

# **CWM TAF SAFEGUARDING CHILDREN BOARD**

## **Risk Taking Behaviour PROTOCOL**

## **1. BACKGROUND:**

- 1.1 In September 2013, members of the Cwm Taf Safeguarding Children Board (SCB) Operational Committee agreed to establish a Risky Behaviour Sub-Group (RBSG) aimed at identifying and mitigating the risk posed to some of the most vulnerable young people that reside in Merthyr and Rhondda Cynon Taf.
- 1.2 The RBSG is a multi-agency initiative aimed at identifying a cohort of young people who are considered to be the most vulnerable and who require significant intervention from statutory and non-statutory partners within the Cwm Taf region.
- 1.3 It is envisaged that the RBSG will provide an additional mechanism for managing the risk posed to these children and it is intended to be complementary to the All Wales Child Protection Procedures.
- 1.4 The Cwm Taf Safeguarding Children Board works to protect children and young people under the age of eighteen from abuse and neglect by ensuring they:
  - Are protected from maltreatment;
  - Have their health and development promoted;
  - Grow up in circumstances consistent with the provision of safe and effective care; and
  - Enjoy optimum life chances so that they can enter adulthood successfully.

## **2. INTRODUCTION:**

- 2.1 All agencies that work with or have contact with children and young people have a responsibility to promote and safeguard their welfare and therefore should take all reasonable steps to ensure that the risks of harm are minimised. This can be very difficult to achieve when the risk to the young person is through their own behaviour.
- 2.2 This is a multi agency protocol that provides guidance and a risk management tool that should inform decision making about safeguarding children and young people that are involved in risky behaviour such as:
  - Sexual Exploitation
  - Self Harm/Suicide/Para Suicide
  - Drug and Alcohol misuse
  - Going missing
  - Sexual Harmful Behaviour
  - Trafficking
  - Radicalisation
  - Mental illness
  - Adverse contact with the criminal justice system

- 2.3 Given these concerns and the increasing demands placed upon front line resources throughout the public and third sectors, a more holistic approach to protecting the most vulnerable or at risk children is considered necessary.
- 2.4 To that end, it is envisaged that the RBSG will provide an innovative and problem solving framework that will help statutory and non-statutory partners:
- *Gain a greater understanding of the threat and risk posed to each young person who are one of the acute risk cohort (ARC);*
  - *Evaluate the effectiveness of, and if necessary, progress further single or multi agency interventions;*
  - *Ensure that tailored risk management plans exist for each young person, which command, as far as reasonably possible, the full support and resources of all agencies.*
  - *Provide management assurance of existing safeguarding and child protection arrangements;*

### **3. STRUCTURE AND GOVERNANCE**

- 3.1 In achieving this it is envisaged that a multi agency risk management structure will be created as one of the sub groups of the Cwm Taf Safeguarding Children Board (CTSCB) which reports to Operational Committee.
- 3.2 To better reflect its strategic purpose, the Risky Behaviour Sub Group will be renamed as the Risky Behaviour Management Group (RBMG).
- 3.3 The RBMG will draw representation from key members of the Cwm Taf Safeguarding Children Board, namely:
- *Heddlu de Cymru - South Wales Police*
  - *Housing*
  - *Children's Services and Education from Merthyr Tydfil County Borough Council*
  - *Children's Services and Education from Rhondda Cynon Taf County Borough Council*
  - *Youth Offending Service*
  - *NHS Cymru (Cwm Taf University Health Board)*
  - *Treatment and Education Drugs Services (TEDS)*
  - *Legal Services*

- 3.4 Other organisations may be invited to attend where there is a clear strategic or tactical requirement.
- 3.5 To ensure that the group has the necessary capacity and capability, it is envisaged that membership of the RBMG will be restricted to senior managers who can make executive decisions surrounding risk management, resourcing and service provision.
- 3.6 Whilst the level of representation requires further consultation, it is proposed that this would be at CTSCB member level or a designated Head of Service with no further delegation.
- 3.7 Akin to the principles of Level Three MAPPA proceedings, maintaining a senior level of representation will help ensure that the RBMG has the capacity and capability to address acute safeguarding and child protection concerns.
- 3.8 The RBMG would be chaired by the Vice Chair of the Cwm Taf Safeguarding Children Board and will meet on a monthly basis. Provision to convene an extraordinary meeting in urgent cases will be at the direction of the RBMG chair.

#### **4. SCOPE:**

- 4.1 This Protocol will apply in the small number of cases where children and young people are deemed to be placing themselves at a high level of risk due to their own behaviour. It should not be used to replace the All Wales Child Protection Procedures 2008 but be used to provide guidance in identifying and assessing possible risks to children and young people and to reduce the risk of harm to the lowest reasonably foreseeable level.
- 4.2 It will include children placed within Cwm Taf by other local authorities, and in most instances will apply to children aged between 11 and up to 18 years of age.
- 4.3 The processes within this protocol can be completed at any of the stages of an assessment or Child Protection investigation where the level of risk is a concern.
- 4.4 All staff employed by agencies that are party to this protocol and those who provide services on their behalf, share the responsibility for working with and implementing this protocol.

#### **5. DEFINITION OF WORDS USED:**

- **Child or Young person-** a person under 18 years of age
- **Significant Harm-** There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of actual or potential harm may include the degree and extent of physical harm, the duration and frequency of abuse or neglect, the extent of pre-meditation, degree of threat or coercion, the child or young person's age and understanding or their emotional or mental health.
- **Risk** is defined as a danger, which is likely to cause harm or significant harm to the child, either physically, emotionally or developmentally.

- **Risk Assessment** refers to a systematic process by which information about a child and their family's past and present circumstances is used to assess the future likelihood and potential seriousness of harm to a child.
- **Child Sexual exploitation**--the coercion or manipulation of children and young people into taking part in sexual activities including prostitution, abusive images, creating or exchanging images, grooming via the internet or trafficking.
- **Self harm** – covers behaviour with no suicidal intent through to taking one's own life. Although clearly a manifestation of distress, self-harm in young people is often an indicator of other problems that might have a bearing on outcome e.g. substance misuse, low self esteem or bullying. Behaviours could include cutting, burning, scratching or inserting harmful items into the body or over or under eating.
- **Para-suicide** – self-harm with the intent of taking life resulting in non-fatal injury
- **Suicide** – self-harm resulting in death.
- **Drug and Alcohol misuse** – misuse of alcohol, prescribed or illegal drugs, new psychoactive substances, over-the-counter medicines or other substances such as petrol, glue, aerosols or lighter fuel
- **Missing** – when a child's location or reason for their absence is unknown and there is cause for concern for them because of their vulnerability, or there is potential danger to the public.
- **Radicalisation** – is a process by which an individual or group comes to adopt increasingly extreme political, social or religious ideals and aspirations.
- **Sexually Harmful Behaviours**- can refer to any child or young person who engages in a sexual act, either against the victim's will or without informed consent. Sexually harmful behaviour includes exposing genitals, touching, penetrating and oral, vaginal or anal. It can also include causing or encouraging children into sexual activity, sexual harassment/ threats and accessing indecent images of children
- **Trafficking/Modern Slavery** - the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat of or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.

## 6. LEGISLATIVE FRAMEWORK:

6.1 This protocol is informed by the following legislation/guidance;

- The Children Act 1989
- Children Act 2004

- ❑ Children (Leaving Care) Act 2000
- ❑ The Human Rights Act 1998
- ❑ The Data Protection Act 1998;
- ❑ Working Together to Safeguard Children (NAFW (2006));
- ❑ All Wales Child Protection Procedures 2008
- ❑ Social Services and Wellbeing Act ( Wales) 2014

6.2 It should also be used with other protocols adopted by the Cwm Taf Safeguarding Board. These are:

- 2012 –Partnership Protocol for Immediate Response to Critical Incidents involving Children and Young People.
- 2011 –All Wales Protocol Missing Children.
- 2012- All Wales Protocol the Management of Young People who engage in Sexually Harmful Behaviour.
- 2013- All Wales Protocol Safeguarding and Promoting the Welfare of Children who are at risk of Abuse through Sexual Exploitation
- 2011 All Wales Protocol Safeguarding Children who may have been Trafficked

## 7. PRINCIPLES:

- 7.1 Risk assessment is not a precise science and clearly the factors can only be estimated and professionally judged. The purpose of risk assessment is to consider all information gathered in the assessment and draw a conclusion about the level of risk and identify an appropriate response.
- 7.2 Risk factors are **not** tools for prediction. Any risk assessment can only be valid for the moment it is completed and may need to be repeated at suitable intervals according to professional judgement or advice.
- 7.3 Risk evaluation is not done in isolation. It should be the outcome of close work with children, their parents and carers whereby various aspects are considered, such as:
- The likelihood of positive and negative outcomes
  - The various support system strengths
  - Services which can be used to reduce risks
  - Actions that can be taken in an emergency
- 7.4 The decision on the level of risk is based on a professional assessment including a consideration of various factors such as information about the individual, legislation, professional judgement and agency policy. It can include:
- Who is at risk;
  - The nature of the risk;
  - How serious the loss, damage or harm may be;
  - The probability of loss, damage or harm occurring;
  - What benefits there may be in taking the risk;
  - The cost of reducing the risk against the severity of the risk;
  - The remaining risks;

- Whether the risks are considered as being 'reasonable' for a young person of a specific age.
- 7.5 The views of children and young people and their parents and carers must be taken into consideration when identifying the level of risk. They must be actively encouraged to become involved in the decision-making process and risk management planning.
  - 7.6 Children and young people should be encouraged to make decisions and choices about their own lives as far as this is appropriate for their age, understanding and ability. (*Mental Capacity Act 2004 / Fraser Guidelines, Gillick v West Norfolk & Wisbech AHA 1986*).
  - 7.7 It is recognised that the failure of professionals to make an informed judgement based on an assessment of risk may result in a child/ren experiencing loss or harm.
  - 7.8 This protocol acknowledges that different age groups and individual circumstances will require a variety of approaches to managing risks and risk management procedures should reflect these differences.
  - 7.9 The decision to allow the child/young person to exercise their right to self-determination, which should be based on informed choice, confers on professionals the responsibility to act in a way consistent with the general "duty of care" to other people. For example when children/young people place themselves at continued risk through sexual exploitation, professionals would need to give consideration to appropriate legal intervention to secure the protection of that child/young person dependent on the child/ young person's age and understanding.
  - 7.10 Decisions regarding assessment of risk must always be taken in consultation with line managers and the decisions properly recorded.
  - 7.11 Where intervention is necessary, professionals should act in a way that has the least disruption to the life of the child or young person bearing in mind the need for intervention to be effective in protecting the child and others.
  - 7.12 All staff working to this protocol have a responsibility to highlight any gaps in policies and procedures, which may lead to unnecessary risks or consequent loss, damage or harm.
  - 7.13 "Reasonably Foreseeable" means that, a person could reasonably foresee that a certain event was likely to happen. It does not imply that we must try to predict every possible consequence of others' or our own action or inaction.
  - 7.14 Defensible Decision-making. The nature of working with risk is that, realistically, undesirable outcomes and serious incidents will occur. Staff must be able to account not just for the decisions they have made, but also the process they followed to reach a decision

## 8. ELIGIBILITY CRITERIA:

8.1 This protocol will apply to those children and young people whose risky behaviour or combination of behaviours put them at risk of significant harm. It will apply to **all** children resident in Rhondda Cynon Taf and Merthyr Tydfil including children placed in foster or residential care within the Borough by other local authorities or agencies. It may also include children looked after by Rhondda Cynon Taf and Merthyr Tydfil and placed outside the County Boroughs.

8.2 It will be used when:

- Young people who regularly go missing from home or their care placement, where there is serious concern for their safety.
- Young people engaged in escalating and potentially serious drug or alcohol misuse
- Young people who are involved in serious incidents of self-harm
- Young people whose violence, abusive behaviour or mental health difficulties place them at serious risk.
- Young people who are engaged in exploitative sexual relationships including where payment is involved.
- Young people who engage in sexually harmful behaviour.
- Young people who engage in unpredictable risk-taking activities such as playing 'chicken' in traffic or on railway lines, climbing onto high buildings, or anti-social behaviour that may also place them at high risk of retribution from the local community
- Young people who engage in any combination of the above activities where there are no current or appropriate protocols or procedures.
- Young people at risk of radicalisation.

## 9. RISK ASSESSMENT/RISK MANAGEMENT PLAN:

9.1 When children and young people whose risky behaviour or combination of behaviours put them at risk of harm a risk assessment must be completed that identifies not only the risk but also the level of the risk (**Appendix 3**). The risk indicators (**Appendix 1**) can be used as an aid to completing the risk assessment. These can be undertaken on a single or multi agency basis.

9.2 The risk assessment must:

- Identify the key concerns / risks and positives in terms of the child, parenting & family and environment
- Provide an evaluation of those issues in terms of low, medium or high risk ( Red , Amber or Green)
- Be repeated at suitable intervals according to procedure, professional judgement or advice.

9.3 The risk management plan should be based on:

- Appropriate use of information
- Estimation of likelihood and impact based on an assessment grounded in the evidence
- Communication with relevant others



- Risk-management plans should be well matched to the risks identified, appropriately resourced and delivered with integrity.

## 10. PROCEDURE:

- 10.1 If the level of risk identified in the risk assessment is low or medium then the individual organisation should make a judgement as to the most appropriate way of dealing with these children and young people. It may be decided that a single organisation can manage the risk themselves by using the tools within this protocol. If the risk continues and escalates then it may be necessary to make a decision to refer to Children Services. If this is decided then a multi agency referral (MARF) must be completed.
- 10.2 If such a referral is made the Team Manager within Children Services will decide on the response and how the child or young person will be categorised. If the child or young person is at risk of significant harm the process of managing the risk **will** be coordinated by Children Services through the **Child Protection Process**. If Children Services feel that the threshold of significant harm is not yet reached, then the risk will be managed through the Children In Need process.
- 10.3 The usual practice must be followed whether the young person is dealt with through the Child Protection or Children in Need processes. However, the tools within this protocol should always be used to assess, plan and manage the risks.
- 10.4 Best practice would be for Team Manager to consider chairing any meetings (Child Protection or Child in Need) themselves in order for the risk to be managed effectively when using the tools within this protocol.
- 10.5 A Risk Management Plan (**Appendix 4**) **must** be completed/updated at **all** of the Child Protection or Children in Need meetings and a copy provided to the young person, their family, and all professionals. The Risk Management plan **must** be reviewed at a minimum of every 6 weeks, but more frequently if required. If the young person is on the Child Protection Register this should be done in the Core Group as this is in effect the child protection plan .

(See **Appendix 5** CIN/CP flowchart and **Appendix 6** Risk Taking Behaviour flowchart)

## 11. ESCALATION PROCESS:

- 11.1 If the Risk Management Plan is not reducing the risk then ***any individual involved in the development and management of the plan can escalate their concerns to a Senior Manager within their organisation.*** The Senior Manager will then if they feel it is appropriate escalate the concerns about the individual young person and initiate the Cwm Taf Safeguarding Board – Risky Behaviour Management Group Protocol.
- 11.2 In order to escalate concerns about the individual young person to the Cwm Taf Safeguarding Board – Risky Behaviour Management Group the child or young person **must be** managed through the **Child Protection process** and therefore be suffering significant harm. The information the Risky Behaviour Management group will require to make any decision will be:

- Brief report / request (see **Appendix 2**) explaining the risks that are not reducing and the resolution required.\*
- The risk assessment
- The risk management plan

Escalation flowchart (See **Appendix 7**).

\*The request will need to be submitted to the CTSCB Business Unit for a RBMG meeting to be convened:

CTSCB Business Unit  
Unit 1, Ty Catrin  
Maritime Industrial Estate  
Maesycoed  
Pontypridd  
CF37 1NY

## Appendix 1

### **RISK INDICATORS**

All types of risky behaviour have specific indicators of risk and these are detailed below. Some children will be involved in several of these behaviours.

These vulnerabilities and risk indicators listed below are not exhaustive and should be used to summarise the information held by agencies and assist with decision-making. It does not remove the need for professional judgement which should take account of factors such as the age and maturity of the young person.

#### **Vulnerabilities**

- Being looked after
- Abuse or neglect by parent/carer
- Previous incidents of self-harm or suicide attempt
- Risk of sexual exploitation
- Family history of domestic violence, substance misuse or mental health issues
- Own history of domestic violence, substance misuse or mental health issues
- Physical or learning disability including ADHD
- Mental health or emotional problems
- History of family disruptions or dysfunction
- Bereavement
- Bullying/physical harm to others
- Low self-esteem
- Social isolation and/or relationship problems
- Homelessness
- Association with older people with a risky lifestyle
- Personal knowledge of someone who self-harms or has committed suicide
- Being in custody
- Lack of a positive relationship with a protective/nurturing adult

#### **Risk indicators for Child Sexual Exploitation.**

- Staying out late
- Multiple callers (unknown adults/older young people)
- Use of a mobile phone that causes concern
- Expressions of despair—self-harm, eating disorder, challenging behaviour
- Disclosure of sexual or physical assault followed by withdrawal of allegation
- Sexually transmitted infections
- Peers involved in 'clipping' i.e. receiving payment for agreement to perform sexual acts but not performing the act
- Drug and/ or alcohol misuse
- Use of the internet that causes concern
- Unsuitable accommodation or homelessness
- Isolated from peers
- Lack of positive relationship with caring adult
- Excluded from or unexplained absences from school/college/training

- Living independently and failing to keep in touch with Worker
- Periods of going missing overnight or longer
- Older 'boyfriend' or relationship with controlling adult
- Physical or emotional abuse by that boyfriend/controlling adult
- Entering/leaving vehicles driven by unknown adult
- Unexplained amounts of money, mobile phones, expensive clothing, jewellery or other items
- Frequenting areas known for sex workers
- Physical injuries with no explanation

Child sexual exploitation is a particularly hidden form of abuse and disclosure is rare. Staff in all agencies should be familiar with the sexual exploitation risk assessment framework (SERAF).

### **Risk indicators for Self-Harm**

- Female
- Secretive behaviour
- Disrupted and dysfunctional family background
- Collecting and concealing self-harm equipment e.g. razors, staples
- Collecting and concealing means of treatment e.g. plasters, cotton wool, antiseptic
- Changed performance in school
- Anxiety about sexuality, especially girls
- Loss or bereavement especially on anniversaries
- Disclosure of sexual or physical harm followed by withdrawal of complaint
- Use of the internet that causes concern
- Being bullied
- Social isolation as result of background, i.e. ethnicity, disability or sexual orientation

### **Risk indicators for Suicide and Para-Suicide**

- Male
- Current or former inpatient
- History of youth offending
- Eating disorder
- Depression or anxiety
- Family history of suicide
- Previous suicide attempt
- Loss or bereavement especially on anniversaries
- Physical illness
- Anxiety about sexuality
- Drug and or alcohol misuse
- Use of the internet that causes concern
- Not engaged in education or training
- Living independently and failing to maintain contact with Worker
- Bullying
- Social isolation
- Personal knowledge of someone who has committed suicide

### **Risk indicators for Drug and Alcohol Misuse**

- Not engaged in education or training
- Living independently and failing to maintain contact with Worker
- Family history of drug or alcohol abuse
- Low self-esteem
- Peer influence especially from older friends
- Depression or mental health problems
- Chaotic home environment
- Behavioural disorders
- Poor coping skills
- Lack of parental nurturing
- Living in area of high usage
- Domestic abuse/family conflict
- Self-harm/ overdose

### **Risk indicators for Children Going Missing**

- They disappear for protracted periods of time.
- They have been considered as not having authorization to be absent.
- The length of time they have not been seen or heard for is not appropriate for their age.
- They have been missing for more than six hours or past midnight( six hours is the maximum)

### **Risk indicators for Trafficking/Modern Slavery**

- Has entered the country illegally.
  - Has no passport or other means of identification.
  - Has false documentation.
  - Is unable to confirm the name and address of the person meeting them on arrival.
  - Does not appear to have money but does have a mobile phone.
  - Possesses money and goods not accounted for.
  - Receives unexplained/unidentified phone calls whilst in placement/temporary accommodation.
  - Is driven around by an older male or 'boyfriend'.
  - Is withdrawn and refuses to talk.
  - Shows signs of sexual behaviour or language.
  - Shows signs of physical or sexual abuse, and/or has contracted a sexually transmitted disease.
  - Has a history with missing links and unexplained moves.
  - Has gone missing from local authority care.
  - Is required to earn a minimum amount of money every day.
  - Works in various locations.
  - Has limited freedom of movement.
  - Appears to be missing for periods.
  - Is known to beg for money.
  - Is being cared for by adult/s who are not their parents. The quality of the relationship between the child and their adult carers is not good.
- Has not been registered with or attended a GP practice.

- Has not been enrolled in school.
- Has to pay off an exorbitant debt, e.g. for travel costs, before having control over own earnings.
- Is permanently deprived of a large part of their earnings by another person
- Is excessively afraid of being deported.
- Has had their journey or visa arranged by someone other than themselves or their family, Or the person in control of the child has previously made multiple visa applications for other children and/or has acted as the guarantor for other children's visa applications, Or is known to have acted as the guarantor on the visa applications for other visitors who have not returned to their countries of origin on the expiry of those visas.

### **Risk indicators for Sexual Harmful Behaviour:**

- Power differentials e.g. age, sex, developmental level, authority
- Legality of behaviour
- