Practice Guidance for Working with Vulnerable Young People in Need
1. INTRODUCTION

The Practice Guidance must be read in conjunction with the

- Child Protection Procedure
- Child In Need Procedure
- Transition Procedures
- Vulnerable Young People: Risk Management Procedure

Glossary of Terms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>CP</td>
<td>Child Protection</td>
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<tr>
<td>CSC</td>
<td>Children Social Care</td>
</tr>
<tr>
<td>CIN</td>
<td>Child In Need</td>
</tr>
<tr>
<td>CCIN</td>
<td>Complex Chid In Need</td>
</tr>
<tr>
<td>VYP</td>
<td>Vulnerable Young Person</td>
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<tr>
<td>VYPP</td>
<td>Vulnerable Young People Plan</td>
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<tr>
<td>YP</td>
<td>Young Person</td>
</tr>
<tr>
<td>CAF</td>
<td>Common Assessment Framework</td>
</tr>
<tr>
<td>DnA</td>
<td>Drug and Alcohol Service</td>
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<tr>
<td>ASB</td>
<td>Anti Social Behaviour</td>
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<tr>
<td>TAYP</td>
<td>Team Around the Young Person</td>
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<tr>
<td>RMG</td>
<td>Risk Management Group</td>
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</table>
Definitions

1.1 Young People with additional needs are those young people who have needs which can be met by:

- A single agency response on completion of a CAF.
- A co-ordinated response by more than one professional on completion of a CAF and a plan of support (Team around the Young Person Plan).

1.2 Young People who are in need of level 4 service are those young people who are:

- At risk of becoming subject to a Child Protection Plan
- At risk of becoming Looked after
- Have a disability
- Young people at risk of custody
- Are subject to a risk management action plan.

1.3 Young People subject to a Child Protection Plan are those young people who are:

- At risk of significant harm

1.4 Young people in need of support from level 4 services and young people who are subject to a Child Protection Plan require a multi agency response and if not allocated within the YOT service allocation to a Social Worker in Children’s Social Care who will take over responsibility from the Lead Practitioner for co-ordinating services.
Responsibility

1.5 Young People with additional needs will be referred to Children’s Services. Young People whose additional needs stem from their vulnerability (due to their own behaviour) will be considered part of the Vulnerability Risk Management Procedure.

1.6 Young People who score high on the Vulnerability assessment must if not allocated a YOT worker be referred to Children’s Social Care to be allocated to a social worker. Young people who are recognised as at risk of significant harm due to abuse or neglect must be referred to Children’s Social Care (CSC).

1.7 ‘Vulnerable Young People’s Guide’ published by DCSF/2008 Young People with additional needs are at risk of problems such as substance misuse, offending, teenage pregnancy and homelessness’ and those likely to experience one or more of the following:

- Persistent absence or exclusion form school
- Behavioural problems
- Poor emotional, social or coping skills
- Poor mental health
- Learning difficulties and or disabilities
- Low self-efficacy
- Poor aspirations
- Attitudes that condone risky behaviours
- Poor family support, family conflict or problems such as parental substance misuse
- Poor support networks
- Family, friends or involvement in groups who condone high-risk activities
- Living in a deprived area
- Poverty

1.8 Where a young person has been identified as having additional needs by professional, that professional, along with the young person, should complete a CAF and convene a Team Around the Young Person’s meeting. This meeting should identify a Lead Practitioner and devise a plan to support the Young Person.

1.9 Some young people rather than being at risk of harm through the actions of others, place themselves at risk of harm due their own behaviour. For these young people on robust, action-orientated plan and monitor arrangements must be put in place to manage the behaviour that underpins the vulnerability issues. The age of these young people is, in the main 14-17 year olds and they require a swift, engaging and tenacious response. This requires the concerted efforts of a range of services that are designated to work with reluctant young people in order to effect change in attitudes, beliefs and behaviours.

