

Vetting, Barring, and the Safeguarding Vulnerable Groups Act 2006

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SVGA

“New arrangements should be introduced requiring those who wish to work with children, or vulnerable adults, to be registered”.

Who said this?

SVGA – problems with current system

1. Not all staff eligible for enhanced disclosure
2. Distinction between entitlements to standard and enhanced disclosure is confusing
3. Variable quality and relevance of soft information from local police forces
4. Local recruitment decisions – inconsistency

SVGA – problems with current system

5. 3 separate, inconsistent, overlapping barring lists
6. CRB check is a snapshot
7. Separate check needed by every new employer
8. Delays in processing CRB checks
9. Cost

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So what to do? The government considered 5 options:

1. Do nothing
2. Better guidance, and improve CRB and police procedures
3. Licence
4. Each regulatory body regulate its own sector
5. Single new vetting and barring scheme.

SVGA - key features of new scheme

Key features include:

- A Single list of people barred from working with children and a separate, but aligned, list of people barred from working with vulnerable adults (replacing List 99, POCA, POVA and court imposed disqualifications)
- Barring decisions on application to work with children or vulnerable adults
- An expert independent barring board to take all discretionary barring decisions (called the Independent Safeguarding Authority, or "ISA")
- Barring decisions will be updated where relevant new information becomes available
- Information from a wide range of agencies will be assessed centrally by the new Independent Barring Board

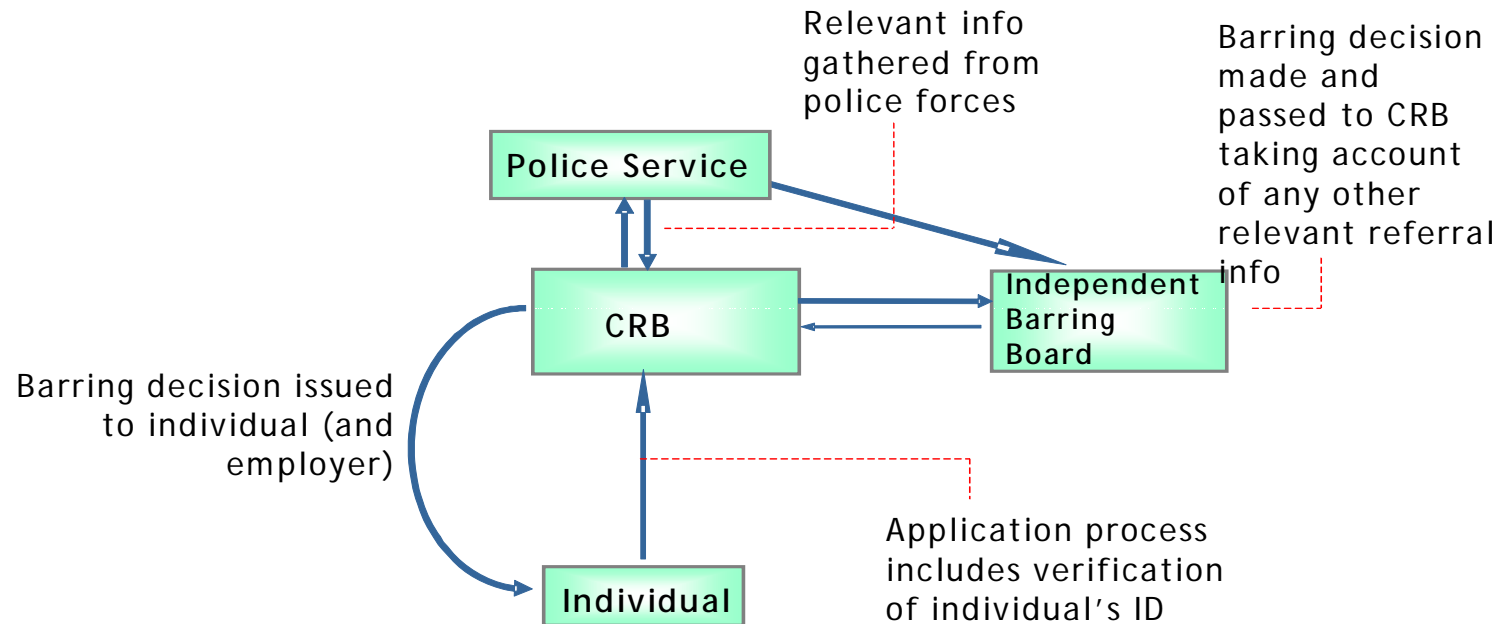
SVGA - key features of new scheme

- Employers will be able to do a check of status in the scheme of those whose work involves contact with children/ vulnerable adults, via an online check, including for the first time:
 - those employed in the context of private family arrangements such as nannies, music teachers, care workers
 - those who have frequent access to education and health records about children or vulnerable adults
- All those employing individuals to work closely with children will be required to check status in the scheme except in the context of private family arrangements

