NORTHUMBERLAND CHILDREN'S SERVICES

GUIDANCE DOCUMENT

PURPOSE OF THE DOCUMENT

This guidance is for professionals to use when completing the Vulnerability Checklist in respect of young people where there are concerns that they may suffer harm as a result of their behaviour.

This document will provide guidance when using the risk matrix when considering the vulnerability factors within the Vulnerability Checklist.

When using the risk matrix it is important that the scores reflect where there is evidence of such behaviour occurring. It is important that when scoring individual behaviour that the risks associated with the behaviour are considered at that point in time, for example, if there have been previous concerns but this behaviour is not evident at present, score should be no more than 2; if the behaviour is ongoing and concerns are such that those involved feel the young person is at risk *imminently* the score should be a 4.

Risk Matrix

0 No risk identified currently and there is no history of this behaviour.

1 Low risk – where the young person has been involved in this behaviour in the past however at present this behaviour is not of concern.

2 Medium risk – where there are historic and current concerns around this behaviour however there is a service/intervention in place which is addressing this behaviour **with positive effect.**

3 High risk – where the young person is at risk of **serious** harm; within the risk assessment information must be provided in relation to what serious harm people are concerned about.

4 Very High risk – where the young person is engaging in this behaviour **as soon as they are able to** and also where there are concerns that the risk to the young person is **imminent.**

Information must be provided within the evidence section of the Vulnerability Checklist to demonstrate clearly why a particular score has been attributed to the behaviour of concern.

SECTION 1

Emotional Health

When looking at 'mental health difficulties' it is important that this is scored in relation to *diagnosed* mental health difficulties and that such difficulties have been diagnosed by a health professional.

Physical Health

Within this section, there should only be a score provided in one of the categories and scored as advised within the Vulnerability Checklist, i.e. either 3 for *major,* 2 for *moderate,* 1 for *minor or* 0 for *no physical health concerns.*

Sexual Health

When scoring high, either 3 or 4, in any of the categories within this section, the Risk Management Information Sharing Summary Sheet must be completed and sent to the Sexual Health Service alongside the Vulnerability Checklist. This will ensure that a Sexual Health Advisor will respond to the young person and ensure appropriate advice and support is provided to them and also members of the care team.

When scoring within this section the following needs to be taken into consideration;

Early onset of sexual activity/ having sex with multiple partners - as discussed earlier, the majority of young people are not having sex before the age of 16. Girls having sex under the age of 16 are three times more likely to become pregnant than those who first have sex over 16.

Engages in unsafe sexual behaviour - Vulnerable young people may well find themselves in a number of situations resulting in sexual activity and multiple partners. They may also not be using contraception/protection consistently and/or has limited access to contraceptive and sexual health information and services.

Much older partner - If a young person is involved in a sexual relationship with someone 5 or more years older than them. It is important in relation to equality within the relationship and the young person but being pressurized or exploited in the relationship.

Young person wants to become pregnant or is already a teenage parent - A young person who wants to become pregnant may very often have low self-esteem or aspirations. Also associated with this is the lack of supportive consistent parenting, positive role models and lack of relationships with at least one trusted adult. Research also shows that a mother with low educational aspirations for her daughter at age 10 is an important predictor of teenage parenthood; as is being the daughter of a teenage mother.

History of abuse - Young people who have been subject to sexual abuse are more vulnerable to poor sexual health than many of their peers. Boundaries, expectations from others and poor self-worth are all key indicators for these young people.

Inappropriate use of pornography and social networking - Boys and young men need equal consideration in assessing risk of teenage pregnancy and professionals need to see

beyond the outwardly displayed behaviour of young men and consider the reasons behind it. Professionals need to consider how young men receive their messages regarding sexual relationships, often unregulated sources of sexual health information is gained from pornography accessed via the internet and mobiles and will often skew their perception of being sexually healthy and expectations of being in a sexual relationship, including not using any visible form of contraception or STI protection.

If a young person is experiencing any of the above the worker must also be aware that there may be elements of sexual exploitation as well.

SECTION 2

Social and Environmental

When scoring within the *LAC/Leaving Care* category, information is required within the evidence section to explain why a particular score is being attributed to it. It is important that it notes whether they are currently a LAC or whether they have Leaving Care status as well as why they are seen to be vulnerable as a result of being LAC or Leaving Care.

Within the *non-school attendance* category, a score must only be placed in this category if the young person is of statutory school age. Where a young person is post 16 and not required by law to attend education, this category does not apply.

When scoring a young person as being *homeless*, this must be where a young person currently is of **no fixed abode**. If scoring in this section, a further score within the *unsuitable housing* cannot be given.

