

# Angus Child Protection Committee Multi-Agency Protocol Concerning Care and Risk Management (CARM) Planning for Children and Young People who Present a Risk of Serious Harm



## 1. BACKGROUND TO A CARE ASSESSMENT AND RISK MANAGEMENT APPROACH

This joint protocol for Care Assessment and Risk Management (CARM) outlines inter-agency procedures in Angus for the very small number of children and young people who present a risk of serious harm. This can include situations where children and young people are involved in sexually harmful behaviour and/or the commission of sexual offences and/or violence.

Many young people involved with offending of a serious nature will have complex needs and may have experienced multiple adverse life experiences in their lives. This group presents many challenges for services which need to manage the risks young people present to promote public safety while also offering opportunities for them to develop and to become positive contributors to society. This protocol provides guidance for agencies in Angus when undertaking risk assessment and risk management for young people who present a risk of serious harm to others. This protocol is bedded in other leading policies such as FRAME, GIRFEC and Whole Systems approach.

This protocol is agreed by the following agencies in Angus: Angus Council Children and Learning Directorate, Angus Council Communities Directorate, NHS Tayside Barnardo's and Police Scotland D Division. The protocol draws upon the Scottish Government Framework for Risk Assessment, Management and Evaluation (FRAME) for Local Authorities and Partners and replaces the previous CPC interagency policy 'Young People who Present a Sexual Risk'.

<http://www.gov.scot/Resource/0046/00466882.pdf>

### 1.1 Who is this protocol for?

This protocol is concerned with children aged between 12 and 18 unless in exceptional circumstances **and** where there is:

- **Alleged Sexually Harmful Behaviour** - "young people who engage in any form of sexual activity with another individual, that they have powers over by virtue of age, emotional maturity, gender, physical strength, intellect and where the victim in this relationship has suffered a sexual exploitation". According to this definition, the key elements of sexually harmful behaviour are sexual exploitation and power imbalance.
- **Alleged Violent Behaviour** - "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that results in or has a high likelihood of resulting in injury, death, psychological harm, mal development or deprivation".

According to this definition, the key elements contributing to violence are: level of intent; use of coercion or force; and, potential for harm to the person (whether this is realised or not)

- **Other forms of risk** - This approach may also be applied in exceptional circumstances when young people present significant risk to others as a result of behaviours that are extremely troubling but which may not be captured entirely under the definitions of sexually harmful behaviour and/or violence. Such behaviours might include, but are not restricted to, fire-raising and stalking. As above, assessment of intent and the potential for harm should be the key measures which influence recourse to formal risk management processes.

Where significant concerns exist in relation to the behaviour of a young person under the age of 12, risk management processes should be facilitated by the child protection system.

Where a young person meets the criteria noted above, they should be considered as part of Angus CARM approach. This will not prohibit the young person's needs being considered as part of other child's planning forum such as LAC or Child Protection, rather the CARM approach will sit alongside this. This approach will ensure plans are in place to assess and manage potential risk to the young person and potential risks to others from the young person.

## **2. USING THE CARM APPROACH**

All agencies should follow their own child protection guidelines and follow these when they are concerned for the safety and wellbeing of a child or young person. If child protection guidance is followed appropriately, Police and Social Work will be aware of young people who may present a serious risk of harm.

Where there are concerns that a young person meets the criteria defined above, referrals will come from a variety of sources:

- From a lead professional where there are significant concerns about escalation of behaviour;
- Police on receipt of information about involvement in an alleged offence;

Where there is a significant level of concern, GIRFEC processes indicate a lead professional will be appointed for the young person. This will likely be from a social work service. Any professional involved with a young person who considers their behaviour may meet the above threshold for a Care Assessment and Risk Management Meeting (CARMM), should discuss this with the lead professional who will undertake the following steps (see flowchart);

### **2.1 Discussion with a team manager immediately (within 24 hours);**

The lead professional must ensure that consultation takes place with a team manager. The team manager will decide if an Area Manager should be notified and a referral discussion held.

### **2.2 Referral discussion within 24 hours of the behaviour/recognition of concern and no more than 72 hours.**

When a lead professional and team manager comes to the view that the behaviour of a child or young person meets the necessary threshold for care and risk management consideration, a referral discussion should take place between the professional and their Area Manager. The Area Manager is the individual with responsibility for reviewing referrals to the care and risk management process. Ideally this will take place within 24 hours of the behaviour/risk/concern coming to light and after no more than 72 hours. If an IRD has taken place the IRD may recommend that a discussion takes place to invoke the CARM process.

