

NORTHUMBERLAND CHILDREN'S SERVICES

GUIDANCE DOCUMENT

PURPOSE OF THE DOCUMENT

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

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

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

Risk Matrix

- 0 No risk identified currently and there is no history of this behaviour.
- 1 Low risk – where the young person has been involved in this behaviour in the past however at present this behaviour is not of concern.
- 2 Medium risk – where there are historic and current concerns around this behaviour however there is a service/intervention in place which is addressing this behaviour **with positive effect**.
- 3 High risk – where the young person is at risk of **serious** harm; within the risk assessment information must be provided in relation to what serious harm people are concerned about.
- 4 Very High risk – where the young person is engaging in this behaviour **as soon as they are able to** and also where there are concerns that the risk to the young person is **imminent**.

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

SECTION 1

Emotional Health

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

Physical Health

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

Sexual Health

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

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

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

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

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

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

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

Inappropriate use of pornography and social networking - Boys and young men need equal consideration in assessing risk of teenage pregnancy and professionals need to see beyond the outwardly displayed behaviour of young men and consider the reasons behind it. Professionals need to consider how young men receive their messages regarding sexual relationships, often unregulated sources of sexual health information is gained from pornography accessed via the

internet and mobiles and will often skew their perception of being sexually healthy and expectations of being in a sexual relationship, including not using any visible form of contraception or STI protection.

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

SECTION 2

Social and Environmental

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

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

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

SECTION 3

Substance misuse

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

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

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

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

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

SECTION 4

Offending Behaviour

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

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

SECTION 5

Absconding

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

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

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

CSE Low Risk Behaviours:

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

CSE Medium Risk Behaviours:

- Getting into cars with unknown adults or known adults who pose a risk to children
- Being groomed on internet
- Clipping (offering to have sex then running on payment)
- Receiving a reward for recruiting other peers to CSE
- Disclosure of physical/ sexual assault followed by withdrawal of complaint
- Reports of involvement in CSE, for example known to frequent or seen in 'hot spots'
- Older boyfriend/Girlfriend

- Non-school attendee or excluded due to behaviour
- Staying out overnight with no explanation
- Breakdown of family/care placements due to behaviour
- Unaccounted monies/goods/mobiles, frequent drugs and/or alcohol use etc
- Consistent self-harm

CSE High Risk Behaviours:

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

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

Risk Management Plan

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

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

Within the risk management plan, frequency of contact/visits with the young person from all professionals must be detailed. It is also important to note how often the plan will be reviewed, when the plan will next be reviewed and who will be the key worker/person responsible for coordinating the plan.