

Rotherham Safeguarding Children Board

The Assessment Of Risk To Identified Children Presented By A Person Posing A Risk To Children

1. Introduction and guidance notes

- 1.1 A Home Office Review of Schedule 1 in 2004 identified that the term *Schedule 1 Offender* is ill defined and to a certain extent unhelpful since it defines people by their offending history rather than any risks they may pose. The Home Office has therefore concluded the term *Schedule 1 Offender* should be replaced with 'Risk to Children' (RTC). This clearly indicates that the person has been identified as presenting a risk, or potential risk, to children.
- 1.2 This guidance is designed to provide a framework for assessing the risk posed by such individuals, who may or may not be convicted. For convenience they referred to as **Person Posing (actual or potential) Risk** to children (PPR) and **he** throughout this document.
- 1.3 It is intended for use as a framework for discussion with the Person Posing a Risk and other members of the household, (not a form to be completed) when social workers become aware of such an individual living in a household with children, or having contact with a household with children.
- 1.4 The headings below can be used as appropriate for individual sections of a written report containing factual information and an analysis of that information. The information is obtained by a series of planned interviews, by associated observation of the household interaction, and by information from other agencies. The bullet points in the following framework are intended as a checklist guide to the areas to be covered and the framework should not be used as a form to be completed.
- 1.5 The task is to assess the degree of risk and consider whether it is acceptable / manageable in the light of other factors. However, Service Managers must bear in mind the PPRTC assessment takes several weeks. They are responsible for deciding whether there is an **evident high risk** requiring **immediate action to safeguard children**, in addition to, or instead of, the commissioning of such an assessment.
- 1.6 When planning the PPRTC assessment, social work managers should consider whether the worker conducting the assessment should be independent – i.e. not directly involved in working with the family in question.
- 1.7 The PPRTC assessment should be conducted openly with the individual concerned, the children and all the other members of the household. As the risk assessment will normally require a series of discussions over a period of weeks, an assessment plan should be drawn up and shared with the PPR. When the report is completed, the PPR is entitled to receive a copy of the sections that refer to him.

1.8 On completion of the information gathering, interviews and observations, the written assessment is then compiled for submission to the Service Manager, who will decide whether the children are sufficiently safeguarded for the plan to be endorsed.

1.9 It is important for those undertaking PPRTC assessments to bear in mind the importance of the following factors:

- Consulting other professionals who know the family.
- Obtaining clear information about offences, cautions, allegations and finding of facts.
- Awareness of the process of the assessment – the development of relationships with the interviewer, attitude to authority.
- Observations of family interactions.
- Any changes in attitude / response depending on who is present at interviews.
- Cultural factors.

The PPRTC Assessment Framework

Section 1 Introduction

- Name, date of birth, any alias of PPR, current address.
- Name, date of birth, address of child.
- Reason for the assessment e.g. request for contact with a child, wishes to live in household with a child.
- Agencies contacted during the assessment of the PPR: Police, Prison, Probation, CYPS, Housing, GP, Community Mental Health, Other (please state).
- Frequency of contact with the PPR.
- Agencies contacted during the assessment of the child and their family: GP, HV, Nursery, EWO, School, Community Mental Health, Community Paediatrician, Dentist, YOT, Police, School Nurse, Other (please state).
- Has the child been see alone? (If age appropriate).
- Frequency of contact with the child and family.

Section 2 The PPR behaviours of concern

- Details of offences, suspected offences against children, convictions, cautions, findings of fact, allegations, generalised concerns.
- Details of any current orders in force, e.g. Probation Order, Registered Sex Offender, Notification Order, Sex Offenders Prevention Order, Risk of Sexual Harm Order, License.
- What information is known about other families that the PPR has been involved with?
- Number, ages, gender and characteristics of victims and their relationship to PPR.
- Evidence of planning and / or involvement with other PPRs.
- Offences against adults.
- Has the PPR shared concerning information / images with other PPRs, e.g.

shared photographs, made videos, via the internet?

- If there are concerns that the PPR has been involved in non-contact offences, for example, accessing images on the internet, have the risks been increased by his use of more than one computer, his dishonesty in respect of his access to computers, etc.

Personal responsibility for the behaviour of concern:

- Does the PPR blame the victim, partner, external factors, personal history, substance misuse, etc.
- What degree of personal responsibility is shown?
- Can the PPR see things from the victim's point of view?

