

## NON-OFFENDING CARERS RISK ASSESSMENT

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*“I’ve got a lot more information now as before, it’s nothing I would have ever thought about before. It’s stuff I would’ve thought was bad but not known exactly how bad. Learning more about it...it kinda makes you like more aware of what’s around you.”*

### FAMILY SUPPORT PROJECT

The Family Support Project (FSP) located in Bridgeton and Drumchapel provides a range of services to survivors of sexual abuse across the two sites. The FSP has recently been amalgamated into one service under the management of a Team Leader, and managed centrally by the Principal Officer for child protection. The focus of the work of the project includes:

- Individual work (therapeutic counselling and support) for children who have experienced the traumatic effects of child sexual abuse and/or, for children under 12, whose sexual behaviour is problematic
- Family work – direct counselling with individual adults, family members and family units
- **Risk Assessments including assessment of future risks to children; non offending carers risk assessment that focuses on parental protectiveness and risk; risk assessment/management of children below 12 years with problematic sexual behaviours**
- Group work programmes for children, young people and adults
- Consultation/skills sharing: information, advice and support to residential and fieldwork staff, foster carers and external agencies within Glasgow
- Developmental work in raising awareness of the issues within professions and the community and aims to widen perceptions around the needs of this group of children
- Links with Other Agencies including participating in local forums and contributing to the development of practice
- Training including direct contribution to service training programmes and responding to individual training requests from agencies/groups who have specific training requirements
- Court work to support children, young people, family members and adult survivors.

- Providing specialist knowledge and information, premises for use by colleagues and materials/physical resources to assist staff in their direct work with children and families (e.g. workbooks, toys, art materials)
- Part of the remit for the projects was to co-ordinate and assist with complex sexual abuse cases that involve several perpetrators and/or several teams. Although this has not been a feature of recent work, it is an area that staff has experience in e.g. collating information, identifying links, identifying transitory perpetrators. Project staff will be invited by senior officers to attend meeting relating to such cases for advise.
- Staff have assisted in the investigations into claims of historical sexual abuse in children's units and also in more recent cases when allegations have been made against staff members. Project phone number has been given out as a contact / helpline during inquiries and from this staff have provided direct and telephone support.
- Project staff have also provided a service for staff members of the council who have been affected by sexual abuse. Such cases have to be managed sensitively and with a higher degree of confidentiality.

Prior to the formation of one service the family support project (Bridgeton) and children's support project (Drumchapel) had been the subject of a review of the specialist sexual abuse projects delivered by Glasgow City Council social work services. In preparation for this review an all social work Survey Monkey questionnaire was circulated to ascertain practitioners' and managers' perceptions of the services – receiving 48 responses for project specific questions. Some of the relevant results are presented here to provide a general background overview of professional satisfaction for the project overall.

85% of respondents identified that one of the main functions of the project is to undertake risk assessment and management, while 95% identified individual work with children and young people as its primary function. Working directly with families (85%) and consultation / advice (80%) were also recognised as main outputs of the projects. 91% of respondents considered that the process of accessing the project is appropriate to the needs of service users and 98% believed that the format of engagement with the project is appropriate to the needs of service users. 95% of respondents considered that the project was easy to access.

Overall, these findings indicate that professionals who responded and were aware of the service had positive views about access to and use of the project. While those workers who responded to specific questions rated highly the services provided, the review findings overall suggested that the relaunched family support project may need to raise awareness of its services and remit.

The present research was commissioned to investigate one aspect of the overall service provided by the Family Support Project– the non-offending carers risk assessment (NOCRA). While other aspects of the service were mentioned by respondents in the focus groups, and thus commented on in the report, the majority of the data relates to the NOCRA aspect of the service.

## NON-OFFENDING CARERS RISK ASSESSMENT (NOCRA)

*“Informed, aware parents who make it their business to communicate with their children and with people who come in contact with their children are best able to protect their children from sexual abuse”*  
(Levenson & Morin 2001: 77).

The rationale for the development of the non offending carers risk assessment within the family support projects stem from the findings of research, albeit rather limited, investigating the ability of non offending carers to protect children from sexual abuse. Most of the available literature focuses on the ability of mothers to protect and support an abused child – this differs slightly from referrals to the FSP for assessment where usually the children in question are not necessarily victims, but the abuser may have a close relationship with them, often through forming a relationship with their mother.

