

Care and Risk Management

Guidance Note

Date Completed: February 2022

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1. **Introduction:**

As part of the [Whole System Approach](https://www.gov.scot/policies/youth-justice/whole-system-approach/) and in accordance with National Guidance – Framework for Risk Management and Evaluation [(FRAME);](https://www.gov.scot/publications/framework-risk-assessment-management-evaluation-guidance/) this operating procedure has been produced to ensure that Children and Young People in Inverclyde, whose behaviour presents a risk of serious harm to others (which may include the potential for harmful sexual, violent or self-harming behaviour), are managed effectively to minimise those risks.

This formal risk management process (Care and Risk Management ((CARM)) also includes those children and young people who pose a risk of serious harm to themselves, as historically these are children or young people who are very vulnerable but do not fall neatly into the ‘child protection’ or ‘offending’ categories.

[The Promise](https://www.carereview.scot/wp-content/uploads/2020/02/The-Promise.pdf) (2020) identifies foundations that are fundamental when supporting children and any risk assessment or formal processes should ensure that children’s rights are maintained. It states that children must be listened to and be involved in decision-making processes; that they must stay where they feel safe and loved; be actively supported to engage with services and their wider community and that children and their families must be supported by a system which is there when they need this. The CARM process should reflect this and follow the principles of the Promise and the United Nations Convention on the Rights of the Child (UNCRC).

1. **Purpose of CARM Model:**

The purpose of CARM is to ensure that we are working effectively with children/young people and their families to build on their strengths, address concerns and achieve positive outcomes; as well as:

* To meet the needs of children and young people
* To ensure that Children and Young People’s rights are being respected and that CARM procedures are central to Getting It Right For Every Child [(GIRFEC)](https://www.gov.scot/policies/girfec/principles-and-values/) and are underpinned by United Nations Convention on the Rights of the Child [(UNCRC)](https://downloads.unicef.org.uk/wp-content/uploads/2019/10/UNCRC_summary-1_1.pdf?_adal_sd=www.unicef.org.uk.1597745324704&_adal_ca=so%3DGoogle%26me%3Dorganic%26ca%3D(not%2520set)%26co%3D(not%2520set)%26ke%3D(not%2520set).1597745324704&_adal_cw=1597745317424.1597745324704&_adal_id=c9dc51be-4ce5-42d8-9b02-97c82bfddf05.1597745317.2.1597745317.1597745317.b055a20e-b3d6-40a2-9572-57ec8dc26f77.1597745324704&_ga=2.196434284.115607313.1597745317-1051162751.1597745317)
* To ensure that children and their families/carers are able to fully participate in the risk management process and be included in all decision making around this
* To ensure that the risk of harm presented by aspects of a child’s behaviour are managed and reduced
* To ensure effective communication between agencies i.e. information sharing/assessments/multi-agency decision making/implementation of effective risk management plans
* Employing strategies necessary to protect individuals and implement essential risk management strategies required to reduce the risk of harm as posed by aspects of the child’s behaviour
* To promote the safety of individuals and their communities
* To understand and meet the needs which are underpinning and driving the harmful behaviours
* To ensure support and opportunities for children and young people to grow is provided in a developmentally, systematically and trauma-informed approach/manner
* To utilise effective and proportionate risk management strategies which include interventions that minimise the risk of harm by aspects of the child/young person’s behaviour and also reduce the impact of any harm, should it occur
1. **Defining the child**

For the purposes of these procedures ‘child’ and ‘young person’ are defined as individuals up to 18 years of age, including those who are not on a supervision requirement. Consideration should be given to the age of criminal responsibility, thus no child under 12 years of age should be subject to the processes described in this document.

Where significant concerns exist in relation to the behaviour of a child under the age of 12 (which may include aspects of their behaviour being of a serious nature) risk management processes should be facilitated by Inverclyde’s Child Protection Processes.

