



PROTOCOL FOR PREGNANCY AND BIRTH NOTIFICATIONS RE KNOWN SEX OFFENDERS

Highland Child Protection Committee and Multi Agency Public Protection Arrangements (MAPPA)

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Prepared by: Principal Child Protection Advisor-Health DI-PPU Police Scotland & Resource Manager, CP&LAC-SWHC, MAPPA Co-ordinator	Date of Review: 1.5.2013 Date of next Review 1.5.2015
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MAPPA and CHILD PROTECTION INTERFACE PROTOCOL for PREGNANCY and BIRTH NOTIFICATIONS re KNOWN SEX OFFENDERS

Background

1. Highland Children’s Services Practice Guidelines (GIRFEC processes) support the full spectrum of children’s services from universal services to those for children in need and in need of protection; promoting partner agencies working together at an early stage to assess, plan and work with children and families and reducing the need for multiple meetings and plans; through early intervention, children’s hearings and child protection procedures. The Child’s Plan is the assessment and communication tool for all children’s additional needs.

2. When a person is charged and convicted with a sexual offence, they may meet the requirement to be considered within MAPPA (Multi Agency Public Protection Arrangements).
 - 2.1 There is a statutory responsibility on Responsible Authorities to manage and minimise any risk towards the general public through development of an effective multi-agency Risk Management Plan in those cases assessed at Level 2 & 3.¹
 - 2.2 Other offenders not subject to MAPPA proceedings may need to be considered within this protocol when they are to become a parent. These will be identified and assessed by professionals through existing procedures to be managed under the auspices of this protocol.
 - 2.3 There are relatively small numbers of this type of offender having children within the Highland area however it is evident that risks may be significant.
 - 2.4 It is important that agencies ensure sufficiently trained, experienced and competent practitioners make and oversee decisions required in these cases. Agreed agency accountability is identified within the protocol and flowchart.

3. To effectively assess and manage risks presented by a known sex offender for becoming a parent (as a first time parent and for any additional pregnancies and births) as well as managing any risks the offender presents to the public and/or himself, there is a requirement for these two processes to work together. Working together will bring benefits of shared information as well as meeting the principals within the Highland Practice Guidance of reducing bureaucracy including meetings.
 - 3.1 This single planning procedure brings together these requirements and responsibilities for formulating the Risk Management Plan of MAPPA together with

¹ Definition: Level 2: risk management should be used where the *active* involvement of more than one agency is required. The responsible authorities will be responsible for convening and supporting the Level 2 arrangements. Level 3: Offenders referred to the MAPPP (Multi Agency Public Protection Panel) will be the “critical few”, and be assessed as being **high** or **very high risk of serious harm**. It should also be noted that these are the “critical few” offenders and tend to attract a higher media interest than others. The MAPPP members must be in a position to understand the requirements and commit resources to the management of Level 3 offenders.

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the assessments and planning necessary to meet the welfare needs of a baby to a sex offender under the umbrella of the **Child's Plan**.

- 3.2 Joint meetings in time will be chaired by a professional who has been trained in chairing both Child's Plan and MAPPA meetings. This will ensure that the legal requirements and responsibilities of these separate planning processes are simultaneously met.
- 3.3 The principle of working with offenders and their partners, both being present, with transparent and open discussion at Childs Plan Meetings will whenever possible be adhered to. There will however be exemptions where their participation could increase levels of risk or jeopardise any ongoing criminal investigation or court proceedings. There is therefore a need for **a standard protected period for MAPPA at all joint meetings** when neither the offender nor their partner may be present.
- 3.4 The purpose of the standard MAPPA protected period will be to share appropriate sensitive and relevant information, review risk factors and review the risk management action plan as fit for purpose.
- 4. The offender and partner need to be informed of this protocol, at the earliest opportunity by health services, social services and/ or Police as appropriate.
- 4.1 In the record of any joint meeting the decision for a standard MAPPA protected period will be recorded. The content of the discussion from this standard MAPPA protected period will be stored in the restricted section of the minute of the Child's Plan meeting, and only be accessed by the appropriate responsible professionals. This will not be shared with the offender or their partner unless agreed by all the responsible professionals present.
- 5. It is necessary to ensure both completed plans i.e. **The Childs Plan** and the **Risk Management Plan** for the offender are entered into the pregnant woman's midwifery hospital record (and community record for planned home births). This information will enable the clinical staff to both manage any potential risk from the offender during clinic, hospital and home attendances, and evidence the decisions taken regarding the welfare needs of the baby in preparation for discharge following birth. This information must be stored in the Confidential section of any records and is for Health Professionals to suitably manage risk. Any further sharing of information form other agencies and / or from MAPPA should not be undertaken without prior consultation via Child Protection Advisor with that Agency and or MAPPA Co-ordinator.