The purpose of the referral discussion is to clarify the nature of the concerns. Ultimately the Area Manager will decide whether a CARM meeting (CARMM) is necessary. The CARM referral discussion is different from an IRD which plans the investigation. A record of the outcome of this referral discussion should be recorded including;

- Brief summary of identified risk and protective factors;
- Date of agreed care and risk management meeting (where relevant);
- Allocation of immediate tasks; and,
- Allocation of interim tasks pre-meeting.

Immediate tasks may include:

- Review of living arrangements and education, employment or training placement (where necessary);
- Measures in place to mediate community response;
- Agreement of communications strategy to manage any media attention; and,
- Agreement of strategies to manage a child or young person's increased risk to self
- The allocation of the case to a lead professional (if this has not already occurred).

Interim tasks may include:

- Development of safety plans in relation to particular settings (e.g. home, school, residential unit) outlining interim risk management measures to be put in place;
- The need for a case to be referred to the Children's Reporter;
- The need for a case to be referred to specialist services (e.g. for completion of relevant offence-related risk assessments); and,

The outcome of a referral discussion may be that the Area Manager is of the opinion that no further action is required or that current service provision is sufficient to manage risk without recourse to a CARMM. Reasons for this decision should be clearly recorded.

If it is decided to proceed, the initial CARMM should take place within a maximum of 21 calendar days of the referral discussion, unless a decision is made to hold the meeting at a later date. A clear rationale for this should be provided in the note/record of the referral discussion.

**2.3 If deemed appropriate from the referral discussion, the lead professional should set up a CARMM to take place no later than 21 calendar days of the referral discussion.**

If a child or young person is subject to Police investigation this should not delay the convening of a CARMM. Assessment and intervention processes will need to be proportionate to the legal status of the case, balancing the child or young person's rights against identified issues in relation to public safety.

### **3. CARM MEETING**

#### **3.1 Chairing of CARMM**

The CARM in Angus will be chaired by the Area Manager who has responsibility for the locality area where the child resides. The Area Manager will liaise with the lead professional to ensure that invites are sent out and papers are prepared.

#### **3.2 Aims and Objectives of CARMM**

The key objectives of the CARMM are to highlight to appropriate agencies individual children or young person who presents a risk of serious harm to others;

- To ensure that a relevant risk assessment is undertaken in relation to a child or young person considered to present a serious risk of harm to others;
- To share information in a multi-agency forum about the level of risk of harm presented by a child or young person;
- To clarify the nature of the harm and the individuals who may be at risk from a child or young person's behaviour;
- To undertake scenario planning which considers the nature of risk in particular settings;
- To identify safety factors which can reduce risk;
- To implement risk management measures that are constructive and individualised, bearing in mind the principle of proportionality, the best interests of the individual as well as his/her age, physical and mental well-being and development and circumstances of the case;
- To ensure that the young person's social, developmental and psychological needs should be addressed within the context of decisions about risk management strategies; and,

- To ensure that, through the completion of risk assessment(s) and the linked development of risk management strategies, there is an appropriate multi-agency response to the child or young person's behaviour.

While the standing membership of a CARMM will vary according to local circumstances it is anticipated that the following agencies (in addition to the referrer, CARM chair and minute-taker) will be represented:

- Social Work;
- Police;
- Health (e.g. School Health or CAMHS if an open case); and,
- Education.

Consideration may also be given to the inclusion of:

- The child or young person who is the subject of the referral (see below);
- The parent(s)/carer(s) of the referred child or young person (see below);
- Advocacy Service;
- Housing;
- Psychological Services;
- Skills Development Scotland (SDS);
- Throughcare and Aftercare Services;
- Intensive Supervision and Monitoring Services (ISMS);
- Multi-Agency Public Protection Arrangements (MAPPA) representative;
- Voluntary Sector Representatives.

### **3.3 Assessments to Inform CARMM**

The lead professional will update an integrated assessment to inform the CARMM and submit this in advance. As with all integrated assessments, other professionals will be asked to contribute to the assessment and ensure key information and risk as well as resilience factors are identified in the assessment. While recognising timescales may preclude comprehensive information gathering, as much relevant information as possible should be incorporated and in addition;

- Copies of any completed risk assessments; and,
- Copies of any specialist assessments or assessments from other practitioners/agencies e.g. Child and Adolescent Mental Health Service (CAMHS).

The lead professional should consult with the Team Manager in their area with lead responsibility for specialist risk assessments (i.e. Aim 2/ASSETT) at an early stage in the CARM process, in order to ensure that an appropriately qualified worker is appointed to support/lead on the risk assessment process.