Approximately a third of non-offending carers respond with ambivalence about allegations or convictions against partners and indicate that there may be greater risk if their children are removed (Bolen and Lamb 2004). In addition there is often a difficulty in removing an abuser from the family home (Bolen 2001), especially if there is no conviction linked to the alleged behaviour; in cases where there is no conviction assessments are also more problematic (Calder 2001). Due to the many risks and complications associated with the responses of non-abusing carers there is concern that the presence of a non-abusing carer does not, alone, necessarily equate to protection (Smith 1994).

In respect of victims specifically, recovery from abuse is associated with effective support from the non-offending carer (usually females) and there are also indications that a child’s willingness to disclose abuse in the first place, or retract allegations, may also be related to the perceived support of the non offending carer (Malloy and Lyon 2006; Elliott and Brieire 1994). The rationale of the NOCRA assessment is located in protecting children from potential abuse, although its potential in identifying the ability of carers to protect children also includes elements of them being able to provide effective support if a child is abused. On the whole it has been found that mothers are generally supportive and protective of their children where there are allegations of sexual abuse, however a substantial number are not (Elliott and Carnes 2001). The NOCRA aims to identify those mothers who may not be protective and supportive of their children and the assessment process is likely to result in one of the following conclusions adapted from Calder (2001):

- Carer can protect and support the child and does not require professional intervention
- Carer can protect and support the child if sufficient support is in place
- Carer denies offences took place, but states will protect the child appropriately

- Carer is ambivalent and protection must come externally via professional support or Carer denies any abuse occurred and cannot support or protect the child

### **Non offending carer risk assessment - Glasgow**

The NOCRA was developed in Glasgow by the FSP in response to the findings of continued research regarding the importance of the non offending carer in protecting children and as a consequence of a change in the pattern of referrals from area teams. Social workers were looking for advice and assistance in working with carers who were continuing to live with, and have a relationship with, partners who had committed sexual offences against children.

The assessment programme is a framework for workers to assess a carer's ability to protect their children and to identify risk. Often, cases that require assessment are being managed via child protection procedures and specialist assessment is required to ascertain the level of risk and whether in the opinion of the professionals involved non offending carers can manage that risk, with support of services. Most carers referred to date have been female and predominantly mothers; women constitute 92% of previous assessments at the family support project (Grattan 2007), although workers indicated a number of men have been referred and they welcome male referrals as carers.

A contingent aspect of the risk assessment process is its educative role, which provides the carer with information in relation to sexual abuse and the strategies sex offenders employ to groom and abuse children. The framework is flexible and can be adjusted to meet case specific needs or issues.

The 10 week structured programme is designed to be jointly undertaken by a project worker and the area team social worker. The project worker drafts the final report and, once agreed, both professionals will sign off the report. Area staff who have been involved in this joint work process will be offered support through consultation sessions to assist them to carry out future risk assessments. This model has been identified as a positive model of learning and development in the area of sex abuse within Glasgow (Etherson 2011).

## **METHODS**

The aim of the present research was to ascertain professionals' and parents' views and perceptions of the NOCRA assessment, developed by the FSP to assess a non offending carers ability to protect and support their child. The methods employed to facilitate this included:

- Questionnaire for parents who had completed the assessment
- Interviews with parents who had completed the assessment (x2)
- Focus group with social workers who had collaborated with the FSP in a NOCRA assessment

- Focus group with FSP staff at the Drumchapel base
- Focus group with FSP staff at the Bridgeton base
- Analysis of Care first for completed and part completed NOCRA assessments during 2010 and 2011
- Document analysis
- Previous reports and survey of the sexual abuse services across Glasgow

To ascertain the views of carers who have been assessed using NOCRA service users were asked at the beginning of the assessment process if they would agree to complete a questionnaire at its conclusion, and possibly agree to be interviewed by a researcher about their involvement in the assessment. Full, informed, written consent was obtained at the outset of the assessment and returned to again at the completion of the process to ensure clients were still in agreement to contribute to the research. Following this two stage process ten carers completed the questionnaire and two were interviewed. The carers who completed the questionnaire and who agreed to be interviewed were not necessarily those whose cases were analysed on Carefirst.