1.10 If a practitioner or Team Around the Young Person considers that a young person is displaying behaviour which increases their vulnerability, they should follow the Vulnerability Risk Management procedure for young people in order to ensure an appropriate response. See appendix 1 Vulnerability check list
1.11 A Risk Checklist identifying the level of vulnerability will be completed by the Lead Practitioner who if not open to CSC or YOT will arrange for a case consultation with CSC to consider if an immediate referral to CSC is appropriate.

1.12 The totality of a young person’s vulnerability may not always be immediately recognisable from isolated or apparently isolated incidents. An area in which this applies is in relation to young people who go missing from home or placement. In order to capture the scale of risky behaviour and in turn the vulnerability level of this category of young people, a specific route into the Risk Management Group has been devised for young people who are reported as being missing from home (Appendix 2).

1.13 A referral must be made to Children’s Services for the completion of a CAF in circumstances in which a young person has presented as homeless and who is initially accommodated under S188 Housing Act 1996. (M v Hammersmith & Fulham LBC). If on completion of a Common Assessment Framework the young person is assessed as vulnerable and homeless, a referral will be made to Children’s Social Care for completion of an Initial Assessment.

Young People in Level 4

1.14 See threshold criteria (appendix 3).

1.15 If at any time throughout the Common Assessment Framework process it becomes evident that the young person is being abused or neglected, a referral must be made to Children Social Care without delay.

1.16 On receipt of a referral Children Social Care will complete an Initial Assessment and if the young person is at risk of significant harm a strategy meeting/discussion will take place and a Child Protection Conference will be convened within 15 days. The referrer will be given feedback as to the outcome of their referral.

1.17 The team around the young person will continue to work with the young person and form the basis of the Core Group/Care Team, Children Social Care will assume Key worker responsibility until such a time as the young person’s circumstances improve and no longer meet the thresholds for Children Social Care; at this stage a Lead Practitioner outside of Children Social Care will be identified and a Team Around the Young Person support Plan progressed. The social worker will then log this change of status with the Common Assessment Framework team.
Criteria for a Child Protection Conference for a Vulnerable Young Person

1.18 A Child Protection Conference should be convened if a Strategy discussion/meeting confirms that a Young Person is at risk of significant harm.

1.19 Concerns about ‘Looked After’ Children should be addressed through the Looked after Child reviewing process and not the Child Protection procedure. The Child Protection procedure will apply to all other young people, including relevant children.

Note: relevant children – young people aged between 16 and 18 who have left care and who have been ‘Looked After’ for more than 13 consecutive weeks since their 14th Birthday. Children (Leaving Care) Act 2000.

The Initial Child Protection Conference

1.20 The membership of the conference for young people should reflect their developmental needs and should include the following:

- Connexions
- Housing provider/HAC
- Youth and Community Service
- Health
- Police
- YOT
- CAMH’s
- Education/learning skills
- DnA
- Supporting People providers
- Adult Social Care – Safeguarding Adults

1.21 The Conference will be chaired by the Independent Reviewing Officers and be minuted. A Child Protection Plan will be formulated with the young person, except in exceptional circumstances for example, if a young person will not engage with professionals it may be necessary to formulate a plan in their absence. A Core Group of professionals will be identified to work with and to support the young person as part of the plan.

1.22 Written information should be provided to the conference from all agencies. This information should be shared with the young person prior to the conference (in some circumstances Police Intelligence will not be shared with the young person without express consent of the attending officer).
The Child Protection Plan

1.23 The Child Protection plan for young people should consider the following:

- Accommodation
- Education/employment
- Health/CAMH’s
- Leisure
- Relationships
- Substance misuse
- Anti Social Behaviour/offending
- Mental capacity
Common Assessment Framework (To go after 1.23) Vulnerability Check List

- Young people vulnerable due to own behaviour
  - Risk Management Group
    - Risk Management Plan

- Yong people with additional needs
  - Team Around Young Person

- Young people abused or neglected
  - Initial Child Protection Conference
    - Child protection Plan

- Young person with complex needs not at risk of harm
  - Child with Complex Needs Plan
Appendix 1

Thresholds

Young People with additional needs which will be met by a Lead Practitioner and a team around the child

Children with Additional Needs will benefit from single agency intervention or if a single agency is insufficient to respond to the young person’s needs a CAF will need to be completed and an identified Lead Practitioner will co-ordinate services in a team around the child in order to provide an integrated plan of support.