CARM is underpinned by the principles of the United Nations Convention of the Rights of the Child [(UNCRC)](file:///C%3A%5CUsers%5CROCKSC%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CMLTCSUNF%5C%28UNCRC%29) ensuring that the child’s rights are respected throughout the CARM process. When supporting children and young people whose behaviour poses a risk of serious harm to themselves or others, the approach should be informed by thinking of them as **children first and foremost.**

In line with GIRFEC it is important to note that it is the responsibility of all agencies around the child to take responsibility for the management of risk, and work towards the child being able to do this. The aim is to work through a multi-disciplinary approach to support the children and young people to grow a developmental understanding of the risks their behaviours pose and how to help manage these.

These procedures can also be invoked for young people aged 18-25 years where appropriate. This would be in line with the Whole System Approach (WSA) and research around brain development which highlights that different approaches should be used for young adults within this age range. This group would be involved on a voluntary nature unless there is a specified role through being subject to a Community Payback Order; however, in this instance they would be more likely be supported through Multi-Agency Public Protection Arrangements [(MAPPA)](https://www.gov.uk/government/publications/multi-agency-public-protection-arrangements-mappa--2).

CARM is a formal risk management process for a small number of children and young people; most children will be able to be supported through existing processes such as Case Management and Team Around the Child meetings.

1. **Risk Criteria for ‘Serious Harm’:**

Care and Risk Management processes may be applied in exceptional circumstances whereby parts of a child or young person’s behaviour presents risk of serious harm to themselves or others or where a pattern of significant escalation of lesser behaviours suggests that an incident of serious harm may be imminent. These behaviours may include:

* Serious Sexual/Violent offending
* Absconding regularly from home or care placement for more than 6 hours where concern has been expressed about their safety and where there have been 3 such episodes
* Perpetration of an offence of a serious nature, e.g. dangerous driving etc.
* Presenting a serious risk to themselves and/or others
* At risk of sexual exploitation
* At risk of being enticed into or exploited by serious and organised crime
1. **Consideration should be given to:**
* The nature of the actual/likely harm
* Who is at risk?
* How likely is such harm to occur (in what circumstances/situations) and what is the potential impact of this?
* The impact on/potential consequences for the child’s health and development should the harm occur
* The child’s development within the context of their family/carers and environment – how does this minimize or reduce the harmful behaviours?
* Any special individual needs (such as, medical conditions, communication impairment or disability) which may affect the child developing other means of meeting the needs met by the harmful behaviours?
* The capacity of parents/carers to adequately meet the child’s needs, including their need to be safe – taking into account parents/carers own capacity in relation to their literacy skills and understanding of risk; is additional support required for them?
* Wider familial and environmental context
* The necessary skills, expertise and resources that are available and accessible

**\*\***See appendix 2 for further key questions to consider in order to inform assessment and risk management plans\*\*

1. **Source of referrals:**
* Police
* Lead Professional/Named Person
* Health Child Protection Team
* Education
* General Practitioner
* Child and Adolescent Mental Health Services (CAMHS)
* Professional coordinating a Child Protection Investigation on the victim of a child or young person who is displaying harmful behaviour of a serious nature
* From multi-agency screening groups
* Other relevant agencies who may have concerns in relation to an escalation in the frequency and/or seriousness of a child or young person’s behaviour

Referrals from partner agencies should be made via the Childcare Operations Box. Referrals will then be routed to the relevant senior for allocated cases, or the Request For Assistance Senior. These should be made within 24 hours of the behaviour coming to light and an Initial Discussion (consultation) should be undertaken with the CARM Chair.