SECTION 3

Substance misuse

When scoring in this section particular care needs to be taken to the definitions outlined within the risk matrix – ensuring that both historical use is recorded as well as current use. It is also important when scoring current use which is of particular concern that it is considered whether this behaviour could result in **serious** risk for the young person (score 3) or **imminent** risk for the young person (score 4).

Where the young person is disclosing substance misuse, if Sorted are not involved a referral needs to be discussed with the young person and made to the service.

In relation to scoring under the category *poly drug use* it is important to consider the following;

The true definition of Poly drug use is ***the use of two or more psychoactive drugs in combination to achieve a particular effect.*** For the purpose of the VCL, we want to know if the young person is using two or more drugs at the same time, i.e. Benzodiazepines & alcohol. From this you can then make an assessment of ***Risk of overdose.*** Taking into account the effect each drug has on the central nervous system. If you are unsure of this speak to Sorted and update your substance misuse training, application forms can be obtained from www.sortednorth.co.uk.

It is important that if the young person is scoring within the *poly drug use* category that immediate harm reduction information is provided to the young person. This information is available from Sorted.

SECTION 4

Offending Behaviour

When scoring in this section, it needs to be considered whether YOS are involved and this information needs to be provided within the evidence section. Information should include whether the young person is subject to any Order's; whether they are engaging in a voluntary program etc. and the scores should accurately reflect the type of offending they are engaged in as well as the frequency.

If the care team are aware of information which suggests the young person is offending however has not been charged with any offences at the time of completing the offence, the score may be low however this information needs to be detailed within the evidence section.

SECTION 5

Absconding

Absconding refers to where the young person is being reported missing to the police. Where the care team are concerned that the young person is going missing however is not being reported missing to the police, a high score can be given but the evidence for this would need to be detailed within the main body of the report and how this is going to be addressed detailed within the risk management plan.

When scoring in the *risk of harm* and *risk of sexual exploitation* care needs to be taken that the scores are not being duplicated. Within the evidence section of the Vulnerability Checklist there needs to be information provided to detail why this is of concern, being specific about the harm people are concerned about and what evidence those involved have that this is an issue for the young person.

When scoring in the *risk of sexual exploitation* section, please refer to the CSE indicators below;

CSE Low Risk Behaviours:

- Regularly coming home late or going missing through the day or overnight
- Overt sexualised behaviour, sexualised risk taking including posting/surfing on internet
- Unaccounted for cigarettes, monies, clothes and/or goods etc
- Associating with unknown adults or other known to sexually exploit children
- Reduced contact with family/friends
- Sexually transmitted infection
- Experimenting with drugs/alcohol
- Poor self-image, self-worth, eating disorder and or some self -harm

CSE Medium Risk Behaviours

- Getting into cars with unknown adults or known adults who pose a risk to children
- Being groomed on internet
- Clipping (offering to have sex then running on payment)
- Receiving a reward for recruiting other peers to CSE
- Disclosure of physical/ sexual assault followed by withdrawal of complaint
- Reports of involvement in CSE, for example known to frequent or seen in 'hot spots'
- Older boyfriend/Girlfriend
- Non-school attendee or excluded due to behaviour
- Staying out overnight with no explanation
- Breakdown of family/care placements due to behaviour
- Unaccounted monies/goods/mobiles, frequent drugs and/or alcohol use etc
- Consistent self-harm

CSE High Risk Behaviours

- Child under 13 engaging in sexual activity with another over 15 years
- Pattern of homelessness and staying with adult(s) believed to be sexually exploiting
- Child under 16 meeting different adults for sex
- Removed from known 'red light' districts by Police or other professionals due to risk of CSE
- Child taken to house, B&B for sex with adults, disclosure of physical/sexual assault and then withdrawal
- Missing from home or care, child abduction and/or forced imprisonment
- Disappearing from home, care or education with no contact or support
- Child being bought/sold
- Under 16 with multiple miscarriages and terminations
- Indicators of CSE in conjunction with chronic alcohol and drug use, mental health issues and/or self-harm

It is important to note that where there are concerns around absconding and/or sexual exploitation, the key worker should liaise with the Social Worker for Missing Children for advice and support. The Social Worker for Missing Children should also be involved in completion of the Vulnerability Checklist where possible.

Risk Management Plan

It is important when considering the plan that a focus is maintained upon the concerns and following on from this what can be put into place to keep the young person safe. It should consider what needs to happen, why this needs to happen i.e. what the outcome will be for the young person and who is responsible for ensuring it happens.

The risk management plan as with completing the Vulnerability Checklist must involve the young person, parents/carers where possible as well as including professionals currently working with the young person.