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How it will work – application process

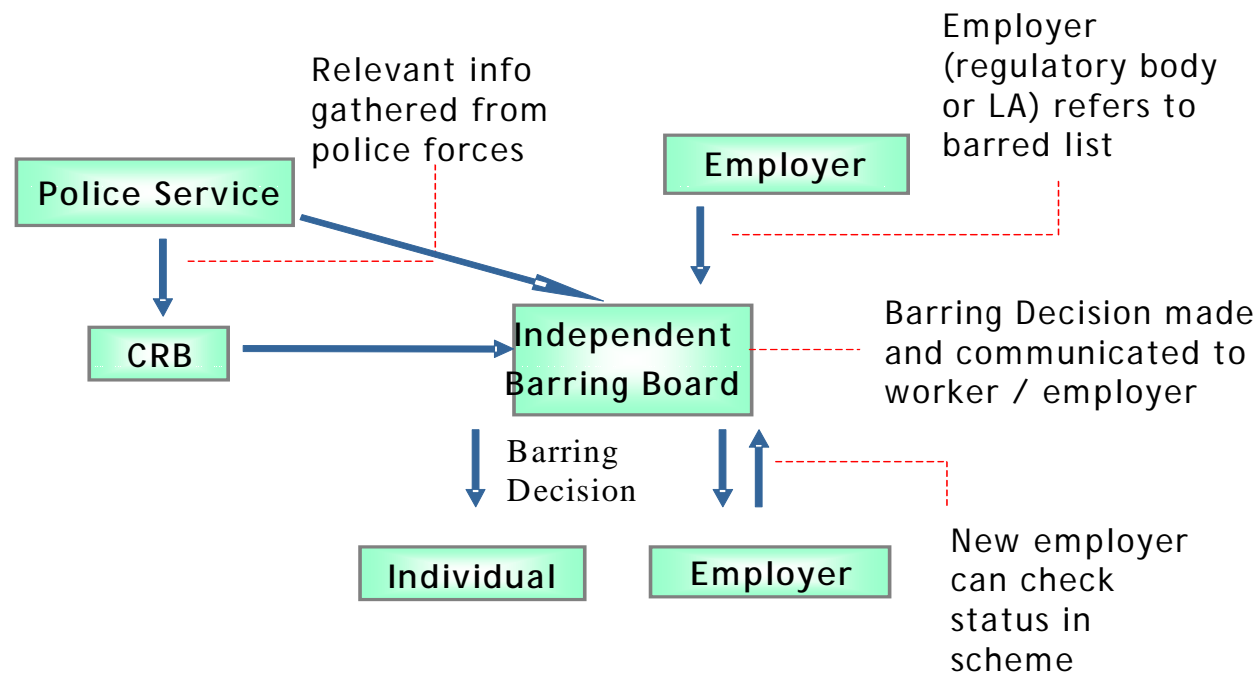
POLICY BRIEFING PACK



SVGA

How it will work – Continuous updating

POLICY BRIEFING PACK



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New scheme has wide coverage:

- Teaching; care; supervision; treatment; therapy; chatroom moderating; driving children
- Any activity in certain establishments that gives an opportunity for contact with children - educational institution; nursery; hospital; children's home; detention centre.

Frequent (more than once a month)

Intensive (on 3+ days in a 30 day period).



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Scheme is not a failsafe guarantee for safe recruitment.

Employers will still need to make decisions based on:

- Soft information
- References
- Interviews

New scheme does not obviate sound recruitment procedures



SVGA - timetable

- Act became law in November 2006
- “Changes...will start from October 2009”.
- Expect everyone to be covered by 2014.
- 11.3 million people affected.

Parameters for predicting harmful behaviour towards children and vulnerable adults.

Who should be prevented from working with children

Prof Harry Zeitlin

Emeritus University College London

May 2008



Parameters for predicting harmful behaviour towards children and vulnerable adults.