In addition it may be that the outcome of a Child Protection Initial Referral Discussion (IRD) is to progress under CARM procedures. A record of the outcome of this referral should be made on SWIFT (Social Work case management system) noting:

* Whether child protection measures are required for either the child alleged to have caused harm or any other child/person involved
* Decision whether CARM is required or not and reasons
* Brief summary of identified risk factors and strengths known at this point
1. **CARM Process from Initial Referral to CARM review – Please see Appendix 1**
2. **Role of CARM Chair/Role of CARM members – Please see Appendix 1. (Section 2)**
3. **Risk Assessments:**

The CARM chair ought to stipulate that an appropriate risk assessment should be undertaken and in what timeframe this should be completed. The following risk assessments may be considered:

* Short Term Assessment of Risk and Treatability: Adolescent Version (START-AV)
* Assessment Intervention Moving On 2 (AIM 2)
* Assessment Intervention Moving On 3 (AIM 3)

It should be noted that the most updated risk assessments should be utilised if available i.e. should the professional undertaking the risk assessment be trained in AIM 3 this should take precedence over AIM 2. Similarly, YLS/CMI 2.0 should not be used if START-AV is available as the latter would be a more appropriate risk assessment in identifying and understanding the concerning behaviours, given it also incorporates a formulation-based approach.

1. **Risk Management Strategies**

In line with [FRAME](https://www.gov.scot/publications/framework-risk-assessment-management-evaluation-guidance/) procedures, the following risk management strategies should be considered:

**Monitoring:** Aims to look for factors indicating changes in behaviour that suggests likelihood of harmful behaviour is reducing or increasing

**Supervision**: Aims to decrease the likelihood of violence, offending or involvement in other identified behaviours placing the young person or others at risk of serious harm by restricting an individual’s freedom.

**Intervention:** Covers all aspects of the Child’s Plan that are designed to reduce the risk of serious harm occurring or the likelihood of serious harm occurring.

**Victim Safety Planning:** Aims to reduce the likelihood and impact of psychological and physical harm to known previous and potential victims.

**Scenario Planning:** Scenario planning should consider worst case scenario and be based on/informed by the assessment of risk of serious harm regarding what we know of the child, the supports around them, the nature of the harm, likelihood of it occurring and in what situation it may be more or less likely to occur. Considering scenarios assists in identifying what actions, interventions and strategies are required to either promote or reduce the likelihood of that scenario taking place.

**Contingency Planning:** Involves identifying the specific actions required to respond to the scenario planning and prevent the harm from occurring or reduce its impact.

1. **CARM link to LAAC:**

Every effort should be made to align Care and Risk Management meetings (CARM) with Looked After and Accommodated (LAAC) meetings. This is to avoid duplication and reduce the amount of meetings that the child and their families will be required to attend. All aspects regarding the child/young person’s circumstances should be considered within these meetings to ensure that equal weight is given to CARM and LAAC.

1. **CARM link to MAPPA:**

It will be the responsibility of the CARM chair to liaise with the local MAPPA coordinator to agree on the most appropriate local arrangements by which to safely manage the risks presented by the child or young person involved in offending behaviour of a serious nature. The individual will only be subject to MAPPA once convicted of certain offence types.

Agreement should be sought in relation to the process for managing a child or young person’s transition from the CARM process to MAPPA.

To ease the transition, practitioners from Adult Services should be invited to attend CARM meetings in order for early plans to be made and to ensure there is a clear plan for the child/young person. For further information please see Inverclyde’s Child and Adult protection interface guidance.

1. **Reintegration and Transition (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 CARM process for no longer than is absolute necessary, in line with children’s rights, and should be the least restrictive measures.

The objective in managing a child or young person’s transition out of the CARM process to an environment with reduced supervision and monitoring must be to ensure that there is continuity in the provision of support, advice and guidance to the child or young person.

As with any transition this should be calibrated and paced to meet the child/young person’s needs.

1. **Case Transfers/Accommodated out with area:**

Where a child or young person moves to another local authority, it will be incumbent upon the CARM chair to make contact with their counterpart in the receiving local authority to inform them that the child or young person is subject to the CARM process and of their transition to the area; and where appropriate the exchange of relevant information (including risk assessments, Child’s Assessment and Plan). Further information in relation to case transfers can be found within the [Case Management Transfer Protocol in Children & Families Social Work](https://www.east-ayrshire.gov.uk/Resources/PDF/C/CP-East-Ayrshire-Child-Protection-Committee-Practitioner-Briefing-No-32-19-Feb-2020.pdf) guidance.