Children and Young People with additional needs:

May experience the following:

- Disruptive or anti-social behaviour
- Overt parental conflict or lack of parental support/boundaries
- Involvement in or risk of offending
- Poor attendance or exclusion from school
- Experiencing bullying
- Special education needs
- Disabilities
- Runaways/missing from homes
- Sexually risky behaviour
- Disengagement from support services, education, training or employment post-16
- Poor nutrition
- Ill health
- Substance misuse/alcohol misuse
- Anxiety or depression
- Housing issues
- Pregnancy and parenthood
- Domestic violence

Of those children with additional needs, a small proportion has more significant or complex need which meets the thresholds for statutory intervention. These children are identified as having complex needs.

Children with more complex needs at Level 4

Young people who have Level 4, more complex needs will be met by CSC and the continued involvement of the team around the child in the form of a Care Team or Core Group

Young people with a number of additional needs which increase their vulnerability and place them at risk of ongoing significant harm.

For those young people at risk of sexual exploitation please see multi-agency guidance “Children & young people at risk of sexual exploitation”, and protocol and guidance for working with sexually active under 18 year olds.

If a young person is identified as having complex needs a referral must be made to CSC.
Other children and young people who have needs at Level 4:

- Children who are the subject of a child protection plan
- Looked after children
- Care leavers
- Children for whom adoption is the plan
- Children with severe and complex special educational needs
- Children with complex disabilities or complex health needs
- Children diagnosed with significant mental health problems
- Young offenders involved with youth justice services (community and custodial)
This document is to be used to identify the level of vulnerability of a young person. The purpose of the checklist is to identify strengths and risks in relation to a young person and to ensure that a coordinated plan is developed to meet their identified needs.

The checklist contained in the document is not exhaustive and should be used to summarise the information held by different agencies involved with a young person. It is intended to assist with decision making and does not remove the need for professional judgement which should take account of factors such as the age and maturity of the young person.

**Personal Detail of young Person**

<table>
<thead>
<tr>
<th>First Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>D.O.B/Age:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Status:</td>
<td></td>
</tr>
</tbody>
</table>

**Risk Matrix**

<table>
<thead>
<tr>
<th>Score</th>
<th>No apparent risk</th>
<th>No history or evidence at present to indicate likelihood of risk from behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Low apparent risk</td>
<td>No current indication of risk but young person’s history indicates possible risk from identified behaviour</td>
</tr>
<tr>
<td>1</td>
<td>Medium apparent risk</td>
<td>Young person’s history and current behaviour indicates the presence of risk but action has already been identified to moderate risk.</td>
</tr>
<tr>
<td>2</td>
<td>High apparent risk</td>
<td>The young Person’s circumstances indicate that the behaviour may result in a risk of serious harm without intervention from one or more agency.</td>
</tr>
<tr>
<td>3</td>
<td>Very high apparent risk</td>
<td>The young person will commit the behaviour as soon as they are able and the risk of significant harm is considered imminent.</td>
</tr>
</tbody>
</table>
**Vulnerability and Protective Factors**

The check list should be completed using the scoring matrix on the first page and the total score used to identify an indicative risk using the scale at the bottom of this page. 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.

