and process issues

Safeguarding and reporting

Consider any live safeguarding matters that need to be addressed. Are there any children or others at risk of harm? Are there situational safeguarding measures in place? What barriers may be there to put appropriate safeguarding measures in place?

Report any safeguarding or disclosure issues proportionately and quickly. Safeguarding concerns might come from a service user telling us something that indicates that a child or other person is being harmed, or at risk of harm. Or they might disclose offences that need to be reported to the police. Understand the safeguarding policy within your area of work and know when to get immediate advice and support from managers, and the processes for note and record keeping.

Referrer views and responses

The referrer or other professionals may have a particular view on the concerns or protective ability of the person we're working with, which may be unhelpful. This can lead to disproportionate responses including over- or underestimating risk. Our assessments and interventions may lead to recommendations about under what circumstances, reunification may be possible.

Safeguarding children is the number one priority and responding to risk by being cautious is normal practice. Do not be afraid to make bold, evidence-based, well-informed decisions, but always aim to be proportionate. Obtaining a thorough assessment can help ensure an accurate estimation of risk. Over-assuming a high-level risk when the actual risk an individual poses is low can be detrimental to the welfare of children and families. The risk should be reviewed once enough information is available, or as time and circumstances change. It may be that the risk of harm can be managed safely with some careful safeguarding. It is important to assess the family as a whole, including identifying whether there are any indicators of concern that a child has been, or is at risk of harm, and the protective ability of the primary parental caregiver. It may be possible that family reunification can happen, in time, with informed assessments, interventions and supports in place. People who have committed sexual harm and their family members may be more vulnerable than you realised. Working towards the goal of safety is key.

Legal processes

There can be additional complications in assessing or intervening with families where a legal case is ongoing. However, decisions about the risk of harm and safeguarding may still need to be made. In cases where there are ongoing legal issues, it may be wise to seek legal advice and support from managers when making decisions about responses to concerns over risk.

When we receive a referral for assessments or interventions and there is a legal case ongoing, we have to consider carefully if we can take on that work. If the case relates to allegations of contact offences and/or the person denies the alleged matters of concern, then we may be inclined to await a legal outcome before working with the person and may offer support and consultation instead. We make decisions about this on a case-by-case basis, weighing up whether our involvement would hinder a legal case or bring us into the chain of evidence. In some cases, we advise that our input would be best awaiting a legal outcome. In other cases, we get advice and guidance from the referrer, police and courts to ensure that our input would be appropriate and supported by the agencies involved. For agencies such as children's social care, awaiting a legal outcome may not be an option.

Child protection processes

Consider the impact of the person's history of engagement with agencies on their ability to engage positively. For some, the family may already be known to children's services and they may have a positive or negative experience of this. For others, the discovery of sexual abuse concerns may be the first time they have had to deal with police, social workers and other professionals involved in safeguarding children.

We can be sensitive to the perspectives and experiences of those we work with, seek out their views and work towards shared goals. Engaging with people who are fearful, angry, anxious and upset can be challenging. This is likely a tough time for those we work with. As professionals, we may need to utilise our own supervision and support to help us work most effectively with our service users.

Referrer experience and support

Professionals involved in a case may have limited experience or support in working with complex cases involving sexual abuse. Don't be afraid to get support when working with challenging cases. Supervision, additional guidance and training are all essential parts of how we develop as practitioners working within complex safeguarding cases. Agencies have a responsibility to ensure that sufficient support and clinical oversight are in place for practitioners undertaking challenging work.

Self-referral challenges

On some occasions, people will seek to self-refer and fund an assessment of their risk or protective ability, or this might be recommended to them by some agencies or professionals. These referrals create additional challenges such as access to official corroborating information, funding, and the courts or other agencies may not be required to review self-funded reports. It can be helpful to discuss such matters with the person, and consider with them and other professionals involved how best to proceed.

Professional differences of opinion

There can be a number of professionals involved with differing opinions and assessments of risk and protective ability, which can lead to conflicting messages for the person we're working with and difficulties moving forward. This is understandable, but can sometimes create further distress for families. Assessments need to be evidence-based and professional. If offences are online and/or historical, then risk needs to be assessed in light of these considerations. An assessment of protective ability needs to take into account the risk level posed by the person of concern. If there are opposing assessment outcomes, then multi-agency meetings may be a helpful way of exploring the issues and coming to conclusions. It is also important to consider that assessment reports represent the assessment of an individual at a specific point in time, and the longevity of any outcome and recommendations may be limited.

