

**Angus Child Protection Committee
Care and Risk Management
(CARM) Planning
for Children and Young People who may
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 may present a risk of serious harm. This can include situations where children and young people are involved in Harmful Sexual Behaviour and/or the commission of sexual offences and/or violence. The CARM protocol is also for children and young people who present a risk of serious harm to self.

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 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 self or others.

Care and Risk Management is a child protection model and as such must be given the same level of priority as children subject to Child Protection intervention.

Agencies should be aware that whilst applying this approach, specific attention should be given to balancing action and intervention with the child or young person's rights as outlined in the United Nations Convention on the Rights of the Child. (UNCRC – can be accessed [here](#).) The management of any identified risk is a shared responsibility. It is therefore imperative that agencies can work together.

2. WHO IS THIS PROTOCOL FOR?

This protocol is for children who meet the following criteria:

- o aged between 12 and 18 (unless in exceptional circumstances) **AND**
- o They are involved in an event which is life threatening and/or traumatic and from which recovery, whether physical or psychological can be expected to be 'difficult or impossible' ¹ **AND**
- o The young person's behaviour is covered under **one or more** of the following categories:
 - o Alleged Harmful Sexual 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. It may be helpful to refer to this [document](#) to assist in decision making in respect of whether the exhibited behaviour is inappropriate, problematic or abusive. This process is concerned with behaviours within the abusive and or violent categories. Whilst inappropriate and problematic behaviours will be concerning, these can usually be managed within other forums such as child's planning meetings.

¹ Risk Management Authority (2013) Standards and Guidelines for Risk Management. Paisley: Risk Management Authority in CYCJ (2015) Managing Serious Risk of Harm in Young People. Accessed at <http://www.cycj.org.uk/wp-content/uploads/2015/06/Section-5-Managing-Risk-of-Serious-Harm.pdf>

- 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, impaired development or deprivation.
- Other risk
the young person's behaviours may present a risk of serious harm because of behaviours not categorised within the definitions above. This can include serious incidents of self-harm, suicidal ideation, suicide attempts, exploitation, fire-raising and stalking.

3. USING THE CARM APPROACH

All agencies should follow their own child protection guidelines when they are concerned for the safety and wellbeing of a child or young person.

Where there are concerns that a young person meets the criteria defined above, referrals should be made to Social Work for further assessment. If the child or young person is already known, contact should be made with allocated social worker.

The Lead Professional for the young person will ensure that procedures are followed as per their own internal procedures.

The Manager of the case holding team will ultimately make the decision regarding the need for a CARM. Ideally this will take place within **24 hours** of the behaviour/risk/concern coming to light but 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 CARM referral discussion is different from an IRD which plans a child protection investigation. A record of the outcome of this referral discussion should be recorded within the lead professionals case recording system and include;

- Brief summary of identified risk and protective factors;
- Decision in respect of care and risk management meeting
- Agreed interim multi-agency safety plan

The safety plan may cover the following areas:

- Agreement of strategies to manage a child or young person's increased risk to self
- 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
- Development of safety plans in relation to particular settings (e.g. home, school, residential unit)
- The need for a case to be referred to specialist services (e.g. for completion of relevant offence-related risk assessments)
- The need for a case to be referred to the Children's Reporter

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.

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 and risk to self.

At each stage, the young person should be made aware and offered access to independent advocacy.

4. CARM MEETING (CARMM)

Chairing of CARMM

A CARMM in Angus will be chaired by a Quality and Review Officer from the Quality, Improvement and Review service within Children, Families and Justice. The Quality and Review Officer will liaise with the lead professional to ensure that invites are sent out and papers are prepared.

Aims and Objectives of CARMM

The key objectives of the CARMM are to highlight to appropriate agencies individual children or young person who may present 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 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 the young person's rights are supported and upheld as defined in the UNCRC.
- To ensure that the young person's social, developmental and psychological needs are 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.

Participants of CARMM

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

- The Young Person and relevant family (this should be automatic unless there is concern that it could be detrimental. If a decision is made not to invite the young person and/or relevant family this should be clearly noted in the minute along with the reasons for this decision.
- Independent Advocacy
- Social Work
- Police
- Health (e.g. School Health or CAMHS if an open case)
- Education

Other agencies should be invited as appropriate.

Assessments to Inform CARMM

Information contained within the Child referral form completed by the lead professional should be sufficient to aid full discussion at the Initial CARMM. At a minimum information on the reason for CARMM and the interim risk management plan must be provided. If there are any updates prior to CARMM taking place documentation should be provided in advance to the chair.

5. CARM PLAN

The CARM Plan does not replace the child's plan but instead is used to focus on risk management planning. This should complement the child's plan. The CARM Risk Management Plan will be used to summarise actions 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 plan should also clearly detail who is responsible for each action.

6. REVIEW OF RISK MANAGEMENT PLAN

At the conclusion of the CARMM, 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 and every 3 months after this. The lead professional is the person responsible for the collation and presentation of the updated assessments for the review(s).

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 Planning Meetings). 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.

The risk management core group

The Core Group will take place minimally **6 weekly** & be chaired by the Senior Practitioner/Team Leader or Manager of the Locality Team.

The functions of a risk management core group include:

- o 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;
- o To ensure ongoing assessment of the needs of, and risks to, a child or young person subject to the care and risk management process;
- o 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;
- o Ensuring that the UNCRC are upheld
- o Activating contingency plans promptly when progress is not made or circumstances deteriorate;
- o Reporting to care and risk management review meetings on progress; and,
- o Referring any significant changes to risk management strategies, including non-engagement of the family, to the chair of the care and risk management meetings.

7. 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. A child or young person under the age of 18 may become subject to multi-agency public protection arrangements (MAPPA) as a result of conviction in the Adult Justice System. 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:

- o The process for managing a child or young person's transition from the care and risk management process to MAPPA; and,
- o 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.

8. EXIT PLANNING

In accordance with the principle of minimum intervention and proportionality, 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.

9. DISAGREEMENT OR DISSENT

It is important that all agencies involved feel comfortable displaying professional curiosity. This is paramount to good decision making. It is acknowledged that there may be on occasion, disagreement with plans for young people. In the event of any agency disagreement within the CARMM, the Chair will have the final decision.

Should any agency remain dissatisfied with the outcome they can request that the Chair's decision needs to be subjected to independent scrutiny by Chief Social Work Officer. The chair will refer the matter to the CSWO by including a written summary of the dissent from the appropriate agency, decision reached, all tabled reports and the draft minute no later than 24 hours after the decision has been made. The CSWO (or delegated Service Leader with no involvement in the case) will review and reach a decision within 7 days of the decision. This CSWO decision and rationale will be confirmed in writing to all present at the meeting including the family.

