



Learning Review Report for Child G and Child H

This Learning Review Report concerns two children who, in the Summer of 2017, alleged they had been sexually abused by a family friend; the alleged perpetrator was a Registered Sex Offender (RSO). Although no charges were brought the allegations were considered by the professional group to be credible and steps were taken to ensure the children were protected. To maintain their privacy the children are known as Child G and Child H.

The children lived with their mother and siblings. The family were known to Children's Social Care because the children had been subject to a Child Protection Plan two years before the events which led to this review.

The Review covered 2½ years during 2015 -2017, agencies involved with the family included:

- Education
- GPs
- Police Service, Offender Manager and Police Child Protection Team
- Children's Social Care
- Health Visiting

Working with Registered Sex Offenders

1. Discussion at the Practitioner Event highlighted that within the group there was a gap in the understanding of the Sex Offenders Register and Multi Agency Public Protection Arrangements (MAPPA), their purpose and how the process of ongoing monitoring of offenders works.
2. The discussion indicated that professionals working with children tended to over-estimate the level of contact between the Offender Manager and the offender and were falsely re-assured about the impact of ongoing monitoring in relations to safeguarding children.
3. In order to achieve its purpose, disclosure of information to professionals? about Registered Sex Offenders needs to be up-to-date and meaningful. When receiving information, it is important that agencies ensure they understand what it means for them, and how the information will influence their safeguarding practice, if necessary discussing this with the Offender Manager.
4. The MAPPA guidance includes information about managing “disclosure” and provides examples for agencies about how to respond.
5. In addition to managing any identified risks to staff, agencies should always be aware of the implications for children living with or in contact with Registered Sex Offenders and how “disclosure” will impact on their risk assessment and professional practice.

Risk Assessment and Analysis of Information

6. The importance of a family’s background history and how this contributes to risk assessment is well known; effective risk analysis must include the family history, links between history and vulnerability and evidence of a parent’s capacity to safeguard children. Where there are indications of parental neglect, children are at greater risk of sexual abuse.
7. Having identified grooming behaviour and the vulnerability of the children, the opportunity for a multi-agency discussion was missed. Multi -agency meetings are a vital part of effective information sharing, where agencies can share their knowledge and understanding of the nature of sexual abuse and adult services and children’s services can work together in assessing risk.

The Process of Disclosure of Abuse

8. It should be recognised that it can be difficult for children to tell professional workers that they are being abused, and that such disclosures may take time. When planning the first interview, the professionals should consider this and ensure that meetings are held in an appropriate environment to facilitate a disclosure. Children are likely to make disclosures at different points in a meeting, and / or in subsequent meetings. and the planning should also consider who will be able to retain contact with the children and be alert to any further disclosures.

Those planning the interview should consider whether the children should be spoken to alone (consideration should be given to the nature of family relationships, particularly if there is an alleged perpetrator. This might lead to children being seen without a parent or carer present) and what age appropriate questions might be used to explore the possibility of sexual abuse without compromising any evidence. Additional consideration should be given when a child is known to have a speech or language difficulty. This requires all practitioners from every agency to be skilled to know how to do this in a sensitive way.

Local procedures should reflect the above and refer to current research and knowledge about sexual abuse.

9. If managers and safeguarding advisors keep abreast of current research findings they will be better placed to reinforce the message that disclosure is a process, and help identify what helps children tell and how workers can “listen” better.
10. Bearing in mind that some children will not recognise that they are being abused or be able to put their experience into words, an early holistic assessment of risk will enable practitioners to decide which children need ongoing work and protection.
11. Practitioners need to consider how the views of the community and any fear or mistrust might impact on their work and how this can best be mitigated.
12. Medical assessments and forensic examinations have different purposes. If children are considered to be at risk of risk of sexual harm, even if there has been no direct disclosure, a medical assessment can be of value to re-assure a child/young person, give information about sexual health and provide an opportunity to discuss any concerns about relationships or sexual abuse. It is important not to rule out medical assessment before the investigation has begun.

13. When assessing risk of intra-familial abuse, research tells us that children who are sexually abused are more likely to have been subject to other forms of victimisation.
14. Practitioners should take a holistic view of the family and consider the presence of other risk factors, particularly neglect, in addition to the risk of sexual abuse.
15. When a parent is told about a Registered Sex Offender (disclosure) it is important that practitioners ensure the parent understands what they are being told and why they are being told.
16. The practitioner will need to discuss what action parents or carers are expected to take in response to the information; this may, for example, include discussion about the concept of grooming behaviour.

Anonymous Referrals

17. When making referrals some callers have good reason not to give their name, especially for example family members or those living in close communities.
18. Best practice would be to encourage identification and maybe ask why the caller is reluctant to be identified. Anonymous does *not* equal malicious.

If you do one thing, take the time to...

Consider that children need time, a trusted adult and a safe space if they are to disclose sexual abuse. If children don't tell about sexual abuse, they may be still be at risk and need protection.

How was learning achieved:

- A serious case review was commissioned by the Independent Chair of Hampshire Safeguarding Children Board (HSCP). Agencies involved with the family were asked to submit written reports and a chronology of events and identify panel members to represent the agencies involved.
- An Independent Reviewer was commissioned, and systems methodology was used to undertake the SCR.
- The Independent Reviewer met with frontline practitioners involved with Child G and Child H as a group in a practitioner workshop.
- Child G and Child H, family members and the Registered Sex Offender met with the Reviewer and shared their views.

TRAINING AND RESOURCES

HSCP Training

HSCP offers a variety of face to face and online courses. Our [learning brochure](#) can be found here. Information on how to book onto our [face to face learning courses](#) can be found here.

HSCP Online Resources

HSCP has a comprehensive Resource Library including local protocols and guidance. HSCP has also developed a range of [online toolkits](#) which can be found here.

HSCP has developed a toolkit to support professionals to identify and engage with unidentified adults who may be involved in the care of children.

[Unidentified Adults toolkit.](#)

Learning from Reviews

HSCP has published the full reports and learning summaries from a range of serious case reviews and other reviews. [These can be found here.](#)

Online Child Protection procedures.

HSCP work with the Local Safeguarding Children Partner's in Isle of Wight, Portsmouth and Southampton to form what is known locally as (HIPS). The HIPS LSCPs have published a set of online procedures and other useful information for professionals working across the HIPS areas. The full suite of policies can be found [here](#). Information on [Child Protection medical investigations](#) can be found on the online procedures.

Guidance has been developed to support staff when working with MAPPA offenders.

[MAPPA guidance](#)

Children Disclosing Abuse

The NSPCC have recently launched a new campaign to help professionals who are working with children when they disclose abuse. Further information on the 'let children know you're listening' campaign including links to resources can be found here -

<https://learning.nspcc.org.uk/research-resources/2019/let-children-know-you-re-listening/>

Further information on what to do when a child reveals abuse can be found here

<https://www.nspcc.org.uk/preventing-abuse/signs-symptoms-effects/what-to-do-child-speaks-out-about-abuse/>.