1. **Accountability, performance management and quality assurance:**
* Inverclyde’s Child Protection Committee shall provide the governance structure for CARM procedures in Inverclyde
* The CARM chair is accountable to Inverclyde Child Protection Committee
* The Child Protection lead officer shall include CARM statistics in their quarterly and annual reports to the Child Protection Committee.

**APPENDIX 1 – PROCESS/CONSIDERATIONS FROM INITIAL REFERAL TO CARM REVIEW:**

1. **CARM REFERRAL:**
* Referral to CARM should be made within 24 hours of the behaviour coming to light. Please see section 6 within the guidance regarding the referral process.
* An Initial Referral Discussion (IRD) may be undertaken with Health, Social Work and Police to establish whether Child Protection measures or CARM procedures are necessary
* Are Child Protection measures required for the child or other children involved?
* Consultation to be had with CARM chair (Service Manager)
1. No need for CARM (record reason)
2. To arrange an Initial CARM meeting
3. Decision deferred for further information (record reasons)
* Summary provided of identified risk factors and strengths as known at this point
* Date of CARM meeting agreed (to be arranged ASAP – **no later than 21 days**) – **should not be delayed even if a child is subject to police investigation**
	1. **Allocation of Immediate tasks:**
* Review of living arrangements/education/employment (where necessary)
* Legal position – is there a criminal charge? – what is the route of this?
* Update provided to child and parents/carers as appropriate including advising of legal rights
* Consideration and measures given to mediate community responses and to manage any media attention
* Strategies discussed in relation to managing a child’s increased risk to self

**1.2 Allocation of Interim Tasks pre-meeting**

* Allocation of a lead professional (if this has not already occurred)
* Development of safety plans in relation to particular settings (i.e home, school, residential unit)
* Referral made to Children’s Reporter (if deemed necessary)
* Referral made to specialist services (if deemed necessary)

**1.3 If CARM meeting is necessary, the following are required:**

* Contact to be made with the child and their family/carers to promote their inclusion and ensure they have an understanding of what is happening
* A copy of Child’s Assessment and Plan, if available prior to initial CARM meeting
* Copy of any completed risk assessments (not necessarily required for initial meeting, however, appropriate actions and strategies should be put in place immediately for managing the risks identified)
* Copy of any specialist assessments or assessments from other agencies/practitioners i.e CAMHS or education:
* Any other information that is available at the moment
* Chronology of offending/harmful behaviour

1. **INITIAL CARM MEETING:**
* Objective of CARM and CARM process explained to family
* Child and parent(s)/carer(s) informed that a CARM meeting is being convened:
* Invites sent to attend
* Views of child and/or his/her parent(s)/carer(s) to be sought prior to meeting (especially if they do not wish to attend)
* Chair has considered whether child/parents(s)/carer(s) should be included for the whole meeting or part of the meeting – reasons for this should be recorded

**Information sharing** – In line with existing legislation and data sharing protocols consideration should be given to the sharing of restricted information – may not be shared with specific individuals if:

* It is Sub-judice information that forms part of legal proceedings which could compromise those proceedings
* It is information from a third party that could identify them if shared
* It is information about an individual that may not be known to others, even close family members i.e medical history and intelligence reports
* It is information that, if shared, could place an individual(s) at risk
	1. **CARM GROUP MEMBERSHIP:**