Within the risk management plan, frequency of contact/visits with the young person from all professionals must be detailed. It is also important to note how often the plan will be reviewed,

when the plan will next be reviewed and who will be the key worker/person responsible for coordinating the plan.

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Risk Management		**Role Responsible**
Procedure/Guidance		
1.	**Purpose**	
1.1	To provide practice guidance and advice in respect of children and young people who have been identified as vulnerable and potentially at risk of significant harm as a result of their behaviour.	
2.	**Scope**	
2.1	This procedure applies to all staff within Children's Services and staff from other agencies who are working directly or indirectly with children, young people and their families.	
3.	**References**	
3.1	Risk Management Policy	
3.2	Children missing from care procedure	
4	**Guidance/Procedure**	
4.1	**Introduction**	
4.2	Children's Services deal with a variety of young people who may pose certain risks to themselves or others. The various teams and professionals that make up Children's Services identify and manage these risks in different ways and use a range of risk assessment tools.	
4.3	This procedure provides a framework that should be used when individual agency risk assessments indicate that the risk posed to or by a young person is considered to be high or very high. The procedure is not intended to replace individual agency procedures nor replace other actions that workers may take to safeguard young people.	
4.4	The purpose of the procedure is to ensure that a coordinated approach is taken when considering the level of vulnerability of individual young people who are deemed to be at high or very high risk and a multi agency plan developed. This will assist front line	

Risk Management		Role Responsible
	staff to evidence their decision making in respect of individual	
4.5	The procedure should also; • Provide clear definitions of the type of risk and the level of vulnerability for individual young people. • Identify the nature and level of risk in case allocation and the interventions necessary to moderate the risk. • Provide guidance for managing the different levels of risk. • Identify roles and responsibilities. • Promote the sharing of information where children and young people are deemed to be at high or very high risk. • Provide appropriate management oversight.	
5.	**Procedure**	
5.1	Individual workers who are concerned about the safety and welfare of a child or young person should undertake a risk assessment using their individual agency's risk assessment processes followed by the Vulnerability Check List (VCL).	
5.2	The following guidance is available to support workers in using the VCL	
5.3	When completing the VCL the worker will identify the level of vulnerability of the young person using the following matrix.	
5.4	Level of Vulnerability — Threshold	
5.5	Low - No evidence at present to indicate likelihood of serious harmful behaviour. No further action required.	
5.6	Medium - Some risk identified but consequences not likely to result in imminent serious or significant harm. This risk should be managed through the normal supervision process and agreed actions recorded on the young persons case file.	
5.7	High - The risk of significant harm arising as a result or consequence of the identified behaviour(s) could occur at any time.	
5.8	Very High - The risk of serious or significant harm is imminent and the young person will commit the behaviour(s) as soon as they are able or the opportunity arises.	
5.9	Immediate action is required and will	

Risk Management		Role Responsible
	involve intensive multi agency support and/or **surveillance.**	
5.10	If any further information becomes known to the lead professional following the initial risk assessment then the level of vulnerability should be reviewed.	Lead Professional
5.11	Where a young person is in custody/secure accommodation and are due to be released/discharged, a VCL should be completed at the pre-discharge meeting based on the concerns prior to being placed into custody/secure accommodation. This will ensure an appropriate plan is in place post release/discharge.	
5.12	It must be noted that consultation with those agencies involved within the Risk Management process is important. It is important where there are issues that the relevant agencies are part of any risk assessment undertaken even if the services are not yet involved with the young person.	Lead Professional
5.13	The completion of the Vulnerability Checklist and the Risk Management Plan are the responsibility of the care team however it is important that a 'keyworker' is identified who has the best relationship with the young person to take the lead in coordinating the meetings. This should be kept under review within the care team and information provided within the Vulnerability Checklist.	Care Team
5.14	Where a Vulnerability Checklist has been completed and a young person is high risk, a Social Worker must be involved. If a Social Worker is not involved a referral should be made to the area team and an Initial Assessment undertaken.	Care Team/Area Team Manager
6.	**Action following risk classification**	
6.1	Following the identification of the level of vulnerability the following actions should be undertaken;	
6.2	Low - The risk assessment documentation should be countersigned by the line manager. This document should be included on the young persons case file.	Lead Professional
6.3	Medium - The risk assessment should be discussed with the line manager within 5 working days and a risk management plan devised that identifies actions to manage or moderate the level of risk.	Lead Professional
6.4	High/Very High - The risk assessment should be discussed with the line manager that day and a multi-agency planning meeting convened within 5 working days. This meeting should be chaired by a	Lead Professional