Additional evidence was obtained from one focus group comprised of social work children and families staff who had jointly completed a risk assessment with a Project Worker; one focus groups with project staff at each location and an initial plenary session with all project staff at a team development day. Carefirst records were consulted to identify possible decision making and outcome pathways for children following a NOCRA assessment.

The interviews were based on the structured questions presented in the questionnaire and guided by responses to that. Focus groups adopted an open ended, semi-structured approach guided by the general aims of eliciting what participants found positive / useful and negative / not so useful about the NOCRA assessment.

The interviews and focus groups were recorded manually and analysed for common themes which were then coded to inform the findings. The questionnaires were presented as descriptive statistics.

### **Limitations**

The comprehensive nature and length to completion of the NOCRA assessment has necessitated a relatively small number of cases included in this evaluation. As such the findings of this report can only be indicative of practice, more detailed analysis of the outcomes for children following a NOCRA assessment would require further comprehensive monitoring and review, accompanied by improved recording in case files / Carefirst systems.

The NOCRA assessment is only one part of the service provided by the Family Support Project. Any future monitoring should also aim to encompass all aspects of the service to highlight the interdependence of the various intervention strands.

## FINDINGS

As indicated the findings can only be regarded as indicative of practice and not a definitive statement of the NOCRA assessments effectiveness in assessing carers and contributing to the protection of children. The following sections relate to those areas identified by participants as being important constituents of the NOCRA assessment process and related FSP activity.

### Parental involvement and collaboration

Involving parents in assessment and decision making and working collaboratively with parents is recognised as key to successful engagement and central to government policy. Gathering the views of parents and children (where appropriate) is central to effective child protection practice and is widely recognised in contributing to optimal outcomes (Woolfson et al 2010), with interventions less likely to be effective without user involvement (Payne 2000).

In responses to questions relating to their participation in the assessment programme carers indicated that they felt included in the process; they considered that the assessment was explained fully to them at its commencement and they were provided with the opportunity to co-operate or not with the assessment. Social workers also considered that FSP staff fully included carers in the assessment, enabling carers to be aware of the process at all stages. This positive response to the assessment from carers is an important aspect of helping the child as often non offending carers feel they are not treated with respect by service providers (McCurley and Levy-Peck 2009).

However, while clients felt they were offered the choice of not co-operating, the nature of the assessment and the possible implications for their children and families with non compliance may have mitigated their 'choice' in actual terms. Within these constraints and the 'involuntary' nature of the assessment as part of child protection enquiries respondents did feel they were provided with the opportunity to amend and challenge the conclusions if they disagreed with them.

The collaborative nature of the assessment, between professionals and with the parents, was a particularly positive aspect of the process for the majority of the respondents. Social workers considered that the NOCRA process was enhanced when undertaken in partnership with the FSP worker, rather than one or other completing it alone with parents. Social workers questioned in reality how they could be expected to find the time to complete such a comprehensive assessment without the support and specialism of the FSP.

### Criminal Justice Involvement

There was widespread consensus that involvement of criminal justice services in the NOCRA assessment was limited, with a recognition amongst professionals that *"it is unusual to have criminal justice"*. While the consensus was that is difficult to forge

relationships with criminal justice workers, there was acknowledgement that when they were involved criminal justice contribution was useful. Limited, or non-existent, criminal justice attendance at NOCRA training was also mentioned, although it is unclear how often criminal justice workers were invited.

An additional barrier noted about the possible contribution of criminal justice workers was that in the absence of a criminal conviction it is difficult for children and families staff to obtain a risk assessment about an individual 'abuser', including those where grounds have been accepted at a children's hearing. FSP staff indicated that working with non-abusing parents through the children's hearing system was one of the biggest challenges because of the lack of a criminal conviction. It was also suggested that in the absence of criminal justice involvement it is sometimes unclear what the evidence against an 'abuser' is and what work may have been undertaken with individuals.

### **Assessment sessions**

Both parents and professionals considered that the overall programme was useful; individual sessions were highlighted as being particularly useful alone, although the actual individual sessions considered useful differed between respondents. The social workers in the focus group recalled taking parts of the programme to use in individual cases, although they were clear that using the sessions in this format could not be considered to be a comprehensive assessment. The family history / tree part of the engagement (either alone or as part of the full programme) was thought to be particularly useful by social workers as it was considered to be a non-threatening way of commencing the engagement process without directly focussing on the abuse at the outset. Social workers also believed that the assessments also helped to identify other potential abusive scenarios within the home, for example emotional or physical abuse.