### Section 1:

**Emotional Health**

<table>
<thead>
<tr>
<th>Low Self Esteem</th>
<th>Low Mood</th>
<th>Conduct Issues</th>
<th>Anxiety</th>
<th>Self Harm</th>
<th>Delusions</th>
<th>Suicidal Ideation</th>
<th>Suicidal Intent</th>
</tr>
</thead>
</table>

**Diagnosed Mental Health Difficulties:** - ADAH, Depression, Psychosis.

**Eating Issues**

### Section 2:

**Physical Health**

Score using following scale:

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Major – under care of Consultant</td>
</tr>
<tr>
<td>2</td>
<td>Moderate – regular GP involvement</td>
</tr>
<tr>
<td>1</td>
<td>Minor – Self-managed or with support of carer</td>
</tr>
<tr>
<td>0</td>
<td>No Physical Health Issues</td>
</tr>
</tbody>
</table>

### Section 3:

**Substance Misuse**

<table>
<thead>
<tr>
<th>Substance</th>
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<tbody>
<tr>
<td>Amphetamine</td>
</tr>
<tr>
<td>Cannabis</td>
</tr>
<tr>
<td>Alcohol</td>
</tr>
<tr>
<td>Cocaine/Crack</td>
</tr>
<tr>
<td>Poly Drug Use</td>
</tr>
<tr>
<td>Ecstasy</td>
</tr>
<tr>
<td>Benzodiazepines</td>
</tr>
<tr>
<td>Solvents/Gas/Aerosols</td>
</tr>
<tr>
<td>Other (state)</td>
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</tbody>
</table>

**Risk of Overdose**

### Section 4:

**Offending Behaviour**

<table>
<thead>
<tr>
<th>Description</th>
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<tbody>
<tr>
<td>Involvement in Criminal Justice System</td>
</tr>
<tr>
<td>Risk of Custody</td>
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### Section 5:

**Social and Environmental**

<table>
<thead>
<tr>
<th>Looked After Child/Leaving Care</th>
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<tbody>
<tr>
<td>Family/Relationship Difficulties</td>
</tr>
<tr>
<td>Non School Attendance</td>
</tr>
<tr>
<td>Homelessness</td>
</tr>
<tr>
<td>Unsuitable Housing</td>
</tr>
<tr>
<td>Social Isolation</td>
</tr>
</tbody>
</table>

**Missing**

<table>
<thead>
<tr>
<th>Frequency of young person being missing</th>
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</thead>
<tbody>
<tr>
<td>Risk of Harm</td>
</tr>
<tr>
<td>Risk of Sexual Exploitation</td>
</tr>
<tr>
<td>Length of Abscond Episodes</td>
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</tbody>
</table>

### Section 6:

**Indicative Risk Continuum:**

<table>
<thead>
<tr>
<th>Low Risk</th>
<th>Medium Risk</th>
<th>High Risk</th>
<th>Very High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>40/41</td>
<td>60/61</td>
<td>70/71</td>
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</thead>
<tbody>
<tr>
<td>Total Score</td>
<td>Risk Level</td>
<td>Low Risk</td>
<td>Medium Risk</td>
<td>High Risk</td>
</tr>
<tr>
<td>--------------------</td>
<td>-----------------</td>
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11
Section 7:

Protective factors

Summary:

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

<table>
<thead>
<tr>
<th>Professional assessment of risk</th>
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<table>
<thead>
<tr>
<th>Young persons view of risk</th>
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</table>

On a scale of 1 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
<table>
<thead>
<tr>
<th>Parent or carers view of risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>On a scale of 1 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 their situation at the time of the assessment?</td>
</tr>
<tr>
<td>0----------------------------------------------------------------------------------------------------------------10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk management plan/If Young Person subject to Care Plan, see Care Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed by ------------------------- Date -----------------------------</td>
</tr>
<tr>
<td>Countersigned (Manager) ------------------------- Date -----------------------------</td>
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</table>
Children Missing from Home and Care – Vulnerability Risk Management Flowchart