Note: Both of these plans must always be available for a birth when a parent is a known sex offender to demonstrate that discussions and decisions have been made regarding management of risk regardless of whether meetings have been convened or not. This means the duty midwife/clinician will waste no time searching for information to inform decisions within the hospital during labour, including partner attendance, as well as for expedient safe discharge.

Note: the offender may be either gender and both parents may be known sex offenders.

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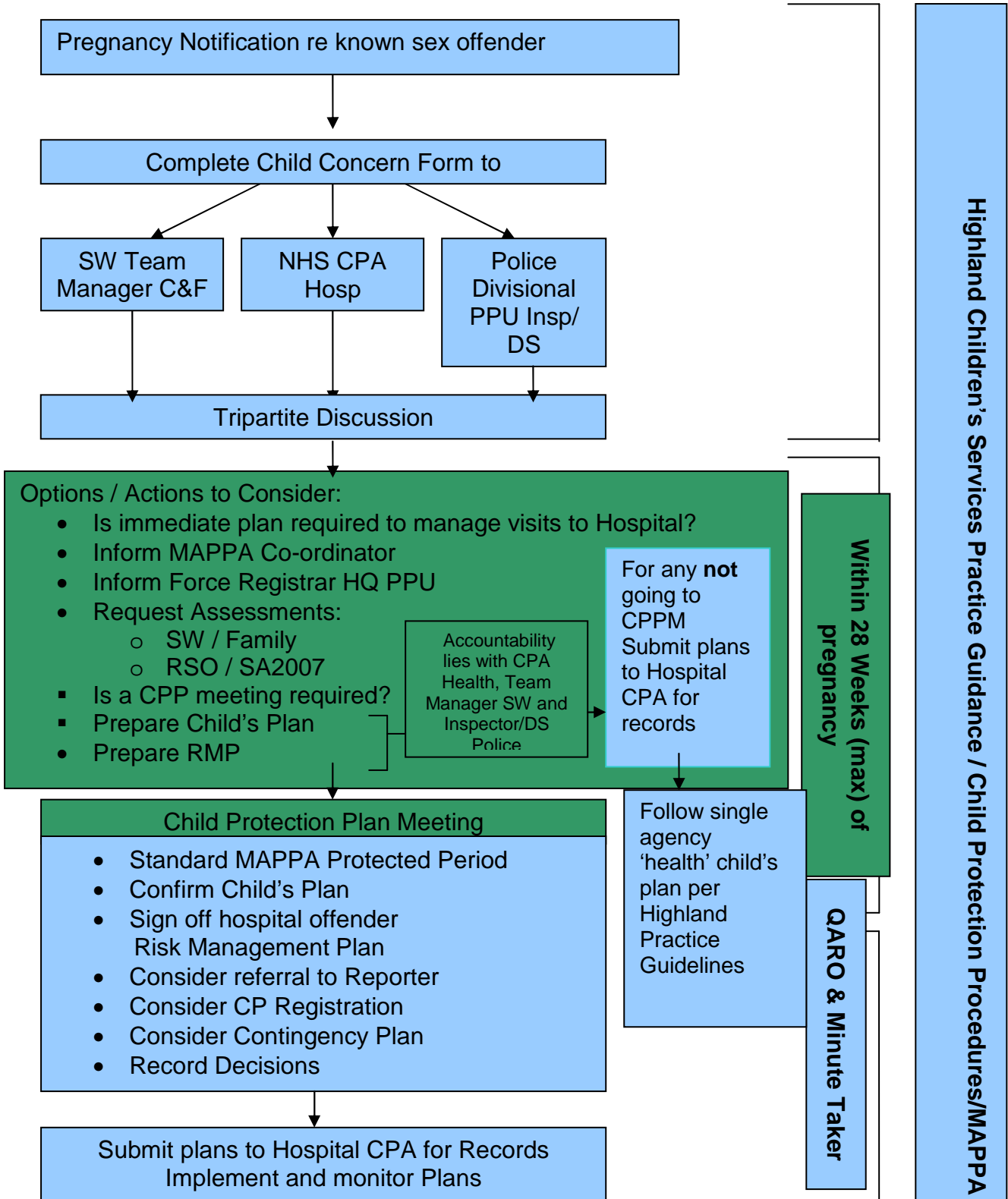
MAPPA and CHILD PROTECTION INTERFACE PROTOCOL for PREGNANCY and BIRTH NOTIFICATIONS re KNOWN SEX OFFENDERS