A number of parents provided additional comment about the parts of the programme that were most helpful. While not conclusive, these responses are included in full below to provide an indication of parents thinking around the assessment process:

*"Finding out more about sex offenders and how to spot the triggers"*

*"The whole programme"*

*"All of it"*

*"Sex offender information, especially video"*

*"Learning about the effects the abuse has on the child and the abuse tactics. Also writing up the protection plan"*

*“The assessment was very informative and helped me to thinking about different ways to protect my child that wouldn’t have thought about before”*

*“I had a better understanding of how to protect from harm”*

*It’s an excellent programme that can help you see with clarity”*

The only comment provided by carers when asked about the least helpful parts of the programme was:

“I could protect my daughter anyway”.

The carer who agreed to be interviewed and was positive about the process was clear what the assessments were about:

*It was to learn more about sex offenders; learn about the effects they have on children. Learn about how you would spot one – before I would think it was just a weird looking guy, but now I realise it could be anybody, your next door neighbour, you just don’t know.*

Overall, the responses of clients in respect of the service provided and the performance of project staff was positive and indicated that clients appreciated the service and its focus.

## **Report and conclusions**

The writing of the final report and conclusions was reported by FSP staff and social workers to be a joint effort and there was general agreement that professionals involved collaborated well on this aspect of the work, as they did all sections of the assessment. Nearly all the carers reported that the conclusions were shared with them before the final report was written and that they, on the whole, agreed with the conclusions - being offered the opportunity to make comment if they did not agree and have these disagreements recorded.

*“they were fully explained to me before the report was written. Once the report was written I got to read it over as well.”*

*“there was a part of the report where I could write my comments at the back of it and that would have been stapled on to the report and wherever the report went, my comments would go along with it.”*

## **Use of assessment and findings**

Social workers reported that the assessment and conclusion are utilised in a variety of ways including at a child protection case conference as part of an action plan; following a child’s review and generally where concerns are raised. Respondents suggested that fieldworkers prefer to have some discretion, employing their own



assessment and opinion, about using the conclusions of a NOCRA assessment, rather than being told to simply follow the conclusions in making recommendations for case conferences and children's hearings etc.

FSP staff were less convinced about the use of the assessment to inform future plans and decision making; the analysis of Carefirst records was unable to illuminate how assessments were subsequently utilised. There were concerns expressed by the FSP that decisions are being made before the conclusion of the assessments, and Carefirst records indicate that in some instances this may be the case, although records are not clear on chronology.

The chosen method of record analysis for this study was Carefirst, as it is the recording format that is easily accessible to all social work staff involved in a case. (notwithstanding the fact that FSP have only had access to Carefirst for the last 3 months). The lack of access to Carefirst has previously been identified as *"a significant barrier to appropriate and timely information sharing and communication flow between area teams and the services"* (Etherson 2011; para 10.5).

Of the 12 completed and 6 part completed assessments examined for the period 2010 / 2011 the tracking of decision making via Carefirst was problematic and in most cases the pathway between assessment, decision and outcome at 6 months was not clear. While it may be reasonable to assume that the treatment pathways are referred to in action plans and minutes (although this is not clear), from electronic records there is little indication that NOCRA is a key part in decision making, despite the acknowledgement from social workers of its importance to the process. While this may be a recording issue, in terms of evidencing pathways and outcomes, there is a clear gap in the process.

Overall, social workers were clear that the information gathered during the assessment, and the conclusion of the assessments, were important constituent components of the overall child protection and safeguarding process and that they contributed to decision making. Its use at a child protection case conference; as part of a child's action plan; following a child's review and where specific concerns have been raised, were mentioned as specific scenarios where the assessment was particularly useful. However, FSP staff were less clear about the use of a NOCRA in the safeguarding process, expressing concerns that in some cases decisions were being made before the conclusion of the assessment. Analysis of Carefirst records supported the latter view.

## Cases

To provide some context of the numbers being assessed and potential outcomes and decisions, Carefirst records were analysed for cases where a NOCRA assessment was commenced during 2010 and the first six months of 2011.<sup>1</sup> 18 NOCRA assessments were identified as having commenced by the FSP in this period, representing 23

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<sup>1</sup> A decision was made to focus on Carefirst recording as this is the only city-wide forum able to be accessed at different locations (notwithstanding the fact that project staff did not have access)

children who were considered to be at risk. This does not represent all the referrals to the FSP, nor do these cases necessarily correspond with the interview participants.