Young person reported missing to Police

Monthly data return on all incidents of ‘missing’ submitted to Senior Information Officer (Safeguarding) by Public Protection Unit

Data collated and provided to Children’s Services Manager (IRS)

CCN submitted to Children’s Services – any immediate safeguarding issues addressed

Children’s Services Manager to discuss persistent absconders with DCI, PPU and provisional risk level determined

List reviewed and any immediate safeguarding issues addressed

Data on all young people who have absconded to be submitted to the multiagency Risk management group (RMG)

Low or medium risk
Information to be noted and case managed in line with Risk Management Procedures

High or Very High Risk
Risk Assessment meeting to be requested and vulnerability check list completed for next meeting

Young people deemed to be at risk to be added to Risk Management Log. Risk managed procedures followed
Vulnerability Risk Management Procedure

Agency identifies Risk/Vulnerability

CAF to be completed if one not already in place

Convene multi-agency meeting to complete risk assessment

Agency identifies Risk/Vulnerability

If score – High/Very High

Manager nominates case to Risk Management Group (RMG)

RMG endorses risk level/plan and adds young person to RMG risk log

RMG review the assessment and the plan on a 3 weekly basis

If risk reduces to medium/low young person is removed from the RMG risk. Return to agency level management

If risk remains High/Very High young person’s name remains on log
Appendix 3

**Conference Agenda**

- Purpose & Objectives of conference
- Introduction & apologies
- Issues of attendance
- Confidentiality/Equality statement
- Circulation/reading of reports
- Confirmation of factual information
- Incident(s)/cause for concern – risky behaviour
- Young person’s view of concern
- Relevant police information
- Needs of young person to include:
  - Health
  - Education/training/employment
  - Accommodation
  - Recreation
  - Family/social network/support
- Views of family/significant others
- Analysis of risk
- Decision regarding the nature of the plan - Child Protection/Team Around the YP support plan
- Formulation of Child Protection Plan to address:
  - Accommodation
  - Training/education/employment
  - Emotional/mental health support
  - Other health needs e.g. DnA, sexual health
  - Support re ASB/offending behaviour
  - Family, social & community support
  - Recreation
- Identification of key worker and confirmation of team around the young person
- Date of Young Person’s meeting
- Date of Review Conference
- Reports returned to the Chair
Review Conference Agenda
(to be held at not less than 6 monthly intervals)

- Purpose and objectives of the Conference
- Introduction and apologies
- Confidentiality/equality statement
- Circulation/reading of reports
- Current VYP Plan
- And progress towards agreed objectives
- Significant developments since last conference
  - Accommodation
  - Training/education/employment
  - Emotional/mental health support
  - Other health needs e.g. DnA, sexual health
  - Support re ASB/offending behaviour
  - Family, social & community support

- Analysis of need
- Decision regarding continued risk and nature of future plan
  - VYPP
  - Team around the young person support plan

- Future Plan
Approval, Implementation and Implementation plan

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<th>TITLE</th>
<th>Practice Guidance for Working with Vulnerable Young People in Need</th>
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<tbody>
<tr>
<td>VERSION NUMBER</td>
<td>2</td>
</tr>
<tr>
<td>DATE</td>
<td>14.12.11</td>
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Approval has been given for this Procedure to be implemented with immediate effect.

**Implementation plan**
NSCB member organisations, through their Policy and Procedure Committee representative are responsible for ensuring that all relevant staff are made aware of the revised procedure and how and where to access it.

<table>
<thead>
<tr>
<th>Approval given by whom and when</th>
<th>NSCB Policy &amp; Procedure Committee</th>
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<tbody>
<tr>
<td>Planned Implementation Date</td>
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</tr>
<tr>
<td>Review Date</td>
<td>January 2013</td>
</tr>
<tr>
<td>Process Signed Off By</td>
<td>Committee Chairperson</td>
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<tr>
<td>Date</td>
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