Resources

Not everyone will need the same level of support, assessment, or intervention. When considering resources, it may be possible that a full independent assessment is needed, and that intervention is necessary to ensure the safeguarding of children. However, in many cases, the level of risk and need may be lower, and educational support such as online learning or more general support for protective persons may be helpful. Early interventions with parents/carers can be effective in preventing risk and needs escalating.

Red tape

Sometimes there can be lengthy processes involved in child protection, delays in accessing professional support or external assessment or intervention, or complicated referral processes to follow. The sometimes long waiting times or gaps in the provision of resources or support can have a direct negative impact on families. As professionals, we need to support the whole family where possible, through processes going on around them. Providing as much information to families as possible, can be helpful, as well as being approachable and signposting to any other supports that may be available.

Lack of information

It can be challenging to obtain necessary supplementary information. It can be hard to arrange meetings with the relevant professionals, or the offences may be historical and information may be limited. There may be lots of additional information provided which is time-consuming to review. Be clear early in the engagement about what information and engagement are required to achieve the best outcome.

Accessing as much information about a case from all involved is helpful in making assessments of protective ability. Gathering information from all agencies and professionals involved is crucial. The gold standard is to have assessments of the risk posed by an individual of protective ability that are completed in tandem. Triangulation of information is essential, and gaining insight or assessment information from individuals is always necessary. It is also important to outline what information an assessment is based on, and where there are limits to information accessed.

Contextual considerations

Context of the concerns

Understanding the nature of the risk is important, for example, is it based on a conviction, allegations, or finding of facts? Historical or recent? Does the person of risk concern admit or deny? Is it related to online or contact sexual harm or both? All this information can influence the viewpoint of the protective parent.

Denial is normal and expected in cases of sexual harm. It is often a response to shock and disbelief. Over time and with information, this can change, and evolve. Even when denial exists, we can enable individuals to accept concerns, increase their knowledge and protective ability, and support them to put safeguards in place around children.

Allegations and unproven concerns

When the concerns relate to allegations or unproven concerns this can create additional challenges for professionals. Individuals can be more inclined to deny or minimise the concerns when a matter is unproven, and the protective parent could be influenced by the viewpoint of the person who poses the risk. Whether a concern is proven or not, we still need to safeguard children and ensure that responses are proportionate. Certainty is harder to come by in these scenarios so we have to work more in the grey area of possible risk.

It is important to have extra sensitivity in the language we use when working with people, when drawing conclusions and writing up our reports. When allegations are unproven it can be helpful to talk about safeguarding children based on allegations, and the need to protect the person of concern from further allegations. Parents/carers can come to accept and understand the need for safeguarding children, even if the allegations relating to them have not been proven.

Historical offences or concerns

Historical offences, allegations or concerns being brought back up can cause distress, frustration, anger and shame for people. There can be challenges regarding engagement around historical issues. Interventions can be adapted to explore historical offences and reflect on any current concerns.

Historical offences, allegations or concerns need to be considered in light of the context in which they happened. It could be helpful to establish when the behaviour took place, the age of the person at the time and of the alleged victim(s), and what the relationship and background context for the individual was at the time. Exploring what was going on for the person at the time is important, in addition to reflecting on how life may have changed and in what way, since the allegations of concern. It may be more difficult for protective parents to accept risk when an individual has not shown any behaviours of concern for a number of years. Explore what the partner knows and understands about the concerns, whether there is any evidence of any ongoing indicators of concern that they have, or could identify, and how they have, or would address these.

Online or contact offending

The protective parent's understanding of, and views about, online and contact offences may affect their ability to accept concerns, and protect children from harm. There can be false assumptions and judgements made, based on their own views and experiences, which may be influenced by media perceptions and other information. It is important to spend time gathering these views and their origins when considering protective ability. Intervention may be needed to help educate them about online offending and safeguarding (8).

There is not always, but can be, a crossover between online sexual offending and contact offences for some individuals. Having a good, thorough assessment can help us understand the potential risk posed by an individual.