All the assessments in this group were on female carers, with 16 of the children at risk girls and 7 boys. The age ranges were between new born baby and 15 at the time of the initial assessment period.

Twelve of the assessments were completed over the allocated nine sessions, the others were at various stages of part completion. Only one of the assessments concluded that the carer was capable of keeping her child safe. There were seven clear conclusions recorded in Carefirst that the carer was not capable of looking after the child(ren). For the other ten there was no indication in Carefirst what the conclusions of the assessment were.

For the time period of the analysis the FSP workers were not able to record directly onto Carefirst. Without such recording it is difficult to identify a clear pathway of decision making on the basis of the assessments and link any decisions to the details of an assessment. A number of Carefirst recordings confirmed the concerns raised by FSP staff that decisions were made by field workers before the assessment was completed, although it is recognised that immediate child protection concerns cannot wait for the completion of an assessment over nine or ten sessions. However, for the majority of cases it is not clear how subsequent decision-making was informed by the NOCRA assessment, and whether outcomes for children were supported by the assessment.

Clear decision making processes and pathways to outcomes may be clearer to identify on Carefirst now that FSP staff can directly input onto the system. At a minimum FSP staff should record conclusions and recommendations.

## Consultations

FSP staff indicated that consultations and advice, outwith a formal assessment process, was a substantial part of their role, a role also recognised by social workers who suggested that beyond contact via a NOCRA assessment they consulted FSP staff regarding other issues in relation to non offending carers through *“running things past the project”*. This positive feedback in relation to general consultation beyond the NOCRA assessment and the use of the assessment tools themselves was reflected in the wider review of services:

*“The services receive positive feedback from fieldwork staff in terms of consultation, support, input to use the tools and the learning experience following completion of NOCRA reports.”* (Etherson para 10.8)

FSP staff indicated that supporting social workers to complete their own assessments was increasingly becoming a key part of the service as capacity issues mean that project staff sometimes cannot accommodate all requests i.e. a significant

and steady increase in referrals across the city for such assessments has been noted by FSP staff. While such practice is encouraged it also contradicts the thoughts of social workers that the collaborative nature of joint assessments is a clear benefit of the NOCRA.

Overall, social workers believe it is useful to have Family Support Project staff available for consultation and to complete a full NOCRA assessment, recognising there is protected time to complete the work, which is a comprehensive, time limited piece of intervention requiring protected time. Within this resource social workers considered that it was useful for them to be able to draw on the project staff's experience and knowledge and to be able to access the latest research.

In terms of the actual work, social workers believed that the project staff can also provide additional support and another viewpoint, including detached observation independent of the fieldwork team's outlook.

### **Worker attributes in the project**

Social workers considered that the staff in the family support project were "*very approachable*" and provided valuable input into the overall assessment process, achieving a close working relationship that is a collaborative effort between social workers and FSP staff. Clients also considered that FSP staff were approachable and worked with them in explaining the work and the potential risks posed by abusers. Clients also felt that on the whole social workers were also approachable during the assessment process.

### **Under utilisation of the NOCRA assessment and awareness of the Family Support Project**

Awareness and use of the FSP presents a complicated picture, that in some respects relies on 'word of mouth' of practitioners to their colleagues who then decide to liaise and consult with the project. Social workers indicated there probably is a lack of awareness of the FSP and that referrals from area teams may be a function of how managers perceive and use the project. FSP staff were also of the opinion that referral often depends on the area team's perception of the project. These inconsistencies regarding awareness of the FSP were also identified in the city wide service review, which found that there was little clarity how decisions are made in the area team regarding referrals to the Project (Etherson 2011).

The lack of awareness of the FSP was identified in the review of the sexual abuse services where a third of respondents indicated they believed that the project did not operate in their area. It remains unclear the reason there is lack of awareness amongst fieldworkers; FSP staff indicate they have been out to teams to raise awareness and suggest staff turnaround and non-attendance at training may be a factor. However, in the review nearly 90% of respondents who had engaged with the FSP identified the risk assessment and risk management as the major focus of the service, with nearly two thirds having liaised with the project re risk assessment.