**The following agencies/individuals/professionals should be represented within the meeting:**

* + - Child
		- Parents/Carers
		- Support for child and/or parent
		- Social Work
		- Police Scotland
		- Health (e.g. CAMHS/School Nurse)
		- Education
		- Residential Staff
		- Any other relevant agency - reasons for this addition should be recorded, consideration to be given on an individual case by case basis depending on who is involved in the child’s life i.e. 3rd sector/housing etc.
	1. **DUTIES OF CARM CHAIR:**
* Identify an appropriate practitioner to complete necessary risk assessments (the practitioner should be appropriately trained to complete these risk assessments)
* Establish attendees views as to whether the child requires ongoing risk management through CARM processes or not – provide reasons why
* Decision of CARM meeting should be reached by consensus – Chair to make final decision whether CARM process is required or not where consensus has not been reached – any disagreements to be noted and recorded
* Ensure consideration is given to the risk management strategies – monitoring, supervision, intervention and victim safety planning
* Ensure there is a clear plan and timeframe to what action should be taken by whom
* Consideration to be given to contingency plans in place – should clearly outline the steps and actions where an urgent response is required
* Chair should seek to establish attendees’ views as to whether the child should remain subject to CARM risk management process noting a primary area of concern from the following:
* Sexually Harmful Behaviour(s)
* Risk of violent behaviour / offending
* Child Sexual Exploitation
* Mental Health
* Missing child / young person
* Child Trafficking
* Child Criminal Exploitation
* Misuse of alcohol and / or substances
* Other (please note)
* Should a further CARM meeting be required the chair will instruct the establishment of a **CARM core group which should meet a minimum of monthly** and arrange a **Review meeting within three months**
* Final minute to be approved by the chair and **must be circulated to attendees within** **15 Calendar Days**
	1. **DUTIES OF MINUTE TAKER:**
* A minute should be taken for all CARM meetings
* Minutes to be completed by either Child Protection Admin or LAAC admin
* Full minute should be circulated to attendees within **15 calendar days** to all of the CARM meetings and **any action plan should be circulated within 5 days of the meeting.**
* Discussion with Chair and lead professional regarding appropriateness of minutes being sent to child. Where minutes are not to be sent to child, lead professional to provide them with an update
* In exceptional cases a note of action points may need to be circulated after a meeting if immediate risk management decisions need to be implemented
	1. **DUTIES OF LEAD PROFESSIONAL:**
* Where a risk assessment has been completed this must be provided to the CARM chair **5 Working days** prior to initial CARM meeting
* Lead professional to update Child’s plan and incorporate risk management strategies
* Lead professional must communicate key decisions of the CARM meeting to the child and their parent/carer the same day
* If ongoing criminal investigation discussions with solicitors and family may assist in agreeing parameters of intervention and restrictions to ensure legal rights are not impeded

**2.5 DUTIES OF ALL CARM MEMBERS:**

**Consider what further action (if any) needs to be taken:**

* Safety planning for the child and / or young person
* Safety planning for the child and / or young person family member(s)/carer(s)
* Community safety planning (e.g. peers, teaching staff, victim(s), residential care staff etc.)
* Consider any limitations to the assessment and formulation to consider whether the proposed interventions and strategies address the needs underpinning the harmful behaviours or what further action/information is required
* All members (including child/parent/carers where appropriate) should know what the key factors are to look out for i.e. the strengths and vulnerabilities to reduce risk of serious harm and promote positive more appropriate behaviours and what the response to them should be
* Responsibility of lead professional and CARM members to identify members of the CARM core group
* All CARM Team Around the Child members have a responsibility to ensure the needs of the child are being met and that any potential risk of harm to themselves or others is being identified, reported and discussed with the extended CARM core group
* Work in partnership to support the child / young person grow a developmental understanding of the risks their behaviours pose and how to support them to manage these.
* Ensure that the CARM members are identified on SWIFT
1. **PURPOSE OF CARM CORE GROUP**
* CARM Core Groups should take place minimum every 4 weeks until CARM Review
* To review progress of the CARM plan and early warning signs/triggers
* To ensure that the child and their parent(s)/carer(s) are fully included in the process of risk management and risk reduction so they can be active participants
* To ensure there is ongoing assessment of the needs of, and risks to, a child subject to CARM
* To implement, monitor and review risk management strategies so that the focus remains on improving outcomes for the child
* To evaluate the impact of the interventions in place and/or any changes within the family
* To assess/review, based on evidence, whether risks have increased or reduced
* Reviewing the appropriateness of strategies/interventions in place when progress is not made or circumstances deteriorate
* To refer any significant changes to the risk management strategies (including non-engagement of the family) to the chair of the CARM meetings
* To determine the frequency of CARM reviews based on the assessed level of risk and need
1. **PURPOSE OF CARM REVIEW**
* To review the effectiveness and appropriateness of the risk management plan and any other information which may require in changes being made
* To consider whether any form of further assessment is required to inform risk management strategies and meet the needs of the child
* To consider whether modifications or additions to the existing risk management strategies, as encompassed in the child’s plan, are necessary and to ensure that the lead professional records any such changes
* To evaluate progress in relation to risk reduction and the child positively meeting their needs
* To consider the views of the child and their parent(s)/carer(s)
* To assess the level of co-operation from the children and their parent(s)/carer(s) with risk management strategies
* To re-assess the need for the young person to remain subject to CARM