Type of sexual abuse

It is important to consider the context of sexual abuse, for example, has abuse occurred within or outside the family? What has been the impact on those involved? When we are dealing with familial abuse such as parent/child abuse or sibling sexual abuse, the challenges around safeguarding and family reunification become increasingly complex. There can be a greater level of anxiety from all involved, including professionals. The level and nature of intervention needed in cases of complex, familial abuse, with wider support needed for all family members.

Whilst all sexual abuse against children can have a devastating impact on children and their families, the ways in which intrafamilial abuse impacts those involved need to be sensitively considered. Ensuring that children and all family members have access to appropriate support is essential. Matching support and intervention to the level of need for individuals and families is also crucial.

Person of concern – partner or child

The protective adult might be the partner or parent of someone who poses a risk of sexual harm to children. There can be additional challenges for parents/carers coming to terms with the abuse that has occurred within the family, including issues around who and what to believe, self-doubt, blame and denial or minimisation. In cases of sibling sexual abuse, parents/carers of the children involved can be left feeling shocked, confused, self-blaming, anxious, and conflicted. How can the parents of siblings where sexual abuse has occurred, demonstrate their ability to safeguard? The very fact that sexual abuse occurred within the family can lead professionals to experience a high level of concern and anxiety. How can risk be mitigated? How can children be supported? How do families move forward? We need to understand the perspectives of, and impact on all members of the family and to consider what support or intervention is needed across the whole family, and any potential barriers to engagement with safeguarding processes.

When abuse occurs within families this can lead to increased distress for family members. The protection of all children is important, including those who may have perpetrated harm. Family reunification in familial abuse cases is sometimes possible, and needs to be considered carefully, with the needs of the whole family taken into account [\(9\)](#).

Case example – a child sexually abused by her brother

I worked with a couple, Mr and Mrs Lewis, whose older teenage boy sexually abused his younger sister for around two years, including multiple instances of rape. In most of my cases like this, the parents find it difficult to comprehend, but do accept that abuse has taken place, and put steps in place to remove the child who has harmed from the home, at least initially, or put in place robust safeguarding measures. However, in some cases, this is not the approach parents take. Mr and Mrs Lewis could not accept that their boy, Alfie had abused his sister, Jane. Mr and Mrs Lewis referred to Alfie as the “golden boy” and discussed how he “is not capable” of the abuse alleged. They had asked for Jane

to be placed into care, and referred to her as “evil”, “horrible” and “a liar”. Alfie had admitted the abuse and even in the light of his admission, his parents continued to tell him that he was innocent and “if anything did happen it was her fault”. The parents were clearly biased, likely had a negative view of the girl, and they struggled to accept the clear evidence before them. My assessment highlighted a number of concerns about their ability to protect, and the negative impact of their parenting on the children. Intervention for the family needed to be sensitive to the issues and concerns raised, and the wellbeing of both children needed to be carefully considered.

Support for all involved

The person of risk concern, the protective parent/carer, or the children involved may have only limited or inconsistent support from professionals, or they may have support available that they have not engaged with. For lots of reasons, individuals may experience difficulties accessing support from professionals. People may also struggle to access support within their family or community, which can sometimes be linked to the stigma of the offence type and feelings of shame.

Families affected by abuse may have multiple support needs. Children of parents with sexual abuse allegations can find it confusing, upsetting and distressing. Helping children find and access suitable support is important, though this can be difficult. There may be agencies in the local area, or nationally, that can offer support to children. In addition, the parent/carers affected by abuse can be left feeling stressed, anxious, isolated and vulnerable. Parents or family members may benefit from support such as counselling or helplines. Details of support available can be found on our website.

Case complexity

There may be a range of ongoing matters of need within families, multiple concerns to address, and complex situations. Working with families where there are complex concerns makes assessments challenging and can contribute to engagement barriers. Other concerns can impact heavily on the protective ability. In some families, children experience neglect, are exposed to substance misuse, or are exposed to violence within the home. Whilst the risk of sexual harm may appear to be the primary concern, exploring the other issues when assessing capacity is crucial. For example, if there is domestic abuse, this may impact a caregiver’s ability to keep their child safe for fear of violence. If there is neglect, then we need to consider whether a carer is adequately attuned to the needs of the child.

A meaningful assessment needs to take into account all circumstances around the child, and all matters that may impact the protective ability of the caregivers. In cases of increased complexity and sensitivity, it may be important to make use of additional expertise, support and supervision. We need to understand the boundaries of our expertise and seek support where suitable.

Service user considerations

People may have a number of additional needs and vulnerabilities that we need to take into account when assessing protective ability or providing intervention. Individuals may have limitations with their parenting capacity due to mental health problems, health issues, or additional learning needs. It is important to look at the influence of such matters on general parenting, and the ability to protect. We may need to provide interventions that are sensitive, flexible, and bespoke, adapting our methods and approaches to best facilitate engagement. Working with interpreters can create challenges given the subject matter that we work with and the interpreters assigned need to feel at ease and able to work with this, which is not always the case.

Case example – a parent with additional needs and vulnerabilities

Ms Hayes was referred for a protective parenting intervention. A psychological assessment was provided with the referral which highlighted a number of vulnerabilities for Ms Hayes, including additional learning needs/impaired cognitive ability. Ms Hayes had a history of engaging in relationships with men who were abusive, including relationships with men who were convicted of a sexual offence, one of whom was the father to her baby, Sally. There were concerns that Ms Hayes did not have an adequate level of insight and understanding of sexual abuse, and how to protect Sally from sexual abuse

generally, and in relation to the father. I put together a bespoke, individual intervention plan for Ms Hayes. I ensured the sessions were short but at regular intervals to enhance her engagement and learning, and I used lots of active, visual methods, repetition of key points, and learning reviews. Ms Hayes engaged positively, and whilst progress was slow due to lots of complex issues and vulnerabilities for her, she reported positive feedback, and appeared to take on board the learning. The referring social workers also supported her to engage, and reported improved outcomes.

Emotional functioning

People may be struggling with depression, stress, anxiety, suicidal ideation, or other emotional coping or well-being concerns. Sometimes, people can become so overwhelmed with emotion that they struggle to undertake the assessment, or engage in intervention. When people are experiencing significant stress, their ability to make rational, long-term, major decisions may be adversely affected. When a protective adult discovers concerns of sexual abuse, they may experience emotional coping difficulties. Their emotional coping may increase over time and with the aid of sensitive support. It may be necessary to review and update assessments over time when circumstances and coping strategies change.

Cultural, religious or other considerations

Engagement may be affected by cultural beliefs and practices or other contextual matters. We have to be sensitive to this, and we need to bear in mind our own, and the cultural values of the person we're working with when assessing protective ability, or when designing and delivering programmes of intervention. It is important not to make assumptions based on limited knowledge and to understand the person we are working with, how their background, experiences and cultural influences affect their views of sexual abuse, and their protective ability.

Vulnerability

A person may be in a relationship involving coercive control or violence, or be vulnerable in other ways such as experiences of trauma. We need to respond with sensitivity when questioning and challenging the people we work with, but also highlighting any concerns about vulnerability issues so that these can be appropriately addressed.

Engagement barriers

People may struggle to engage for lots of reasons, including lack of motivation, not accepting the concerns, hostility towards professionals, and previous negative experiences which can result in feelings such as anxiety, anger, reluctance or fear. Clients may not be ready, or able, to engage with professionals or processes.

Case example – a parent failing to accept abuse concerns

Ms Marsden was referred for an assessment of protective ability after her daughter was sexually abused by a family member. The social worker was concerned that Ms Marsden failed to accept the abuse concerns, and was therefore concerned about the safety of the child. The child had been placed into temporary foster care, pending the outcome of our assessment. Referral information outlined that Ms Marsden suffered significant trauma in her own childhood, had problems with emotional coping, and suffered depression and anxiety. Ms Marsden had failed to engage with a previous assessment with another agency. I arranged to meet Ms Marsden in person, and in order to allay her potential anxiety, video-called her to introduce myself and outline the assessment process. Despite

this preparation, Ms Marsden did not attend the first session. When I contacted her on the telephone, she expressed anxiety and hostility about the sessions, to which I offered her further reassurance and explanation about the purpose and nature of the assessment. Following this reassurance and encouragement, Ms Marsden did meet me the next day for a session. In person, we were able to develop reasonable rapport and she was open in talking about herself and about her concerns. However, she ended the session early, becoming overwhelmed with emotion. Ms Marsden was encouraged by her social worker, and reminded of the importance of the assessment for getting her daughter back in her care, but she was not ready and able to engage, and the assessment report was very limited.

Trauma

We often see the impact of trauma on a person's engagement, which can result from their own experiences of abuse, neglect or loss. Trauma affects a person's understanding, attitudes and behaviours in multiple ways, so we need to be mindful of this. Trauma may include the impact of discovering a partner/loved one has sexually offended on or offline (10). We need to consider the impact of events on the person and family involved. For some individuals, long-term therapeutic intervention may be necessary and suitable. For others, their support needs may be lower-level. Trauma-informed approaches focusing on the development of safety, trust, choice, collaboration and empowerment are helpful.

Relationship with the person of concern

The nature of the relationship between caregivers has an impact on the capacity to protect and needs to be explored carefully as part of the assessment. Any immediate concerns, issues or vulnerabilities that the person of concern may be experiencing that impact the family should also be considered. The person of concern can also be vulnerable, and may be at risk of harm to themselves.

When sexual abuse allegations come to light, the support needs of the alleged abuser can sometimes be overlooked. We of course need to put the safety of children first and put in place any measures that prioritise this. However, we must not overlook that the individual of concern may be, or become increasingly vulnerable, and at risk of harm to themselves. The impact of suicide on children and families is devastating. Responses to risk concerns need to be proportionate, reviewed, and not further adversely affecting risk. Often, family reunification can be possible in time, under controlled circumstances, when the risk of harm is assessed as low and protective ability is assessed as good. For people who have sexually abused, having stability, family relationships, employment and positive routines, can be protective against any risk of further sexual harm.

Discussion

For many of the people we work with, involvement in child protection processes can be very difficult for them. We often work with people undergoing significant stress and distress, challenging circumstances, and mixed feelings.

For anyone required to undertake an assessment of their ability to protect, their capability as a parent, is being brought into question. Their relationship with a loved one, whether it be a partner, or their child, or both, is brought into question. They may not be the ones who are deemed at risk of sexual abuse towards a child, but we are asking them invasive questions about their own childhood, their intimate relationships, and their views of sexual abuse. This assessment, or intervention with us, may be one of many assessments or interventions they have endured. We may be yet another professional among a long line of people who have become involved in their lives. As assessors and interveners, we play a key role in the journey of the people we work with. Most importantly, we play a key role in the lives of children. Our role is to provide input that helps to protect children from sexual harm. Our input with some families may be short-term, but we hope to provide individuals with an experience in which they feel they have been treated fairly. We are professional, but friendly, and we present ourselves as non-judgmental in our approaches. We try and work in a trauma-informed way, and demonstrate sensitivity, responsiveness and empathy. However, our role is to assess, and therefore, to judge.

As we have explored within the paper, sometimes the risk concerns relate to offences that happened many years ago. Sometimes the concerns relate to online offences, not contact abuse. What impact do these things have on risk, and protective ability? Sometimes the sexual risk concerns are not historic, but more recent, more prevalent. Sometimes partners know about the concerns.

“**More often in my professional experience than not, parents and carers do have the capability to protect. We can often advise on ways forward for families where children can be safeguarded effectively. We can assess through our dual assessments, what the risk concerns are.**”

Sometimes the disclosure, allegations or arrest have come as a complete shock and they have been blindsided by them. Protective adults find themselves in situations where they are suddenly involved with statutory services, because of the behaviour of someone else, of a loved one. They have a responsibility to protect children, sometimes without even fully knowing, understanding or comprehending what they are protecting them from.

However, we often see situations where there is hope. More often in my professional experience than not, parents and carers do have the capability to protect. We can often advise on ways forward for families where children can be safeguarded effectively. We can assess through our dual assessments, what the risk concerns are. Having the ability to assess risk and protective ability simultaneously, allows for a completely thorough, comprehensive approach, allowing us to identify

both the risk, and protective ability. From these assessments, we make recommendations around contact, and identify support or interventions that can assist. We can deliver interventions that have an impact. We can devise family safety plans that are put into practice.

At the Lucy Faithfull Foundation, we believe that child sexual abuse is preventable. Our [assessments and interventions](#) around protective parenting are an important part of this, as are our [training, consultancy](#) and anonymous

[Stop It Now helpline](#). We can help professionals with decision-making. We can engage people in assessments that allow them to feel heard. We can help consider ways forward. We can identify responses that are proportionate and help families move forward. Our role is to provide input that can really help identify issues around risk and protective ability so as to help families move forward in whatever way is the safest for children. That is our priority. There is, and should always be, hope.