FSP staff also considered that one barrier to referral for a NOCRA may be the length of time the assessment takes, especially if area teams are looking for a response quickly if there is a Children's Hearing or case conference pending. This may also explain concerns that decisions are often made before the assessment has been completed, although FSP staff were clear that a full NOCRA should be completed where *"decisions need to be made about children's safety"*. To facilitate evidenced based decision making, referrals should be made promptly to the project.

There is some dissonance between lack of awareness and understanding of the FSP and NOCRA amongst some fieldworkers and the efforts that FSP staff report have made to promote the project. This has included attendance at child protection training, attendance at local management reviews and visits to teams. Whatever the reasons for some reduced appreciation about the service, consistent methods of dissemination should be paramount for FSP staff to ensure that fieldworkers do not cite lack of awareness for non-referral.

## CONCLUSIONS

There is little doubt that the overall consensus from social workers, FSP staff and clients is that the NOCRA assessment is a useful process that can help clients gain a better understanding of risk, and professionals to assess a parent's ability to protect children and potential risk. While respondents to the client questionnaire were few in number they were predominantly positive about the NOCRA assessment process, 70% agreeing with the conclusions and 80% considering they were better able to protect their children following the programme.

Social workers who have worked closely with the FSP, and completed or part completed a NOCRA assessment are positive about the service. The findings of the city-wide sex abuse service review also suggests that the majority of social workers, Team Leaders and Assistant Service Manager respondents valued all elements of service provision, including the NOCRA risk assessment. However, there are indications that amongst some fieldworkers there may be a lack of awareness, or understanding about the Family Support Project. This suggests that the projects are not always consulted, or referred to, in cases of sexual abuse, with additional concerns that contact with the project is dependent on awareness of workers and their views on it, rather than any assessed level of risk.

Overall, the views of professionals and service users indicate that the NOCRA assessment is a valued service, that provides a specialist and time protected environment to undertake a comprehensive risk assessment. What is not apparent, at least from Carefirst records, is how the assessment is then utilised in decision making and future planning. This is an area that requires further investigation as it may illuminate the question of how the NOCRA assessment contributes to improved outcomes for children and families.

At present there is no clear, quantifiable pathway evident, from which definitive conclusions can be reached that the NOCRA assessment results in the improved protection of children. The indicative finding of this evaluation, based on the views of carers, project staff and fieldworkers who have worked with the project, suggests the assessment is a contributory factor that helps decision making and contributes to the protection of children, a much more rigorous and lengthy investigation would be required to establish a direct link with improved outcomes.