**APPENDIX 2 – KEY QUESTIONS TO CONSIDER – adapted from CYCJ (2020)** [**Section 37b**](https://www.cycj.org.uk/wp-content/uploads/2020/06/Section-37b-final-paper.pdf)

**Child’s Views:**

\* Does the child understand their rights, including the right to participate and seek advice and support during decision-making processes?

\* Does the child understand how they can be supported if they do not think their rights are being upheld?

\* What are the child’s views about how everyone can be kept safe?

\* What are the child’s views about the concerns that have been raised?

\* What do they think could best support them?

\* How can their views be best reflected in assessments, reports, plans and decisions about this child?

\* How can the child be supported to participate in meetings and decision-making processes \* How can the impact and influence that their views have had be explained to the child?

\* Is there anything they do not understand and need further information about?

**Assessment and Formulation:**

\* What are the key presenting risks/concerns?

\* Who is at risk of harm?

\* Have the child’s parents/carers been involved in the assessment?

\* What is the child and their parent’s/carers views on the referral to CARM?

\* What are the factors that influence the harmful behaviour?

\* What are the factors that play a protective role in preventing the harmful behaviours?

\* How can we communicate the plan to reach a shared understanding?

**Scenario Planning:**

\*Have the potential risk scenarios been considered?

\* Have the concerns been discussed with partner agencies?

\* Who is likely to be harmed?

\* What is the nature of harm likely to be?

\* How severe is the harm likely to be?

\* How imminent is the risk of harm?

\* Where is the harm likely to occur?

\*Where is the harm likely to occur?

\* How frequently is the harm likely to happen?

**Providing a safe environment**:

\* What needs does the child have in relation to accommodation?

\* What would make their home environment safe and sustainable?

\* Does the child believe they have a stable home?

\* Is the home stable enough for intervention work to be effective? If not, how could this be achieved?

\* Has a potential change of home environment been discussed with the child?

**Supervision:**

\* What aspects of the child’s behaviour and environment need to be overseen?

\* Are there aspects that need to be restricted to keep the child and others safe? i.e internet access, contact with specific individuals, certain locations, times in the community?

\* Are restrictions proportionate to the risk presented?

\* Are opportunities to safely promote the child’s development being utilised?

\* How will these restrictions be reviewed?

\* How will it be determined that it is safe to remove/reduce the restrictions?

\* What action will be taken if the restrictions are not effectively reducing risk?

\* Has the restriction of other people’s liberty been considered?

\* Do the restriction match the risk scenarios considered?

\* What are the child’s views on supervision, restrictions and support?

**Victim Safety Planning:**

\* Who are the potential victims of harm?

\* Is there a need to notify and warn anyone of the potential harm?

\* Are here steps potential victims can take to keep themselves safe?

\* Has a safety plan been developed?

