

# 11 MANAGEMENT OF THOSE PRESENTING A RISK TO CHILDREN

## 11.1 VIOLENT & PREDATORY OFFENDERS

- 11.1.1 An understanding of the nature of violent and predatory offenders and the potential they have for hurting children is an important element in both assessment and child protection planning and managing the risk of harm to children. Chapter 12 of *'Working Together to Safeguard Children'* (2006) contains additional details on this.
- 11.1.2 Workers need to be aware that violent and predatory offenders typically move from relationship to relationship and from area to area and require monitoring from all the agencies involved. They will spend significant periods of time in prison and on release may move areas to live somewhere where they are not known. If there are concerns about the levels of contact of an unknown adult with children either directly or through a family member it is important to contact the police to see if they are known and have previous cautions or convictions. It should not be assumed that the individual or family member involved will have any knowledge or any accurate knowledge of the actual offence.
- 11.1.3 Violent and predatory offenders are assessed and managed on a multi agency basis through MAPPA. A full account of the MAPPA Level 2 local risk management (LRMP) and Level 3 panels is available in the MAPPP Procedures for Hertfordshire and should be referred to as required. Many of them will be under the supervision of the probation service (now combined with the prison service to form the National Offender Management Service (NOMS) and has protecting the public as a primary objective. MAPPA procedures are also available for use by any of the agencies involved including CSF. Not all violent and predatory offenders are adults; MAPPA processes also manage violent and predatory child offenders.
- 11.1.4 Although rare for the risk factors of violent and predatory offenders to be reduced sufficiently for them to become a low risk of committing serious harm, the risk they present may be reduced e.g. through:
- Cognitive behavioural programmes - Hertfordshire Probation Area provide such programmes for convicted sex offenders and convicted domestic violence perpetrators and in the future will be providing a programme for other violent offenders
  - Working with the offender through partners to control drug and alcohol abuse
  - Additional monitoring with agencies such as the police and mental health services

- 11.1.3 When the risk increases to an unacceptable level action on those offenders who are subject to release on licence from prison action can be taken to ensure a rapid recall to prison followed in some cases by additional actions such as a proposal to the court for a lengthy public protection sentence.

## 11.2 IDENTIFIED OFFENDERS & OTHERS WHO MAY POSE A RISK TO CHILDREN

### RECOGNITION

- 11.2.1 Indicators of people who **may** pose a risk to children include:
- Schedule 1 offenders, (those found guilty of an offence under schedule 1 of the Children and Young Persons Act 1933) **but** see Home Office Circular 16/2005 for its interim 'Guidance on Offences Against Children' at [www.homeoffice.gov.uk](http://www.homeoffice.gov.uk) or via [www.knowledgenetwork.gov.uk](http://www.knowledgenetwork.gov.uk) that indicate the term 'Schedule 1 offender' must be replaced with a term reflecting **future risk** as opposed to past convictions
  - Individuals known to have been cautioned / warned / reprimanded in relation to an offence against children
  - Individuals against whom there is a previous finding in civil proceedings e.g. Sex Offender Order or care proceedings
  - Those about whom there has been a previous s.47 enquiry which came to the conclusion that there had been abuse
  - An individual who has admitted past abuse of a child
  - Others whose past or present behaviour gives rise to a reason to suspect that a child may be at risk of significant harm e.g. a history of domestic violence and other serious assaults
  - Offenders against adults who are notified to the local authority, because the prison or probation services are concerned about the possible risk to children
  - Offenders who come to the attention of the MAPPAs

### RESPONSE

- 11.2.2 On notification or discovery of a person who may pose a risk to children Children's Social Care must treat this information as a child protection referral and instigate a s.47 enquiry:
- If the person is living in a household with children
  - Has contact with children or
  - Is suspected of posing a risk to children in the area
- 11.2.3 Checks (including the prison service that may hold important information) must be undertaken to establish:

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- Any children believed to have been abused by the individual in the past
- Other children who are believed to have been in contact with the individual in the past and may therefore have been at risk
- Children with whom the individual is currently in contact in a family or work / voluntary setting
- Children (or groups of children) with whom the individual may seek contact, such as children attending a school located near the home of an individual known to target such children

11.2.4 All assessments of risk must consider the:

- Needs of the children affected
- Level and pattern of abusing or offending behaviour, including behaviour thought to have occurred, but which has not led to a criminal conviction
- Level of protection which is likely to be provided by other significant adults
- Ability of the children to protect themselves

11.2.5 A child protection conference must be convened if the threshold criteria are met (see 6.3) and if any child/ren require continuing protection, therapeutic intervention or family support services.