Risk Management		Role Responsible
	team manager. The meeting should be minuted and identify actions to moderate the risk, the professional responsible for undertaking the action and timescales.	Lead Professional/ Team Manager
	Cases identified as high or very high risk should be discussed with a senior manager and reviewed as part of the regular supervision process.	Team Manager
6.5	The lead professional identified within the risk management plan will notify other agencies of the nature and level of the assessed risk as appropriate.	Lead Professional
6.6	Where an assessment indicates a high or very high level of risk information should be referred to the multi-agency Risk Management Group (RMG). This information should include the risk assessment tool and the subsequent plan for the young person.	Team Manager
6.7	The Risk Management Group will consider (using RM1) the circumstances and plans of all young people referred to it as being at high or very high risk and will keep a central High Risk Register.	RMG
6.8	Young people will be included on this register if the assessment of the multi-agency Risk Management Group concurs with the individual agency's risk assessment.	RMG
6.9	A multi-agency risk management plan will be maintained for all young people whose names appear on the risk register. This plan will identify the support services that will be or are being provided to manage the identified risks. The plan will also identify the agencies responsible for providing the support and the timescales.	RMG
6.10	A copy of the plan will be provided to all agencies identified as providing support and the plan will be reviewed on a monthly basis until the young person is no longer considered to be at high or very high risk.	RMG
6.11	The risk management plan is not intended to replace any action which an individual agency may consider necessary to safeguard and protect the welfare of a child or young person. Rather, the plan is intended to enhance the planning process in respect of individual children and ensure coordinated multi agency planning is in place.	RMG
6.12	The risk management plan should be included on the child or young person's case file.	Lead Professional/ Team Manager
6.13	The risk management log will be maintained by the Head of	Head of

Risk Management		Role Responsible
	Community Support who will keep the information in line with the requirements of the Data Protection Act.	Community Support
6.14	The RMG will seek confirmation from local authorities who place young people in Northumberland (with the exception of Kyloe House) where there is deemed to be a risk to self or others that appropriate risk management strategies are in place.	RMG
7.	**Action to be taken following reduction in risk classification**	
7.1	Action to be taken following reduction in risk classification If a young person has been deemed 'high/very high risk' and part of the Risk Management Group, and then has subsequently reduced to 'medium/low risk' they will no longer be reviewed as part of the RMG. It is expected that the care team will continue to review the young person via 3 weekly care team meetings updating the VCL. This should continue for a period of 6 months. If the scoring increases to 'high/very high risk' a re-referral to RMG will be made.	Lead professional/ care team
7.2	Following 6 months of the VCL being reviewed on a 3 weekly basis, a CIN Review is to be held chaired by a Team Manager to review the plan in place. As part of this meeting, if there have been no further concerns/scores increasing to 'high/very high risk', care team to consider frequency of reviews/care team meetings required.	Care Team/ Team Manager

A matter of life and death

What lessons can you learn when a 14 year-old from local authority care is found dead? Mark Douglas and Rachel Farnham look at how Northumberland found inspiration in adversity and launched a new initiative to safeguard other adolescents

On the morning of Christmas Eve 2005 Ethan, a fourteen year-old boy, was found dead in the bedroom of his girlfriend's home having suffered an overdose of heroin. The subsequent toxicology reports indicated a range of illegal substances had been consumed within the previous 24 hours but the cause of death had been asphyxiation as a result of the heroin-based substances. The combination and amount of illegal drugs consumed by Ethan meant he had gone to sleep, his breathing had slowed down and as a result of respiratory failure he died in his sleep. When paramedics were called to the home all attempts to resuscitate Ethan failed and he was subsequently pronounced dead at the scene.

For most people the death of a young person, even where illegal drugs are involved, would be considered tragic and a reflection of the increasing harm caused to our young people and communities by criminality and the illegal supply of hard drugs. The death would also be considered a reflection of the decay and breakdown of traditional values and communities and would lead to calls for more support and tougher actions to tackle the ills of society.

However, this particular death caused particular concern as Ethan was in care and had access to a range of professionals and services that were intended to protect him. These professionals were all involved in planning his care and providing support to address the issues that led to him being estranged from his family and being looked after.

A police and local authority investigation soon established that after having been missing from a children's home for two nights Ethan had spent the previous evening with his girlfriend and friends. He had been involved in a fight with two other young people during which he had picked up a bag of morphine-based pills that had been dropped by another young person. The investigation also found that although he had been missing for two days and was reported missing, and although he was known to be vulnerable because of his drug use, none of the adults who saw Ethan contacted the police or the local authority.

It was established that Ethan met his mother the evening before his death and despite having been clearly under the influence of substances she chose not to report the fact she had seen him or that he had advised that he was not intending to return to the children's home that night. In addition, when Ethan arrived at his girlfriend's home, despite his age and him being under the influence of substances the adults in the home agreed he could stay for the evening and sent him off to bed. The following morning Ethan was found dead in bed.