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Further reading

Jenny Still: *Assessment and Intervention with Mothers and Partners Following Child Sexual Abuse: Empowering to Protect* (2016).

Appendix 1 – referral considerations

When reviewing whether we can and should offer a proactive parenting intervention, we consider a number of issues. Here are some examples.

- **Who and how the referral has been made** – court, social care or other and any relevant implications of the context for the person in engaging in intervention.
 - **Who is the referral for** – is it for one parent/carer or multiple persons? Are we working with the person of concern or just the protective parent? For multiple people, we need to consider the relationships carefully. We need to consider whether some sessions should be individual, and some joint.
 - **The nature of the risk** – what is known about the sexual harm concerns? What contact does the person or others have with the person of concern? Has/is the person of concern addressing their risk in any way?
 - **Child protection considerations** – or court processes. It is important to know the current context for the client.
 - **Impact for the child/children** – what may be the impact on/for them of the individual engaging in intervention?
 - **Do we have access to enough information to make a recommendation for intervention?** This may be dependent upon the quality and relevance of existing assessments.
 - **Logistics** – what we can offer based on funding, geography and availability?
 - **Additional needs** – learning needs, disabilities, translator services, suitability of in-person or online delivery, or other considerations.
 - **Engagement issues** – any barriers to engagement for the person.
- **Safeguarding** – what measures are currently in place to protect the child/children from sexual harm? Is there a family safety plan/agreement? Who is/needs to be involved in this?
 - **The type of intervention required** – and sequencing of intervention/therapeutic priorities – is this the right intervention for the person at this time, or do other matters need addressing?
 - **Outcome expectations** – what does the referrer or service user expect to achieve through engaging in intervention? What are the intervention goals – and are they achievable?
 - **Adaptions** – are there any adaptions to the number of sessions, session length, delivery methods, or the aims and objectives of the intervention that we need to consider?

Appendix 2 – key aims and objectives of protective parenting interventions

Increased insight/acceptance of the risk concerns

- A safe space to explore feelings about, and develop a greater understanding of the concerns.
- Explore the impact of the concerns and the related consequences for the person, for the children, and on relationships.
- Increase awareness of, and ability to access support.
- Develop insight into the nature of the concerns, and why safeguarding measures are/need to be in place.
- Exploring feelings about the future – managing risk, accessing support, safeguarding children.

Increased knowledge of child sexual abuse

- Identifying who poses a risk of sexual harm to children.
- The risk to children from strangers, family, other children, adults, men, and women.
- Understanding the risks to children online.
- Insight into the prevalence of sexual abuse to children.
- Understanding what motivates some people to sexually abuse children.
- Understanding offence trajectories – how abuse takes place.
- Understanding online sexual offending and the links from this to risks to children.
- The impact of abuse on children.

- The impact of abuse on others.
- Understanding why people who sexually harm children deny/minimise.
- Understanding why children struggle to disclose abuse.
- Understanding grooming and sexual exploitation, including online and within families.

Increased protective ability

- Understanding indicators of risk in persons who have sexually harmed children.
- Understanding indicators of concern that children may be experiencing sexual abuse.
- Developing insight into what protective actions to take if any concerns arise.
- The importance of creating an environment of good emotional safety, trust and communication for children – to facilitate disclosure of concerns.
- Understanding appropriate boundaries around sexual behaviour.
- Exploring situational safeguarding – what additional measures, restrictions or monitoring needs to be in place?
- Exploring disclosure issues – how to tell others about the concerns, and how to communicate with children about these issues.
- Guidance around teaching children about sex and relationships and keeping safe from sexual harm.
- Short- and long-term considerations in keeping children safe.

Improved relationship insight and communication

- The nature of the relationship with the person of concern – how this has changed, how it may change.
- Exploring the impact of the change in roles – the protective carer’s role as supervisor.
- Impact on the relationship with children – support and communication.
- The importance of establishing open communication in the family to help prevent sexual abuse.

Effective family safety plans

- Reviewing or creating a safety plan/agreement to outline the concerns and the safeguarding measures that will be put in place.
- Identifying who needs to be involved and how.
- Outlining how concerns will be responded to.
- Safety plan agreement among all parties – including relevant professionals.