## DISCLOSURE OF INFORMATION BY LOCAL AUTHORITY

11.2.6 This procedure applies when disclosure to third parties of an offender / suspected offender's previous history is being considered.

11.2.7 Subject to the conditions set out in module 2, the general presumption is that information should not normally be disclosed, except if one of the following applies:

- Consent from the suspected offender / alleged offender / offender
- Statutory requirements or other duty
- Duty to the public

11.2.8 Legal advice should be sought where doubt exists as to the lawfulness of disclosure.

11.2.9 Absence of a conviction for child abuse in a criminal court does not prevent a local authority from informing parents or carers of the potential risk posed by someone who is honestly believed on reasonable grounds to have abused other children.

11.2.10 Generally the risk assessment for disclosure of information on convicted abusers will be led by the Police and Probation service (see MAPPA), but Children's Social Care may need to consider the risk also of those alleged abusers who:

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- Have been charged with an offence and the outcome of their case is pending
- Were not prosecuted because the required standard of proof did not allow for a criminal case to be pursued
- Were not prosecuted but the case 'left on file'
- Were acquitted

11.2.11 In view of the possibility of legal challenge by the individual concerned or a future victim, all agencies must, in addition to seeking any legal advice required maintain a written audit trail of events, actions, discussions, decisions and the reasons for them.

### RISK ASSESSMENT

11.2.12 Prior to any decision by Children's Social Care to disclose information, a risk assessment must be undertaken, in order to establish what risks the person poses to children in the prevailing circumstances and the risks associated with disclosure.

11.2.13 The risk assessment and management of alleged / suspected offenders will usually be through MAPPA. Children's Social Care has a particular role to play when an individual is setting up home with a new partner who has children.

11.2.14 The risk assessment must consider both enduring and changeable factors and take account of:

- Nature and pattern of previous offending
- Compliance with previous sentences or court orders
- Proximity of potential victims
- Probability that a further offence will be committed
- The harm such behaviour will cause
- Any behaviour indicating likelihood that s/he will re-offend
- Any expert opinion e.g. psychiatric
- Any other relevant information e.g. specific vulnerability of child/ren

11.2.15 The risk assessment must also consider the following risks:

- Displacing or increasing offending
- Pushing an offender 'underground'
- Potential consequences to the offender and her/his family
- Potential consequences in the context of law and order
- Any other operational considerations

11.2.16 Where possible, the individual should be consulted to provide information to assist the risk assessment.

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- 11.2.17 The individual should be given the opportunity to challenge the information on which the decision to disclose is being made, and the response considered as part of the risk assessment.
- 11.2.18 The child protection manager and legal department must be consulted regarding the possibility of disclosure and the decision taken by the service manager, in consultation with Police and Probation at a strategy meeting.
- 11.2.19 If the Police do not support any planned disclosure based on the potential risk to an identified child, further legal advice must be taken.

### DISCLOSURE PROCESS

- 11.2.20 Each decision to disclose must be justified on the likelihood of harm which non-disclosure might otherwise cause and the pressing need for such a disclosure.
- 11.2.21 Consideration must be given to other, less intrusive methods that might achieve any required objectives:
- If the offender is supervised by Probation, the use of its powers may assist or obviate the need for disclosure
  - Consent to disclosure should be sought from the individual in question (unless this increases the risk to any child)
  - Consideration should be given to allowing the individual to make the disclosure themselves, which may be sufficient to achieve the objective e.g. promise to move to less provocative surroundings (unless this increases the risk to any child)
- 11.2.22 Where a decision to disclose is agreed, the risk management process must consider at a strategy meeting:
- Nature of the information to be disclosed
  - Extent of its distribution
  - Time scales
  - Who will disclose the information and how
  - Advice and guidance to be given to the recipients regarding the use they are to make of the information
  - Identification of a contact person identified to provide further advice and guidance to the recipient
- 11.2.23 Following disclosure, the social worker, Police or probation officer must note:
- How seriously the child / carer took the information
  - The carer's ability and plans to protect the child
  - The carer's immediate plans for protection