### 3.4 Involving young people/parents/carers

Young people and parents/carers will not be involved in the initial referral unless in exceptional circumstances i.e. foster carer may be invited to contribute. They should however be informed that a CARMM is to be held and what type of information will be shared. It should be discussed at the initial referral who will discuss this with the young person and their family. It may be that a professional other than the lead professional will be best placed to do this.

It may be appropriate to involve the young person and/or family in the review CARMM and this should be discussed and agreed as part of the plan.

### 3.5 Risk Assessment

If a full and detailed risk assessment has not been completed in advance of a CARMM, the chair must identify an appropriate individual to complete the necessary risk assessments. It is the responsibility of the CARMM chair to ensure that any individual charged with completion of risk assessments is appropriately trained to do so i.e. AIM2/ASSEST.

### 3.6 CARM Plan

The young person will have a child's plan and this will be established and reviewed i.e. via LAC, CPCC or staged intervention. The CARMM does not replace the child's plan but instead is used to focus on risk management and risk management planning. This should complement the child's plan.

The template in **appendix 1** should be used to summarise key recommendations in relation to risk management that have been made in the Child's Plan. It can help facilitate effective communication of decisions in relation to risk management, but should not be used as an alternative to the more comprehensive Child's Plan.

Each feature of the management plan should relate directly to features of the risks, resiliencies and needs identified in the comprehensive assessment of the child. It also includes a contingency section to cover what actions need to take place if the risk management plan starts to break down.

The following notes cover relevant sections of the form:

- **Identified risks:** The start of the form provides a brief summary of nature and level of risk. It should not replace the more detailed risk formulation which should be part of the comprehensive assessment of the child or young person.
- **Monitoring**, or repeat assessment, aims to look for factors indicating changes in risk over time. These may be factors indicating imminence of offending, a change in the type of risk posed, or a decrease in current risk. This section should cover: *what* is being monitored; *why* is it being monitored; *how* will it be monitored; *who* will monitor it; *when* will it be monitored; *where* will it be

monitored as well as how and when changes will be communicated with the case manager or lead professional who has responsibilities for the plan. This should link to the contingency plan.

- **Supervision** aims to decrease the likelihood of violence or offending by restricting an individual's freedom. This section should cover activities and associations that are restricted or can only currently take place with supervision and support.
- **Intervention** covers all aspects of the Child or Young Person's plan that are designed to reduce risk over time. This may cover offence related or offence specific work, family work or other therapeutic interventions. Interventions need to be targeted and measurable in terms of impact over time.
- **Victim safety planning** aims to reduce the likelihood and impact of psychological and physical harm to known previous and potential victims. The focus in victim safety planning is on working with victims and potential victims to improve their safety and maximise their resilience.
- **Contingency Planning** gives particular prominence to key factors which may indicate that risk of violence is escalating or imminent. There will also be less concerning factors indicating initial instability, disinhibition or movement towards offending which will require an appropriate, but less urgent response. Those involved in the case, including where appropriate the individual, his or her family and potential victims, should know what the key factors are to look out for, and what the response to them should be. There should be a clear plan as to what action should be taken by whom and how quickly. Emergency contacts should be identified both within and out with office hours.

### 3.7 Restricted Information

In some situations restricted access information will need to be shared at a care and risk management meeting. This includes information that by its nature cannot be shared freely with the child or young person and/or his parent(s)/carer(s). Such information may not be shared with any other person without the explicit permission of the provider. Restricted information includes:

- Sub-judice information that forms part of legal proceedings and which could compromise those proceedings;
- Information from a third party that could identify them if shared;
- Information about an individual that may not be known to others, even close family members, such as medical history and intelligence reports; and,
- Information that, if shared, could place an individual(s) at risk.



#### **4. REVIEW OF RISK MANAGEMENT PLAN**

At the conclusion of the meeting the chair should identify participants of the 'core group'. The core group should be made up of the people who will take forward the CARM plan and therefore need to meet regularly in order to update, review and make recommendations to the next CARMM.

A timescale should be set for a review CARMM 3 months after the initial to formally review the plan. The lead professional is the person responsible for the collation and presentation of the updated assessments for the review(s).

A date should be set for review at the conclusion of the first CARMM.

It may be the case that the child or young person whose behaviour is giving cause for concern is already involved in other review processes (e.g. Child Protection Case Conferences, Looked After and Accommodated Child (LAAC) Reviews etc.). In order to minimise the reporting burden and to avoid unnecessary duplication, the lead professional may wish to give consideration to scheduling risk management core group meetings to coincide with other relevant reviews.