\* Do you know what strategies to use/who to contact if there is an escalation in risk?

\*What roles are the multiagency partners playing in these?

\* Are police markers required?

\* Have the risks and plans been communicated to all those who need to know?

\* Does anyone need support to be able to fulfil their part of the plan?

**Intensive Interventions and support packages:**

\* Based on the risks/vulnerabilities identified in your formulation what are the key priority interventions for reducing risk?

\* What steps are needed in the intervention plan to address these priorities?

\* What strengths/protective factors will your interventions draw upon?

\* What order should interventions be in?

\* What support do parents/carers or families require?

\* How are new skills/strategies communicated to others so that consistent messages and reinforcement can be provided?

\* What plans are in place to make sure changes are sustainable without professional involvement?

\* What are the outcomes being worked towards and how will it be known these have been achieved?

\* How will the interventions be reviewed?

**Monitoring and Contingency Planning:**

\* What are the triggers to the risk of harm that we should be monitoring?

\* What are the warning signs that the risk of harm is escalating?

\* Has a contingency plan been developed to address these?

\* What do we need to track to measure change?

\* Who is best placed to monitor the different aspects?

\* How frequently should the different aspects be monitored?

\* How soon do we realistically expect to see change in the different aspects?

**Partnership approach:**

\* What support will the child and their family/carers require to engage in the plan?

\* What is their existing support network like and could this be improved?

\* Do they view this as a collaborative approach and feel valued and included?

\* Who else needs to be involved?

\* How will services work together and support be coordinated?

\* Do you feel that the multiagency partners are sharing the responsibility for reducing the risk of harm?

\* How can you communicate to others that you require more support?

\* What level of support is in place for you and could this be improved?

\* Who can you seek support from on a more informal basis?

**Supporting children and their families in relation to the potential for Secure Care:**

\* Does the child meet the secure care criteria?

\* What does the child and their parent/carers/family think about the potential for a secure care placement?

\* What do they think about the alternatives to a secure care placement, including Movement Restriction Conditions (MRCs)?

\* Is an MRC necessary and appropriate?

\* Would they like to visit secure care and meet some of the staff in case a secure care placement becomes necessary?

\* Who would the child like to go with them to secure care and help them settle in if that becomes necessary?

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| Consideration prior to completing risk management plan  |
| * What aspects of the child’s behaviour are we worried about (be specific as to the type of harm)
* Who is at risk of harm? (likely victims, i.e. age/gender)
* In what circumstances/situations may the harm occur?
* What is likely to trigger the harmful behaviour?
* What are the protective factors in the child’s world?
* What are the vulnerabilities around the child?
* What is the imminent risk?
* What is the potential risk?
 |  |

**APPENDIX 3 – RISK FORMULATION AND PLAN**

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|  |  |
| **Proposed Action Plan** |
|  |  |
| **Childcare Plan for child’s name (D.O.B.)** |
|  |
| **Lead Professional** | **Agency** | **Address** | **Tel No & E-mail** | **Date of Plan** |
|  |  |  |  |  |
| **Named Person** | **Agency** | **Address** | **Tel No & E-mail** |
|  |  |  |  |
| **What outcome do we want to achieve?****(SHANARRI)** | **What are we going to do to help positive change?** | **By when?** | **Who will do it?** |
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|  |  |  |  |
|  |
| **Date shared/discussed with the child/young person and their views** |  |
| **Date shared/discussed with parents/those with parental responsibilities and their views** |  |
| **Date for Review of Child/Young Person’s Plan**  |  |

|  |
| --- |
| CONTINGENCY PLAN |
| IN WHAT SITUATIONS/CIRCUMSTANCES SHOULD WE: | **WHAT SHOULD WE DO IF THIS SITUATION OCCURS?** |
| Be concerned but need to be aware/monitor: |  |
| Be prepared for an incident potentially occurring i.e early warning signs presenting  |  |
| Take immediate action  |  |