BJ web site-- Quoted

“ The Safeguarding Vulnerable Groups Act 2006 brings in a new scheme for vetting and barring individuals who work with children and vulnerable adults. This is due to come into operation in the autumn of 2008 and a key feature will be an automatic bar if a specified offence has been committed. The list of these offences has been long awaited.

(The Act is 96 pages but there appears to be a short version of 58 pages)

Two key points are worth emphasising:

An individual will be **barred for a caution**, as well as a conviction. This may result in some rough justice, with people who had accepted a caution when they would have defended a charge at trial finding themselves treated as if they were convicted.

No allowance will be made for the **age of the offender**, or the amount of **time that has passed since the commission of the offence.** “



What could predict risk

1. Preconditions
2. Previous and current behaviour
3. 'Psychological Conditions' that predispose

I understand that the Act refers to all abuse but the greater concern is for sexual abuse

What General Preconditions?

Consider all factors----- then

for which can legislation be used on a personal employment level and for which it could not ---- or should---- not?



What General Preconditions?

Abusers : Preconditions –here for sexual abuse but applicable

1. A motivation to have sexual contact (control) with a child.
Emotional need/Arousal/Blockage of other gratification
2. A person who can overcome internal inhibitions
3. A person who can overcome external (social) inhibitions
4. Overcoming the resistance of the child
A vulnerable child and the opportunity

Finklehor D, 1984 Child Sexual Abuse Free Press
(Old but still useful)



What predicts

Previous Behaviour

Forensic record: Convictions (for what?)

Relatively easy and reasonably safe ground
BUT there is a snag. – see later

Previous behaviour --- How can we know??----- public or private record.
‘Cautions’ for relevant behaviour

Actual

Sexual

Violence

Disinhibition: Developmental : e.g. ADHD

Disorder: e.g. psychosis

Induced : Alcohol and substance

Possible predisposing conditions

Developmental difficulty in impulse control

Associated behaviours

Impulsive ----- e.g. ADHD and DBD -----

NB 25% of young males in prison thought to show ADHD but probably should be disorder of impulse control DBD
(*different treatment*) .

What about immaturity --- said to be a common factor in abusers

Possible predisposing conditions “Disorder “

- What behavioural crossovers eg bestiality to paedophilia (Case example)
- What about conditions that impair social awareness
- Psychosis
- Autism / Asperger's --- impairment of social communication skills.
- Learning disability – should those with limited intellectual capacity be barred from working with children – If so from what level?
- PD – personality disorder –
- STD -- Indicate a raised risk for inappropriate sexual behaviour to others ----- probably
-

Again should there be compulsory examination of health records for someone seeking such employment ----- this is increasingly feasible with or without consent.

Alcohol and Substance abuse

- Drug and alcohol abuse are linked to abusive behaviour
- Relating to incest
- Sexual abuse UK 25% under influence of alcohol
- Ireland 50% „ „ „ „
- N American Indians 100% „ „ „ „
- North American Indians appear to be nicer people– they do not commit abuse unless under the influence!!!

Risk factors continued

Previous environmental conditions

Culture ----- Lack of learning --- childhood social environment that has different rules

e.g. in some families there is a level of child involvement in sexual behaviour that is not seen as abnormal. In some sexual activity is expected from puberty onwards

e.g. one family of overall limited cognitive ability and no social or religious moral guidelines demonstrated this in my office ----- case example

Abnormal childhood experience

Abuse
Neglect—absence of protective and learning environment with exposure to adverse peer influences.



Media and the Internet as risk factors

- **Media ---- Sex, drugs and violence**
Children are influenced in mimicry of behaviour
Blurring of boundaries with reality --- the image is of transient consequences i.e. once the video or game is over its all ok
- **The Internet and public and private behaviour**
- Here **private** means affecting no-one else.
public means directly or indirectly affecting others
- The internet has become very mixed up with paedophilia but exactly in what manner/s
- Does (safe) fantasy increase or reduce acting out.
- *(viewing actual violence and or sexual paedophilic acts is very much excluded here as the material would NOT be fantasy)*
- **In this context should potential employees have to agree to examination and screening of their internet access.** -- Now feasible

Parameter combinations

Intrinsic problems as above PLUS

- Family breakdown
- Social community and religious guidance reduction (taught moral codes)
- Abnormal modelling – social, cultural and sexual
- Blurring of incest/sexual taboos
- Predominant external influences ---- media and peer group / street culture.
(Huge adverse media influence-- though media can be for the good!)
- Social culture of gratification

These in combination may actually be the most powerful influences – if so is there any way that the legislation being implemented can touch it – may be that once the clearest are effected then attention to Finklehors other factors would be more pragmatic.