Although Northumberland does not experience the same levels of drug and alcohol misuse as many inner city or urban areas, it is recognised that across the county there are small but significant groups of young people at risk from illegal drugs and that the age young people are exposed to illegal substances is decreasing.

Serious case review

The death of any young person who is looked after by a local authority will begin a process under the 'Working Together to Safeguard Children' (DoH March 2010) guidance to establish whether there have been failings in the systems supporting young people and whether a local safeguarding board should consider undertaking a formal review. Chapter 8 of Working Together states:

8.11 LSCB's should consider whether to conduct a SCR whenever a child has been seriously harmed in the following situations:

- a child sustains a potentially-life threatening injury or serious impairment of physical or mental health and development through abuse or neglect; or
- a child has been seriously harmed as a result of being subjected to sexual abuse; or
- a parent has been murdered and a domestic homicide review is being initiated under the Domestic Violence Act 2004; or
- a child has been seriously harmed following a violent assault perpetrated by another child or adult;
- the case gives rise to concerns about the way in which local professionals and services worked together to safeguard and promote the welfare of children. This includes inter agency and inter disciplinary working.

In the case of Ethan it was decided that an independent management review should be undertaken to establish what lessons could be learned and what actions needed to be taken to minimise the risks to other young people in similar circumstances. The management review identified that there was a gap in support available to young people and adolescents who were at risk of significant harm as a result of their own behaviours and that communication between agencies had led to a lack of coordinated intervention. The review recommended that the local authority should consider how it could improve these aspects of its work with vulnerable adolescents. As a result of this recommendation Northumberland's multi-agency Risk Management Group was established.

According to the three year review, one in five children who are subject to SCRs are over 11 and It was recognised that the work needed to be informed by findings from research and practice .

In addition, the subsequent 2010 publication by the Children's Society ('Safeguarding Young People: Responding to Young People aged 11 – 17 who are Maltreated') also highlights the complexities of safeguarding for this older age group of young people and how young people's own behaviour can make professional judgement about maltreatment and risk much more complex.

'Working Together' identifies the following principles that should guide practice where there are concerns about a child's safety and welfare and these were applied in the development of the group:

Work to safeguard and promote the welfare of children should be:

- Child-centred
- Rooted in child development
- Focused on outcomes for children
- Holistic in approach
- Ensuring equality of opportunity
- Involving children and families in the process
- Building on strengths as well as identifying difficulties

- Integrated in approach
- A continuous process and not an event
- Providing and reviewing services
- Based in research

The Risk Management Group

The Risk Management Group is a multi-agency approach developed in the months after the death of Ethan. A group of professionals from a range of agencies worked together to develop a risk assessment tool for front line practitioners and managers to determine the levels and immediacy of risk. The tool was underpinned by a set of simple procedures that ensure appropriate risk management plans are in place for young people that are assessed at high or very high risk of serious injury or death and that there is senior management oversight and participation in the sharing of risk.

Although the group was originally intended to address the risks from substance misuse, it quickly became clear that within the county there are a small, but significant number of young people at high risk to themselves as a result of high risk offending, substance misuse, mental health issues, lack of family support, chaotic living arrangements and absconding from home or care settings. These young people are at imminent risk of significant harm without interventions from one, or a number of agencies and they do not always naturally fall within Child Protection Procedures.

The Risk Management Group brought together all agencies in the County who work with young people to develop a consistent approach to risk management and developed a tool and procedures to support front line staff. The guidance also includes information on how to use the assessment and planning tools (vulnerability checklist (VCL)), the nomination to the risk management group, the monitoring process (RMG Log) and the criteria for removal from the risk log.

The process

The risk management process can be applied to any adolescent considered to be at high or very high risk due to their own behaviour. The practitioner undertakes an assessment of the risks based on a scoring matrix. If the score indicates a high or very high risk they share the assessment with their line manager. A multi-agency meeting is then held to undertake a risk assessment. Young people who are low or medium risk of harm remain the responsibility of the key agency who is working with them and subject to their risk management process. Practice guidance provides advice around the escalating nature of risk and of the importance of immediacy of harm when determining the levels of risk to young people but makes clear that professional judgement remains critical to the process.

Most young people who are referred to the risk management group are already known to the statutory services although a number of previously unknown children have been identified as having emerging vulnerabilities and support is provided to them to prevent their situation worsening.

If the assessed risk remains high or very high after the multi-agency moderation then the young person is referred in to the risk management group and a detailed plan developed before the meeting to manage and moderate the risks on a multi-agency basis. If the assessed level of risk is agreed at the risk management group then the young person's name and details of the risk management plan are entered onto a risk management log or register. This log is held by the Head of Safeguarding Services who is aware of all young people in Northumberland presenting with high risks.