Attitude to victims:

- What is the PPR's view of the victims?
- What is the PPR's opinion about what it was about that child / those children that led to the offences?

Openness:

- Does the PPR engage and co-operate with the assessment and volunteer information?
- Does the information given check out against police / probation information?
- What information have they provided to the child's main carer and is this accurate?

Therapeutic input:

- Has the PPR taken part in any treatment programme since the offences?
- Give details of this and his level of compliance / co-operation / involvement.
- If not, would PPR be willing to participate?
- Have any risk assessments already been completed in respect of the PPR? If so, what were the details / recommendations of these? How relevant do you feel the recommendations of these assessments are in relation to this risk assessment?

Section 3 Family and environmental factors of the PPR

Factors that may impact on the PPR's behaviour: (Please refer to the Core Assessment Framework)

- Mental illness / learning disability.
- Physical disability.
- Poor experience of being parented, childhood abuse, living outside the family unit or care history.
- History of violence.
- Past or current involvement in drug misuse.
- Past or current alcohol abuse.

Family history, relationships and well being:

- PPR's description of his family history, past and current relationships with extended family.
- Experience at school, including relationships, attainment, value of education.
- Historical involvement in criminal behaviour / antisocial behaviour.
- Historical and current employment status.
- Impact of any problems experienced by other family members, e.g. illness, bereavement or loss.
- What friends and social contacts does he have?
- How does the PPR describe himself? What is his self-image and self-esteem?
- How stable is his lifestyle?
- What hobbies and pastimes does he have?

Section 4 The child and their family

- Name and age of the child the PPR intends to have / has contact with.
- Are they known to CYPS? If so why?

- Details of who they live with and their wider family network.
- The PPR's status / relationship to the child.
- Any welfare or developmental issues in respect of the child vulnerability / capacity to protect themselves.
- The level of involvement by the PPR with the child – frequency, where taking place, who else present, purpose of contact, etc.
- The wishes and feelings of the child in relation to contact with this person (if the child is preverbal state what you think the child would want).
- Include a view about whether you think the child's views are freely given or whether they may be under pressure, e.g. from mother wanting a relationship with the PPR.

Information about the main carer of the child:

- Name, date of birth.
- Are they known to CYPS? If so, why?
- What is your assessment of their parenting capacity to protect from harm? (Please refer to the dimensions of the Core Assessment Framework).
- Are there any factors which impact on the parents' / carers' capacity to protect from harm, e.g. physical / mental illness, disability, poor experience of being parented, care history, childhood abuse, history of violence, alcohol, substance misuse. Please refer to the dimensions of the Core Assessment Framework.
- Relationship to the PPR, length of contact.
- Attitude to PPR's previous offences / history.
- Consideration and practical arrangements for safeguarding the child
- Social support network of the main carer.
- Social support network of the child within the family.
- Social support network of the child outside of the family, including professional contacts.

Section 5 Support and monitoring systems

- Describe the proposed support and monitoring arrangements for this family, i.e. the child, the PPR and the non-abusing parent; include frequency of proposed professional contact.
- Give details of the process that will be used for sharing relevant information with other professionals involved with the family.

Section 6 Analysis

- Risk factors.
- Protective factors.
- Detailed recommendations based on balancing the risk factors against the protective factors.

Section 7

- Name and contact details of Social Worker completing the assessment.
- Signed and dated.
- Comments / endorsement by Social Work Manager.
- Signed and dated.

Section 8 Decision of Service Manager

- Decision.
- Comments.
- Any further information needed.
- Monitoring / reviewing arrangements.

Section 9

- Name and contact details of Service Manager.
- Signed and dated.

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N.B. For additional information and in order to weigh the significance of risk factors and protective factors, staff assessing PPRs should refer to:

- Department of Health (2000) Framework for the Assessment of Children in Need and their Families, London: The Stationery Office.

DRAFT EXEMPLAR ONLY

ASSESSMENT AGREEMENT

BETWEEN

(name of PPR)

AND

(name of main carer)

AND

(name of social worker)

**ON BEHALF OF ROTHERHAM CHILDREN AND YOUNG PEOPLE'S
SERVICES**

Rotherham Safeguarding Children's Board gratefully acknowledges Sheffield SCB's permission to use their agreement format.