#### **5. THE RISK MANAGEMENT CORE GROUP**

The Core Group will take place (minimally once) in between the initial & review CARMM & be chaired by the team manager.

The functions of a risk management core group include:

- To ensure that the child or young person and his parent(s)/carer(s) are active participants in the process of risk management and risk reduction;
- To ensure ongoing assessment of the needs of, and risks to, a child or young person subject to the care and risk management process;
- Implementing, monitoring and reviewing risk management strategies so that the focus remains on improving outcomes of the child or young person. This will include evaluating the impact of work done and/or changes within the family in order to decide whether risks have increased or decreased;
- Activating contingency plans promptly when progress is not made or circumstances deteriorate;
- Reporting to care and risk management review meetings on progress; and,
- Referring any significant changes to risk management strategies, including non-engagement of the family, to the chair of the care and risk management meetings.

## **6. CARE AND RISK MANAGEMENT LINKS TO MULTI-AGENCY PUBLIC PROTECTION ARRANGEMENTS (MAPPA)**

When risk management strategies are in place for a child or young person charged but not yet convicted of an offence of a serious nature, it is possible that during the course of the CARM process his legal status will change. As a result of conviction in the Criminal Justice System, a child or young person under the age of 18 may become subject to multi-agency public protection arrangements (MAPPA). Due consideration should be given to local processes for management of individuals who present a risk to the community but fall outwith the terms of the MAPPA. It will be the responsibility of the CARM chair to liaise with the local MAPPA Co-ordinator to agree on the most appropriate local arrangements by which to manage safely the risks presented by the child or young person involved in offending of a serious nature. In particular agreement should be sought in relation to:

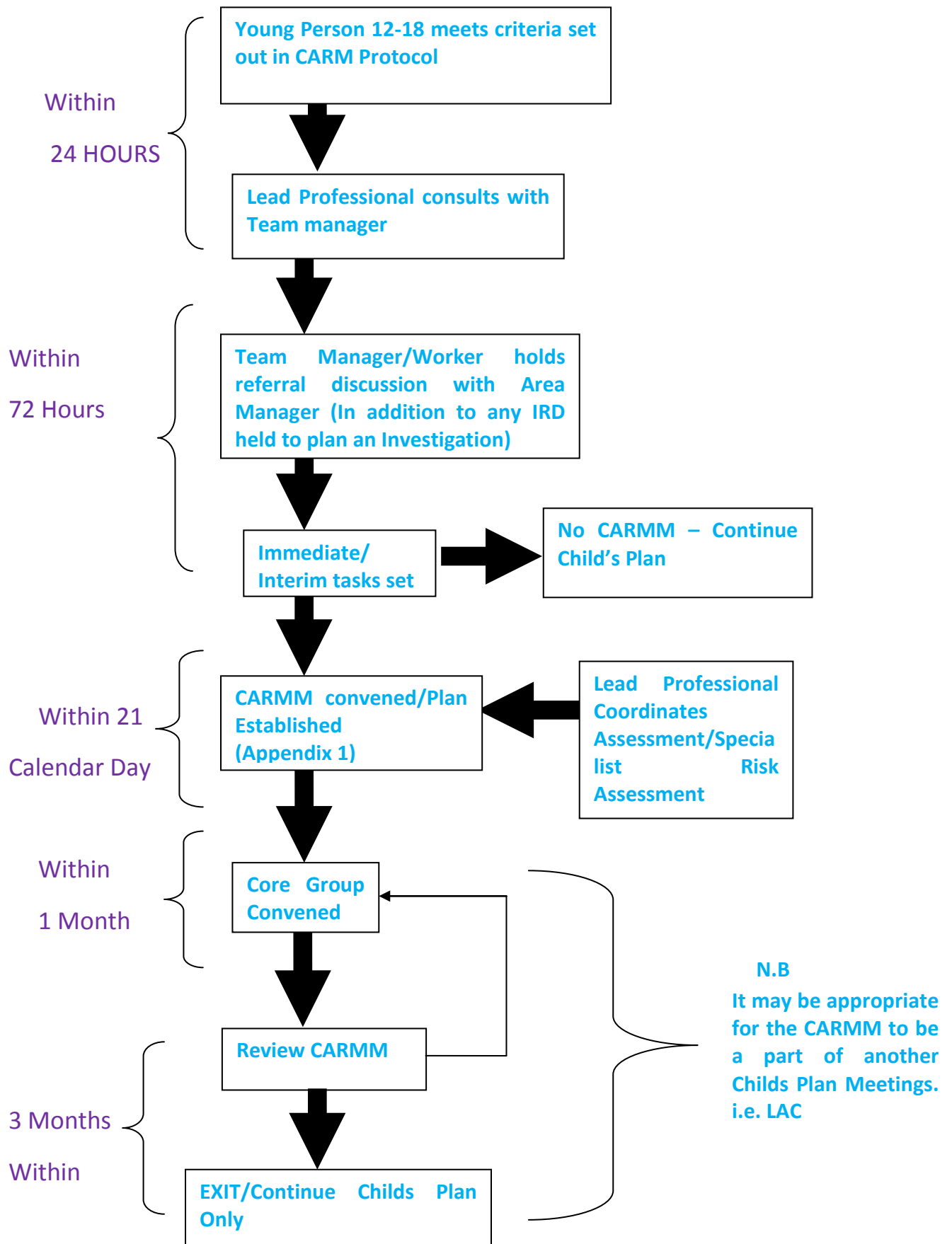
- The process for managing a child or young person's transition from the care and risk management process to MAPPA; and,
- The arrangements for risk management when a child or young person attains the age of 18 and continues to present significant concerns although not subject to MAPPA.