Assessments and plans are reviewed every three weeks and through the coordination of support and resources evidence of risk reduction is gathered. Only once the risk has reduced to medium or low is the young person's name removed from the log and the management and oversight of the plan returns to the appropriate agency. Any agency represented at the risk management group meeting can request changes or additions to the risk management plan and these are debated and agreed by the group. This ensures multi agency ownership and responsibility for the plans regarding high-risk behaviours but also holds agencies to account for the agreed actions.

What we have learned

As a result of the developing practice, the group have been able to:

- Provide clear definitions of the type of risk and level of vulnerability for individual young people. Before the group was established the range of agencies working with these young people all used different risk assessment tools, applied different thresholds and approaches to managing and reducing risk. The group was able to develop a single risk assessment tool in a single document to inform the multi-agency intervention.
- Develop a consistent approach to assessing risk across all agencies working with adolescents. The group was developed to support front-line staff in managing risk and to ensure that the risk was understood and shared by all including up to Director level. When the risk assessment tool and procedures were rolled the feedback from frontline staff was overwhelmingly positive. Staff reported that the risk assessment tool helped them to quantify risk, collect and develop evidence-based plans that were defendable if a further tragedy was to occur. Importantly the risk assessment tool was used to help young people and their families understand the risks and ensure they engage in the plans to reduce the risk.
- Gain a greater understanding of what works in terms

of interventions with adolescents at moderate risk. Working with adolescents is an extremely challenging process that requires staff to balance the self-determination that all adolescents display against the need to intervene to keep them safe.

- Identify roles and responsibilities across agencies and ensure staff accountability. This aspect of the group was seen as particularly positive as no single agency was left to feel solely responsible for the risks while the tools and procedures ensured appropriate accountability.
- Promote the sharing of information where young people are deemed to be at high or very high risk. This included sharing and using police intelligence and information from other local authorities to assist risk management. Similarly, information gained from staff working with young people was shared with the police to ensure that action was taken to target individuals and emerging community issues.
- Establish a new partnership arrangement involving the Police and Children's Services to safeguard and monitor young people who run away from home or care settings. This work has been particularly successful in identifying emerging issues such as the risks of sexual exploitation and ensuring that strategies are developed at the most senior levels.
- Provide a mechanism for funding decisions to be made. For example it has helped in identifying the need for accommodation for young people or in accessing specialist assessments or support around high risk behaviours. The group has also identified gaps in service provision and has been used to apply for external grant funding to develop services for adolescents. As a result, Northumberland has developed its own accommodation project to ensure young people who are leaving care, custody or residential drug rehabilitation centres have access to high quality supported accommodation on their discharge.
- Engage a hard-to-reach group of complex young people. Research into serious case reviews identify this group as particularly vulnerable. The group reduced the level of risk for more than a hundred young people who have been through the process to date.
- Share the practice of the group including the procedures and risk assessment tools with a number of local authorities nationally who have adopted the approach in their work with young people. Sharing best practice is especially important as it contributes to the safeguarding of vulnerable adolescents beyond Northumberland's boundaries.
- Ensure that young people and their parents or carers are fully involved in the assessment of risk and that they are involved in the decision making to reduce those risks.

Case Study: Jane

Jane came to the attention of the Youth Offending Service when she was arrested for a burglary offence aged 15. In the Police Station she disclosed regular heroin use, poly-drug use and showed signs of depression. Police also had concerns about her associations with an older group of established heroin users, possible sexual exploitation and her mum's inability to safeguard her.

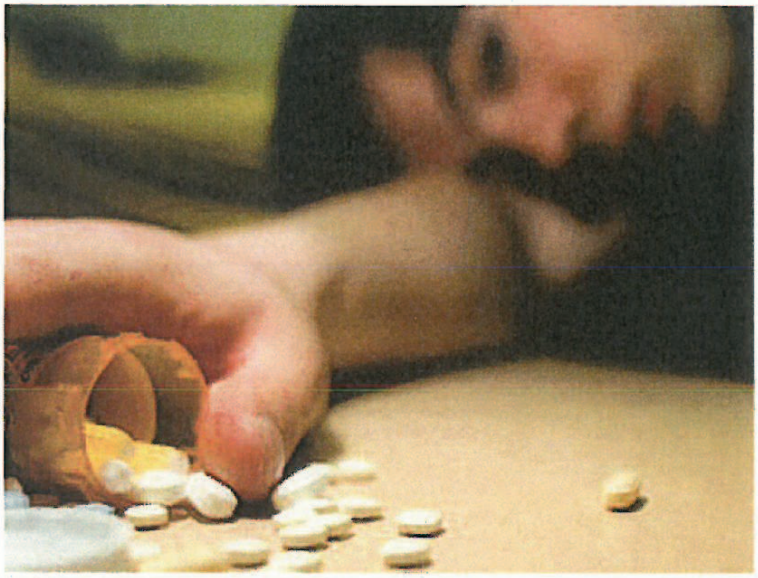
Jane appeared to be at high risk of fatal overdose. A multi-agency plan was quickly established which resulted in all three being subject to child protection plans.