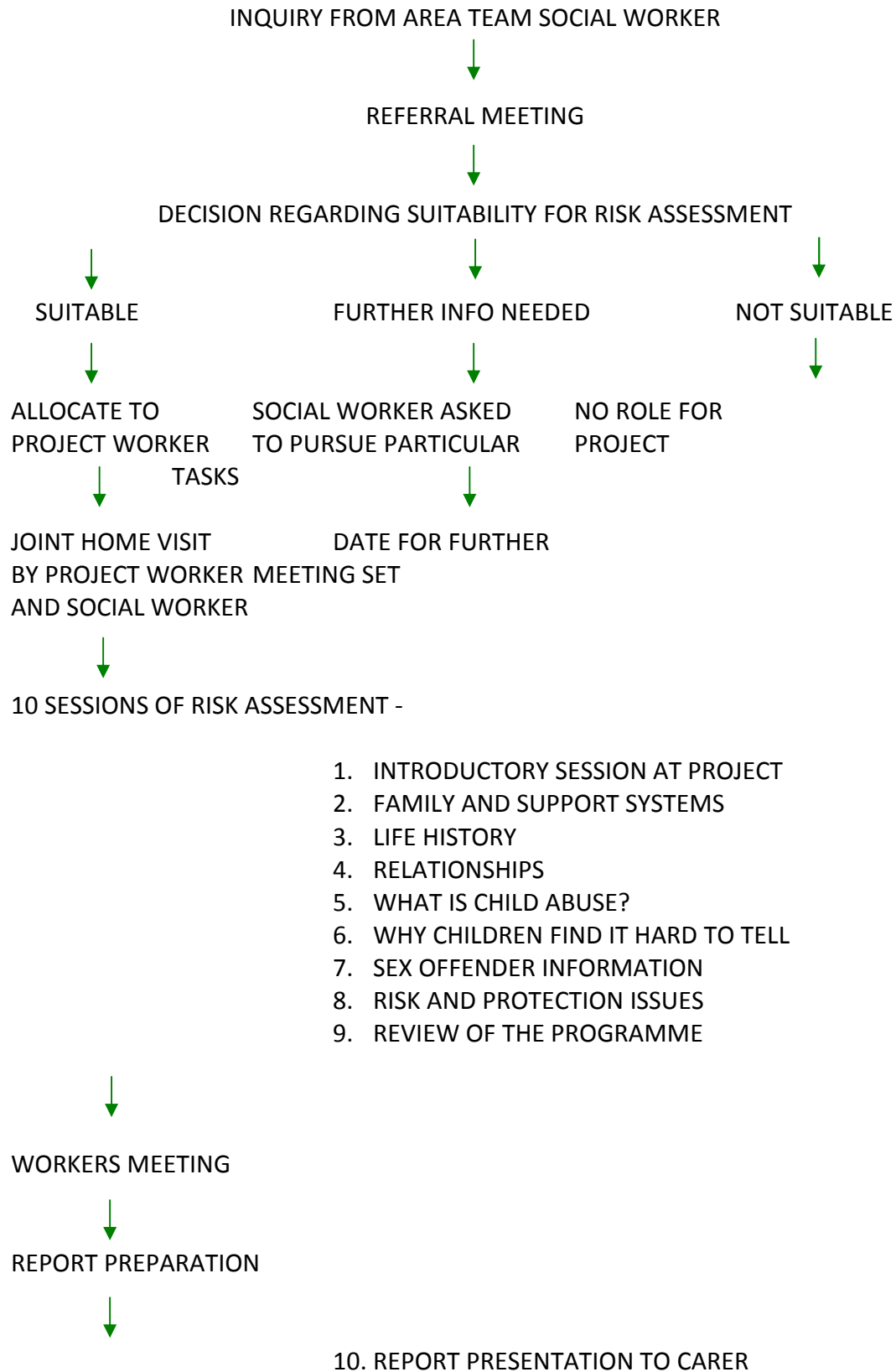
## **RECOMMENDATIONS**

- Establish a clear framework for monitoring the use of NOCRA across the city to enable comment to be made about its use and pathways to outcomes for children.
- Ensure consistency of referral and engagement from area teams, such that referral to the Family Support Project is based on assessed risk and need and not based on little or no information about the Project and the NOCRA Assessment, which has the potential to lead to postcode access.
- Ensure when NOCRA assessments are requested that child protection decisions related to the request are not made prior to its completion, unless evidence of immediate risk
- Ensure that conclusions of NOCRA assessments are recorded on Carefirst (not just as an activity).
- Family Support Project team leader, or deputy, are invited to and attend each of the localities local management reviews to maintain the profile of the service and NOCRA assessment
- All new social work staff receive some input on the work of the Family Support Project and the NOCRA assessment as part of their induction and/or child protection training.

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## NOCRA RISK ASSESSMENT PROCESS



## **ASSESSMENT PROGRAMME SESSION OUTLINES**

### **Session 1 – Introductions**

- Aims of the programme
- Outline of the programme
- Confidentiality
- Offences / allegations / concerns
- Questionnaire
- Use of worksheets

### **Session 2 – Family and support systems**

- Family tree
- Support networks
- Use of worksheets

### **Session 3 – Life history**

- Personal history of carer

### **Session 4 – Relationships**

- General views / information on relationships
- Specific focus on relationship with offender
- Use of worksheets

### **Session 5 – What is child abuse?**

- Discussion on different types of abuse
- Card exercise

### **Session 6 – Why children find it hard to tell**

- Information and discussion on the difficulties children face
- Use of worksheet and direct information

### **Session 7 – Sex offender information**

- Information and discussion on sex offender strategies
- Use of video and direct information

### **Session 8 – Risk and protection issues**

- Carer to formulate a protection plan for the child(ren)

### **Session 9 – Review of the programme**

- Repeat questionnaire from session 1
- Review each of the sessions with the carer
- Prepare the basis of the report

### **Session 10 – Report presentation**

- Carer to read over the report and discuss
- Carer to have the opportunity to comment on the report