In preparation for a planned transition of a child or young person from the care and risk management process to MAPPA, it may be useful for the incoming MAPPA Chair to attend the last care and risk management meeting prior to the change. Alternatively, there may be value in a care and risk management chair attending the first MAPPA meeting for the child or young person following transition.

## **7. EXIT PLANNING**

In accordance with the principle of minimum intervention, every effort should be made to ensure that a child or young person is retained within the care and risk management process for no longer than is absolutely necessary.

## ANGUS CPC CARM PROCESS FLOWCHART



## CARE AND RISK MANAGEMENT PLAN

## APPENDIX 1

CHILD OR YOUNG PERSON'S RISK MANAGEMENT PLAN	
<b>Identified Risk</b>	<i>For example, general violence/sexual violence</i>
<b>Relevant Risk Factors</b>	<i>List each factor highlighted in your formulation of risk</i>
<b>Level of Risk</b>	<i>State level based on the likelihood of the behaviour occurring; the imminence of the behaviour; and potential impact of the behaviour, potential victims, risk situations/scenarios</i>

Goal of Risk Management Activity	Priority	Preventative Strategies Scale	Outcome	Time-Scale	Responsible Agency	Un-met Need
Monitoring						
Supervision						
Intervention						
Victim Safety Planning						

*Consider the weaknesses of the preventative strategies, what will be put into place if the early warning signs appear. Who is first to call; what requires immediate action; what should be discussed at the next meeting.*

MONITORING ACTIVITY AND CONTINGENCY PLAN
Provide brief summary of the nature and seriousness of sexual and/or violent offending and the offence analysis; the 'what', 'to whom', 'when', 'why' and 'how':

Immediacy/Degree of Alert	Behaviours/Events to Monitor; Early Warning Signs	Agreed Actions	Responsible Person
Be Aware:	•	•	•
Be Prepared:	•	•	•
Take Immediate Action:	•	•	•

Key Contacts:			
Name	Role	Organisation	Telephone Number (inc out of hours)

## RESTRICTED

### COMMUNICATION OF THE RISK MANAGEMENT PLAN

Has the plan been communicated to all who need to know?

Is the young person/their family involvement considered inappropriate?

### DISCLOSURE ISSUES

Details of disclosure:

### REVIEW

Review of the Plan – Routine and Responding to Change

*The dynamic nature of risk of serious harm and its effective management necessitate vigilance and continual review. You must be prepared to respond to positive or negative change appropriately.*

*What events would let the team know that the plan is working or that it requires further review?*

Date of next scheduled review:					
POSITIVE	Achieved (date)	Action Record/Inform/ Respond/Review	NEGATIVE	Occurred (date)	Action Record/Inform Respond/Review

#### ADDITIONAL SPECIFIC ACTIONS/ADJUSTMENTS TO RISK MANAGEMENT PLAN

Action	Responsible Agency/Person	Timeframe

#### ANY REQUIREMENTS TO REFER (provide further explanation)

- Child Protection
- Adults at Risk of Harm
- Any Other Agency

#### ANY REQUIREMENTS TO ATTEND (NB: note any required alterations to invitation list: additions/removals)

#### MANAGEMENT LEVEL