The core group of professionals met to complete the risk assessment for Jane for the Risk Management Group. The RMG endorsed the assessed level of risk and the plan and added Jane to the 'Risk Log'. The senior manager chairing the group also decided Jane should be taken into care to manage her absconding and drug misuse more effectively. It was recognised that Jane may not agree to be voluntarily accommodated as the links she had with older drug users would be difficult to break. Because of these concerns the YOS Manager suggested that Jane's bail conditions could be varied to require her to 'reside as directed by Children's Services'. These interventions were allowed the group to safeguard Jane and reduce the risks of re-offending.

Jane's case was monitored by RMG for 12 weeks, with review assessments being completed every 3 weeks. The risk score gradually reduced and Jane's name was removed from the log. At this point the case returned to normal agency level risk management.

Jane was subsequently accommodated (S.20) with the agreement of her mum and placed in foster care. The comprehensive risk management plan worked well and Jane even agreed to voluntary urinalysis in order to monitor her drug use. There were difficult points where Jane absconded and returned to her friends, but the multi agency risk assessment and planning, involving the police, meant that she was actively sought out and returned to her foster home.

Jane's case demonstrates good practice in risk management for a very vulnerable teenager. Risks were identified and interventions put in place quickly to manage the immediate issues. An evidence-based risk assessment tool was completed by a multi-agency group, the RMG gave management oversight of the assessment and plan and also allocated additional resources (accommodation) to further reduce the risk.



The process of the risk management group has enabled Northumberland to clearly identify the types of risks that exist for young people within different communities across the county and allocate resources to reduce these risks. In addition, the group has gathered important intelligence regarding drug use within the county. The police have used this information proactively having fullly participated in the group. This in turn has influenced drug treatment services for young people as specific initiatives have been undertaken to ensure early intervention and prevention remain a priority for services.

Further benefits include the strengthening of partnership working particularly with the Police. The Police saw the value in attending the group and have contributed to harm reduction through the sharing of intelligence; the intelligence-led targeting of individuals and by ensuring safeguarding arrangements for young people are robust.

The work of the risk management group has also been extended and a new protocol has been agreed as part of the broad approach to risk that involves the Police and Children's Services monitoring young runaways through RMG. This has led to greater levels of prevention and intervention around areas such as child sex exploitation and specifically to an increase in the use of harbouring notices and arrests of individuals believed to be involved in the trafficking of children.

One further development has been the use of the group to identify unmet need in relation to services for adolescents such as appropriate accommodation. The failure to provide suitable accommodation is recognised, both regionally and nationally as a key risk factor that increases vulnerability for young people. The risk management group was successful in developing a bid for £230,000 capital funding to create a supported housing scheme for young people with a history of substance misuse who were leaving care, custody or residential drug treatment. With additional funding provided by the council this has allowed the purchase of a number of properties across the county where young people can move onto and receive high levels of supervision and support. These homes have provided high quality and stable accommodation for young people at a point of transition where their levels of vulnerability are heightened and the project has been recognised by organisations such as the Lucy Faithful Foundation as an example of best practice.

As a professional working in the area of safeguarding it is important to recognise that it will never be possible to remove all risks from children's lives or prevent all incidents that lead to significant harm. However, it is important that practices and systems are continually developed to improve assessment processes, that front line staff are supported when working with complex cases and that risk regarding individual children is shared by all agencies and at all levels within those agencies. The risk management process has provided a framework within Northumberland that has brought agencies closer in their understanding of risk and how it is managed but most critically it has contributed to the success of staff in preventing any further adolescent deaths within the county from these high risk behaviours.

Mark Douglas is Head of Safeguarding and Looked After Children's Services and has senior management responsibility for children's social care in Northumberland. Rachel Farnham is a Children's Services Manager and has responsibility for the Risk Management Group and ensuring appropriate, multi agency risk management plans are in place for vulnerable adolescents.

Northumberland County Council is willing to provide copies of the RMG procedures and tools along with an evaluation report on the project and a DVD made by young people who have been through the process. More information from Rachel.Farnham@northumberland.gov.uk

Vulnerability Checklist Review

This document is to be used to review the level of vulnerability of a young person referred to the Northumberland Risk Management Group (RMG).