## 11.3 VISITS BY CHILDREN TO HIGH SECURE HOSPITALS & PRISONS

- 11.3.1 High secure (formerly known as special) hospitals have a duty to implement child protection policies, liaise with their LSCBs, provide safe venues for children's visits and provide nominated officers to oversee assessment of whether visits by specific children would be in their best interests. Many prisons now operate a similar system in relation to sex offenders and other dangerous offenders.
- 11.3.2 Children's Social Care must assist staff in high secure hospitals to carry out their responsibilities in relation to the assessment [LAC (99) 23 amended by LAC (2000)18].
- 11.3.3 With respect to visits by children to patients who have mental health difficulties and are in local non-special hospitals (including those detained under the Mental Health Act 1983), the onus for risk assessments lies with the Mental Health Trust.
- 11.3.4 Offenders against children, those found unfit to be tried, or not guilty by reasons of insanity, in respect of murder, manslaughter or a 'Schedule 1 offence' will only be eligible for a visit if within the permitted categories of relationship.
- 11.3.5 The nominated officer of the relevant hospital must contact a person with parental responsibility for the child to:
- Seek her/his consent for the visit
  - Confirm the relationship of the child to the patient
  - Clarify who will accompany the child (must be a parent, relative, foster carer or employee of Children's Social Care)
  - Inform her/him of the requirement for an assessment by Children's Social Care
- 11.3.6 A clinical assessment of the patient must be undertaken by the hospital. If clinical findings are supportive of the visit and the person with parental responsibility agrees, Children's Social Care must be asked to assess if the visit is in the child's best interests. The clinical assessment should be provided to the local authority.

### ASSESSMENT WITH RESPECT TO HIGH SECURE HOSPITALS

- 11.3.7 On receiving the request for an assessment, the social worker must contact a person with parental responsibility for the child to gain consent for the assessment

- 11.3.8 Children's Social Care' assessment should establish:
- The child's legal relationship with the named patient (only children in specified categories of relationship may visit)
  - The quality of the child's relationship with the named patient, both currently and prior to hospital admission
  - Whether there has been past, suspected, alleged or confirmed, abuse of the child by the patient
  - Future risks of significant harm to the child if the visits take place
  - The child's wishes and feelings about the proposed visit, taking into account her/his age and understanding
  - The views of those with parental responsibility and, if different, those with day to day care of the child
  - If it is known that the child lived in other local authority areas, what other information is known about the child and the family
  - The frequency of contact that would be appropriate
  - Who would accompany the child on visits, and the type and nature - e.g. quality and duration of relationship with the child

## REPORT

- 11.3.9 The assessment must be completed within 1 month of the referral and the report sent to the nominated officer at the high secure hospital stating whether, in the opinion of Children's Social Care, the visit would be in the best interests of the child.
- 11.3.10 The decision should take account of the:
- Nature e.g. quality and duration of child's attachment to patient
  - Past abuse and /or risk of significant harm to the child from the named patient
  - Views of the child, those with parental responsibility and those with day to day care of the child
  - Opinions of professionals who have knowledge of the child
  - Hospital's assessment
  - Whether the visit is, overall, in the child's best interests
  - Who will accompany the child on her/his visits to the high secure hospital
- 11.3.11 If the person with parental responsibility refuses to co-operate with the assessment and no information is known about the child, the nominated officer must be informed that a report cannot be provided.
- 11.3.12 Where the child is known to Children's Social Care information from records may be supplied with the agreement of the person with parental responsibility.

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- 11.3.13 If the social worker concludes that the visit would not, or may not, be in the child's best interests then the hospital must not allow the visit.
- 11.3.14 If the social worker advises that the visit would be in the child's best interests, then the hospital nominated officer should make the decision, following discussion with the social worker and after taking account of all available information.