1. Birth notification
2. Forward Child Concern Form to the three agencies:
Social Work, Police and Health CPA (local area teams)
3. Tripartite discussion between the three agencies:
Police: Divisional PPU Inspector/DS
Social work: Team leader
Health: Hospital CPA
4. At Tripartite discussion:
Consider and agree options:
 - a) Is an immediate plan required to manage hospital risk of visiting offender
 - b) Is this a known MAPPA case: inform MAPPA
 - c) Inform Police Force Registrar Police HQ PPU
 - d) Are background checks/assessments required:
 - o Social work/family
 - o RSO/SA2007
 - e) Is a Child Protection Plan meeting necessary
5. Prepare Childs Plan and offender Risk Management Plan: core tripartite team accountable: CPA from health, Team Manager from social work and PPU Inspector/DS from police
6. Request Child Protection Plan Meeting when required and record decision in all agency records.
7. For any not going to Child Protection Plan Meeting:
 - a) both plans to be submitted to hospital CPA to include in the hospital midwifery records (or to community records for any planned home births)
 - b) Per Highland Practice Guidelines single agency health plan to be followed
8. Child Protection Plan Meeting (CPPM): convene before 28 weeks (max) of pregnancy
 - o CPP Meeting chaired by QARO and recorded as per Highland CPC Procedure
 - o MAPPA protected period (Recording Restricted)
 - o Invite Hospital CPA to attend and oversee hospital requirements
 - o Confirm Childs Plan
 - o Agree Risk Management Plan re offender for hospital
 - o Consider and agree referral/no referral to Reporter
 - o Consider CP Registration/No CP Registration required
 - o Consider contingency planning
 - o Implement agreed plans
9. Record decisions, monitor and review as agreed and within agreed procedures

Seek guidance and support from Hospital CPA or Principal Child Protection Advisor – Health at any time.

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**MAPPA and CHILD PROTECTION INTERFACE PROTOCOL
FLOWCHART for PREGNANCY NOTIFICATIONS re
KNOWN SEX OFFENDERS**



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Glossary of Abbreviations

1. CCF: Child Concern Form
2. C&F: Children and Families
3. CP: Child Protection
4. CPA: Child Protection Advisor (NHS)
5. CPPM: Child Protection Plan Meeting
6. DS: Detective Sergeant.
7. GIRFEC: 'getting it right for every child'
8. HQ: Headquarters
9. HIMM: Highlands and Islands MAPPA Management Group
10. KSO: Known Sex Offender
11. MAPPA: Multi Agency Public Protection Arrangements
12. PPU: Public Protection Unit-Northern Constabulary
13. QARO: Quality Assurance and Review Officer
14. RMP: Risk Management Plan
15. RSO: Registered Sex Offender
16. SH: Safer Highland
17. SO: Sex Offender
18. SW: Social Work/er

References / Weblinks

<http://forhighlandchildren.org/>

SCR Mary – FINAL Executive Summary (30.07.10) Cleveland
Highland Information Sharing Procedures March 2013
Inter-agency Guidelines to Protect Children and Young People in Highland 2010
Highland Children's Services Practice Guidelines
MAPPA Guidelines 2007

Appendix 1

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Definition of Sex Offender

In terms of **The Sexual Offences Act 2003** a Registered Sex Offender is described as a 'Relevant Offender'. Under section 80 (1) of the Act a 'Relevant Offender' can be defined as a person subject to the notification requirements of Part 2 of the Act, for the period set out in section 82 (the notification period) if,

- (a) He is convicted of an offence listed in Schedule 3 of the Act
- (b) He is found guilty of such an offence by reason of insanity
- (c) He is found to be under a disability and to have done the act charged against him in respect of such an offence
- (d) In England & Wales or Northern Ireland, he is cautioned in respect of such an offence.

In terms of the **Management of Offenders etc (Scotland) Act 2005**, which is the statutory framework for MAPPA, a 'sex offender' is defined as a 'Registered Sex Offender' or 'Category 1 offender'. These offenders are persons who are subject to the notification requirements under Part 2 of the Sexual Offences Act 2003.

Link to Sexual Offences Act 2003 - <http://www.legislation.gov.uk/ukpga/2003/42/section/16>

Link to MAPPA Guidance - <http://www.scotland.gov.uk/Resource/Doc/220543/0059277.pdf>

Northern Constabulary monitor some individuals as UNREGISTERED offenders. This is a local process. Current ACPO(s) guidance recognises the need for such a mechanism to exist and has indicated it is for individual forces to decide how to manage such offenders.

For an individual to be subject to monitoring on an unregistered basis there must be sufficient evidence of current concerning behaviour that would indicate that person presents a high risk of reoffending and causing serious sexual harm to the public. Such an offender will be treated as HIGH risk and subject to a monitoring regime and risk management plan in accordance with the risk level. Unregistered sex offenders should therefore be included in the birth protocol.

Registered sex offenders are required to notify Police of a change in their circumstance which may include admission to hospital and it is vital that where appropriate and as decided by Northern Constabulary this information is conveyed to relevant staff within the hospital.

A separate policy for managing hospital admissions and attendances by known sex offenders is available.