Epilogue or Epitaph ?

1. Safeguarding children by controlling who should work with them is proceeding along hazardous line for implementation .
2. Convictions for acts of violence, sexual behaviour and probably drug dealing - Reasonable argument for barring.
3. **EXCEPT** Does that mean 'reformed' people could no longer put themselves forward as youth leaders using their own experience as an example of error and change.
4. Those who have shown inappropriate behaviour to others – especially violence and sexual behaviour - during their youth, that has been recognised but not charged. not uncommon. Are they barred from any career involving children?
5. Is the presence of risk factors in the absence of deviant behaviour reason to exclude or does there have to be an offence first?
6. If so any child who has themselves been abused could automatically be barred. Abuse raises the probability of replication. What implications ?
7. If they are not barred is there a differentiation between those who commit juvenile sexual acts and have been abused and those who have not?
8. If so should the courts take this into account if an offence is committed during employment . E.g. greater leniency if the perpetrator was themselves abused?
9. **It may be that improving guidelines for employment circumstances would be safer for all.**

Does this help?

- *Should a caution for drunkenness count?*
- *Should a trichotest be mandatory on all seeking such employment???*
- *Should health care records be compulsorily examined if a person wishes to be employed in child/etc related work? The health record system being established would permit this!*
- *In this context should potential employees have to agree to examination and screening of their internet access?*

Last Word

- **After excluding the most evident** it may be preferable to assume that **you cannot tell who could abuse children** and work further on working condition guidelines.

- **IS THE PERSON SITTING NEXT TO YOU NOW AN ABUSER OR POTENTIAL ABUSER ????**

- **FOR SOMEONE SOMEWHERE THE ANSWER IS YES.**

- **It may be that improving guidelines for employment circumstances would be safer for all.**

- **e.g.**

1. **Openly giving permission to children for confidentiality but not secrecy**
2. **Children should not be seen in isolated conditions—e.g. ‘after hours’ unless there is a formal set up for that. E.g. detention with at least two teachers.**
3. **No physical contact at all without a parent or third person present. But no comforting hugs.**
4. **Very clear stated boundaries. E.g. do you give personal contact details.**

Drug Abuse

- **Awad GA. Saunders EB. Adolescent child molesters: clinical observations. *Child Psychiatry & Human Development*. 19(3):195-206, 1989.**
- Clinical assessments of 29 male adolescent child molesters referred to the Toronto Family Court Clinic showed that many were socially isolated, had chronic learning problems and had been maladjusted prior to committing their sexual offenses. **The roles of drug and alcohol abuse, past sexual victimization, antisocial traits, disinhibition, peer-group influence, psychopathology and sexual deviance, alone or in various combinations, as causal factors** for these boys' sexual offenses are discussed in view of previous studies and illustrated by case vignettes.

Psychosis

- Petrunik M. Weisman R. **Constructing Joseph Fredericks: competing narratives of a child sex murderer.** *International Journal of Law & Psychiatry.* 28(1):75-96, 2005 Jan-Feb.
- Joseph Fredericks--one of Canada's most notorious **sex** offenders--was defined through the institutions that dealt with him from his infancy to his death to the inquest held after his death. In this paper, we locate in historical context and compare the different narratives that were constructed of his life in each of these institutional settings from unwanted **child** to 'mental defective' to psychiatric offender to criminal recidivist to victim to iconic **sexual** predator. We show that each of these narratives claimed to capture the essence of Fredericks in terms of what were his core characteristics and what remedies were necessary for the problems he posed only to be superseded by new narratives based on different assumptions. Finally, we show how one of these conceptions of Frederick's essence influenced a shift in Canadian public policy for **sex** offenders toward the greater emphasis on community protection characteristic of public policy in the United States.

Schizophrenia

- **Novak B. McDermott BE. Scott CL. Guillory S. Sex offenders and insanity: an examination of 42 individuals found not guilty by reason of insanity. *Journal of the American Academy of Psychiatry & the Law.* 35(4):444-50, 2007.**
- Although currently there is a large body of research on the characteristics and treatment of sex offenders, very little research has been conducted to investigate the characteristics of sex offenders who have been adjudicated insane. This study included 42 patients at Napa State Hospital **who were adjudicated not guilty by reason of insanity (NGRI) for a sex offense.** The sample was further divided into offenders whose victims were children and those whose victims were adults. Data were collected with a structured chart review instrument. **A large percentage of the sex offenders received a primary diagnosis of schizophrenia or schizoaffective disorder, and many had a comorbid substance use disorder.** The high percentage of sex offenders in the current study with diagnosed **schizophrenia** or schizoaffective disorder may represent a previously unstudied subgroup of sex offenders. An alternative explanation is that the experts did not evaluate substance use and intoxication adequately, assess for malingering, or apply the proper legal standard for insanity.

Neurodevelopmental Disorder (Including ADHD)

- Soderstrom Anckarsater H. Clinical neuropsychiatric symptoms in perpetrators of severe crimes against persons. *Nordic Journal of Psychiatry*. 59(4):246-52, 2005.
- The objective of the study was to explore the **possibility of common signs and symptoms** of childhood-onset neuropsychiatric disorders and personality disorders, especially psychopathy, **in a cohort of violent offenders**. A structured neuropsychiatric status comprising features recorded in childhood-onset neuropsychiatric disorders and adult personality disorders was assessed in 89 perpetrators of severe crimes against other persons, analysed for factor structure, and compared to clinical diagnostics of neuropsychiatric disorders and independent assessments of psychopathy rated by the Psychopathy Checklist Revised (PCL-R). **One or several childhood-onset neuropsychiatric disorders [autism, attention-deficit/hyperactivity disorder (AD/HD), tics and learning disability] affected the majority of adult offenders**. A factor analysis yielded four higher-order problem constellations: **Executive Dysfunction, Compulsivity, Social Interaction Problems and Superficiality**. All four constellations were positively correlated with life histories of aggression, stressing the clinical importance of these problems in adult forensic psychiatry. Compulsivity and Social Interaction Problems were associated with autistic traits and tics, Executive Dysfunction with AD/HD, conduct disorder and psychopathic as well as autistic traits. Superficiality was a distinct aspect of AD/HD and psychopathic traits, especially the PCL-R factor reflecting interpersonal callousness. Neuropsychiatric disorders and personality disorders such as psychopathy share common symptoms. The various facets of psychopathy are associated with executive dysfunction and empathy deficits with superficial understanding of self, others and the rules of communication.

Personality Types

- Richardson G. Kelly TP. Graham F. Bhate SR. **A personality-based taxonomy of sexually abusive adolescents derived from the Millon Adolescent Clinical Inventory (MACI).** *British Journal of Clinical Psychology.* 43(Pt 3):285-98, 2004 Sep.
- A personality-based taxonomy of an out-patient sample of 112 sexually abusive adolescents is described. Five subgroups were derived from cluster analytic procedures applied to Personality Patterns scales scores from the Millon Adolescent Clinical Inventory (MACI), and were named: Normal, Antisocial, Submissive, Dysthymic/Inhibited, and Dysthymic/Negativistic. The groups were also found to be differentiated on the psychopathology scales of the MACI. **The results of the study provide evidence of the heterogeneity of adolescent sexual abusers in both personality characteristics and psychopathology.** Comparison of groups differentiated on the basis of victim characteristics did not indicate a relationship between personality and **sexual** offence. Copyright 2004 The British Psychological Society

Predatory Aggression

- Vitiello B. Behar D. Hunt J. Stoff D. Ricciuti A. **Subtyping aggression in children and adolescents.** *Journal of Neuropsychiatry & Clinical Neurosciences.* 2(2):189-92, 1990.
- To document the existence of "**predatory**" (goal-oriented, planned, hidden, or controlled) and "affective" (impulsive, unplanned, overt, or uncontrolled) subtypes of aggression, this study assessed 73 aggressive **child** and adolescent psychiatric patients for the presence of theoretically **predatory** and affective behaviors. Cluster analysis, using the reliable items, **confirmed the predicted partition, yielding a "predatory" and an "affective" cluster.** The scale, with a total score from +5 (fully **predatory**) to -5 (fully affective), had good internal consistency ($\alpha = .73$). The score distribution tended to be bimodal, with peaks at -3 (predominantly affective) and 1 (mixed). Patients with "affective" aggression were more likely to have lower IQ, to receive neuroleptics or lithium, and to have a chart diagnosis of schizophrenia. **History of drug abuse was more frequent among the "predatory" patients.**

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