1. PURPOSE OF THE AGREEMENT

1.1 The purpose of this agreement is to outline the assessment process, which will be undertaken by Rotherham Children and Young People's Services:

- This will inform decision making in respect of PPR request to / It will also form part of the local authority's evidence within the current legal proceedings in respect of (Child/ren)

Or

- The PPR assessment has been recommended as part of the Child Protection Conference in respect of (Child/ren)

The assessment will assist the decision making as to how to promote the children's welfare and provide them with secure, stable and consistent futures.

1.2

- The assessment will also form part of the Multi-Agency Planning Meetings in respect of (Child/ren)

Or

- The assessment will form part of the Child Protection Plan in respect of (Child/ren)

It is being undertaken with the agreement of the family. In line with this, (PPR) (Main Carer) will be provided with copies of the signed agreement for their information.

2. OBJECTIVES OF THE ASSESSMENT

2.1 To gather information regarding (PPR) and to establish any level of potential risk that he may pose to (Child/ren)

2.2 To gather information regarding (Main Carer) parenting capacity and ability to protect (Child/ren) from any risk that (PPR) may pose.

2.3 To assess what support services are appropriate to help (Main Carer) ensure that (Child/ren) is protected from any potential risk that (PPR) may pose.

2.4 To ensure that (Child/ren) have secure, stable and consistent futures in a safe environment.

3. AREAS OF WORK TO BE INCLUDED

- (PPR) behaviours of concern, including offences, suspected offences and generalised concerns, characteristics of victims, involvement with other PPRs.
- (PPR) personal responsibility for his behaviour of concern.
- (PPR) attitude to victims.
- (PPR) openness within the assessment process.
- Any therapeutic input received.
- Factors that impact on (PPR) behaviour.
- (PPR) family history, relationships and wellbeing.
- (Child's details).
- (Child's) ability to protect themselves.
- (Main Carer) details and wider family details.
- (Main Carer) assessment of parenting ability.
- Any factors that impact on the (Main Carer) ability to protect.
- (Main Carer) knowledge and attitude towards
..... (PPR) history.
- Support and monitoring systems.

During the assessment process, it is expected that (PPR) will not have any contact with (Child) unless this has been agreed by CYPS.

4. HOW THE ASSESSMENT WILL BE CONDUCTED

4.1 (Social Worker) will undertake individual sessions with (PPR) and with (Main Carer). Some joint sessions will occur. The times and focus of each session are listed below. However, this is flexible depending upon how the assessment progresses.

- (date) Joint session – Discuss assessment process and complete assessment agreement.
- (date) Individual session with (PPR) – Focus of session:
- (date) Individual session with (Main Carer) – Focus of session:

(List all planned sessions and the focus of each session).

All sessions will take place with (PPR) and (Main Carer) on their own. No family friends to be present. The venue for these sessions is

Core Group Meetings / Children In Need will also take place during the assessment process. (If appropriate to the child).

4.2 Observations will take place between all parties and direct work will be completed with the child/ren alone.

4.3 Discussions will take place between (Social Worker) and other professionals who have had involvement with the (PPR) and the family.

4.4 Should anyone need to rearrange appointments due to unavoidable circumstances, it is agreed that they inform each other with as much notice as possible.

5. THE REPORT

..... (Social Worker) will complete the PPR Assessment using the information which has been obtained. This Assessment will be shared directly with the (PPR) and (Main Carer).

6. THE ROLE OF ROTHERHAM CHILDREN AND YOUNG PEOPLE'S SERVICES

..... (Social Worker) on behalf of CYPS will take whatever action is considered appropriate. Should Child Protection concerns arise, this action could involve seeking legal advice with a view to safeguarding the child/ren.

7. DISAGREEMENTS

7.1 It is recognised that all parties will not always share each other's values and beliefs, whilst at times, we may question and challenge each other's attitudes and options, it is important that this is done in a way that is respectful of each other.

7.2 It is hoped that (PPR) and (Main Carer) will be able to discuss with (Social Worker) any aspect of the assessment that they feel unhappy with. If they feel that a problem has not been resolved in this way, they have the right to make formal complaints. A copy of the complaints procedure has been given to (PPR) and (Main Carer) and additional copies can be obtained from CYPS and the Town Hall.

Signed (PPR) Date

Signed (Child's Main Carer) Date

Signed (Social Worker) Date

Signed (Team Manager) Date