Personal Details of Young Person

First name:
Surname:
Address:
DOB / Age:
Legal Status:

Agencies Involved

Children's Services		Education	
Police		Sorted	
YOS		Other	
CAMHS			

Risk Matrix

Rate using the following scale:

0. No apparent risk	No history or evidence at present to indicate likelihood of risk from behaviour.
1. Low apparent risk	No current indication of risk but young person's history indicates possible risk from identified behaviour.
2. Medium apparent risk	Young person's history and current behaviour indicates the presence of risk but action has already been identified to moderate risk.
3. High apparent risk	The young person's circumstances indicate that the behaviour may result in a risk of serious harm without intervention from one or more agency.
4. Very high apparent risk	The young person will commit the behaviour as soon as they are able and the risk of significant harm is considered imminent.

Vulnerability and Protective Factors

Section 1:

Emotional Health

Low Self Esteem	
Low Mood	
Depression	
Self Harm	
Severe Paranoia / Anxiety	
Suicidal Intent	
Suicidal Ideation	
Diagnosed Mental Health Difficulties, i.e., ADHD psychosis, OCD, schizophrenic	
Eating Disorder	

Physical Health

Major (under consultant care) (3)	
Moderate (regular GP involvement) (2)	
Minor (self-managed or with support of carer) (1)	
No Physical Health Issues (0)	

Sexual Health

Early onset of sexual activity	
Having sex with multiple partners	
Engages in risky sexual behaviours which could result in contracting a sexually transmitted infection	
Has much older partner	
Wants to become pregnant/is a young parent	
History of abuse	
Inappropriate use of pornography/social networks	

If scoring high – complete sexual health referral form

Section 3:

Substance Misuse

Alcohol	
Amphetamine	
Cannabis	
Cocaine/Crack	
Heroin	
Ecstasy	
Benzodiazepines	
Solvents/Gas/Aerosols	
Other (state)	
Poly Drug Use	
Frequency - Regular - Occasional	
Injecting - No - Yes/Previously	
Contact with Substance Users - No using friends - Some using friends - All friends using	
Family Substance Users - No family users - Known close family users - Significant family misuse	
Risk of Overdose	

Section 4:

Offending Behaviour

Involvement in Criminal Justice System	
Risk of Custody	

Section 2:

Social and Environmental

Looked After Child / Leaving Care	
Family/Relationship Difficulties	
Non School Attendance/NEET	
Homelessness	
Unsuitable Housing	
Social Isolation	

Section 5:

Absconding (reported missing to Police)

Frequency of going missing	
Risk of Harm	
Risk of Sexual Exploitation – see CSE risk indicators	
Length of Episodes	

If scoring high key worker to liaise with Social Worker for Missing Children

The check list above should be completed using the scoring matrix on page 1 and the total score used to identify an indicative risk using the scale on page 3. The identification of the level of risk should take into account the age and level of functioning of the child as well as professional judgement.

Summary of issues since last review:

VCL Scores:

Original Score	
Current Score	

Indicative Risk Continuum:

Low Risk	Medium Risk	High Risk	Very High Risk
0	40/41	60/61	70/71

0 ---------- 100

Evidence (Provide evidence of any changes in your assessment of risk, for example, positive outcomes relating to the plan in place, change in circumstances etc)

Please remember to note:

- **What is it that you are worried about?**
- **What is working well? (include strengths, exceptions, resources, goals, willingness etc)**

What needs to happen to decrease risk and improve safety.

Section 1: **Emotional Health:** **Physical Health:** **Sexual Health:**
Section 2: **Social & Environmental**
Section 3: **Substance Misuse**
Section 4: **Offending Behaviour**
Section 5: **Absconding**

Views of the Young Person:

What do you think needs to happen to make people less worried about you? What would the next steps be to help with this?

On a scale of 0 to 10, where 10 means the problem is sorted as much as it can be and zero means things are so bad that there needs to be some professional help, where does the young person rate their situation at the time of the assessment?

0 ----------10

Views of Parents / Carers:

What do you think needs to happen to make people less worried about you? What would the next steps be to help with this?

On a scale of 0 to 10, where 10 means the problem is sorted as much as it can be and zero means things are so bad that there needs to be some professional help, where does the parents / carers rate the situation at the time of the assessment?

0 ----------10

Risk Management Plan:

Risk Management Plan needs to identify plans to keep the young person safe and must include the frequency of visits from professionals involved. It should consider what needs to happen, why this needs to happen i.e. what the outcome will be for the young person and who is responsible for ensuring it happens.

Completed by:	**Date:**