Appendix 3 – case studies

Case example – referrer views and responses

I undertook an assessment of Mr and Mrs Smith in person. The couple had come to the attention of children's services after Mr Smith was arrested for accessing an extensive amount of child sexual abuse imagery, including category A images and videos of children aged 5 to 16, mainly female. Mr and Mrs Smith had a daughter, Jessica, aged 8. The family had not been known to children's services before, and there was no history of any other offending. Mr Smith was quickly removed from the family home due to concerns about the risk of sexual harm posed to Jessica.

Mr Smith's mental health deteriorated rapidly as he struggled to cope with bail conditions and life outside the family home. He and Mrs Smith had been married for 14 years and had not ever lived apart. Mr Smith became depressed and anxious, often using alcohol to help him cope. He was only allowed contact with his daughter when supervised in a family contact centre. He lost his job and the couple struggled to manage financially with managing two homes. Mrs Smith reported feeling shocked and horrified at the offences her husband had committed. Mr Smith reported having been addicted to pornography, and this escalating to IIOC use over time. The impact of the shame of his offence and the guilt he felt for the upset caused to his wife and daughter added to his emotional ill-health.

When I met the couple, Mr and Mrs Smith both spoke of the stresses they experienced due to the consequences of his internet offending. Mrs Smith reported feeling negatively judged by professionals. She felt she was viewed as a "bad mother" by the

social worker. Even after bail conditions were eased and Mr Smith was sentenced to a community order, heavy restrictions remained in place. Mrs Smith was assessed as unable to protect, and viewed as possibly complicit in her husband's offending. Mr Smith reported that the social worker at the time told him he posed a high risk of sexual harm to Jessica and told him "You will never be allowed to move back into the family home". With no hope of a positive future as a family, Mr Smith made three attempts to end his life. This had a lasting adverse impact on Mrs Smith and their child.

Mr and Mrs Smith were later allocated a new social worker who was very experienced in working with men with sexual offences. When I met the couple, things had progressed and Mr Smith had been able to see his daughter more often with the supervision of family members instead of at a contact centre. The new worker shared with me that she viewed his risks to Jessica as low. My assessment concurred. Moving forward, the plans were focused on whether and how safe reunification into the home could be made. My assessment report contributed towards a detailed family safety plan. Mr and Mrs Smith had felt that although they understood and accepted the concerns about risk, the messaging they experienced about him never having a chance of moving home, had been devastating for them. They both said that without the intervention of a new social worker, he may not have survived the next suicide attempt. They remained living apart for some time, but with renewed optimism and hope that there may be a way for them to eventually move forward as a family.

Case example – allegations and unproven concerns

Mr Ahmal was alleged to have sexually abused his teenage niece. His wife, after initially accepting the allegations, came to believe he was innocent. The police took no further action, but children's services remained concerned about the potential risk of sexual harm posed to their children. The children were made subject to child protection measures and Mr Ahmal remained living outside the family home, with his contact with the children taking place twice a week at a contact centre. LFF conducted a dual assessment with the couple, and recommendations were made for intervention. Over the course of the intervention, I was able to work with the couple separately and together. Mr Ahmal remained fixed in his denial of sexual abuse. Within my role, I was able to explore his views on this, explore his attitudes to sexual abuse generally, and consider the impact of the

allegations against him and his family. I was able to help Mrs Ahmal explore her views of the allegations and impact of these, and explore and challenge her views of sexual abuse. I provided educational input about indicators of concerns, how to safeguard children, and together, we formulated a detailed family safety plan. The referring social worker used this safety plan to help the family move forward, moving from supervised contact in a contact centre, to Mrs Ahmal supervising contact in the community. In the weeks after the end of the intervention, the social worker used the end of intervention report to aid decision-making about allowing Mr Ahmal to have contact with the children at the family home. In time, if all remain satisfied with the progress and safety of the children, the plan is to work towards possible family reunification.

Find out more about our work to protect children:

lucyfaithfull.org.uk

Lucy Faithfull Foundation Scotland:

lucyfaithfull.org.uk/scotland

Lucy Faithfull Foundation Wales:

lucyfaithfull.org.uk/wales

Find out about our Stop It Now helpline
(0808 1000 900) and campaign:

stopitnow.org.uk

Our Shore website provides a safe space for
teenagers worried about their own or a friend's
sexual behaviour:

shorespace.org.uk



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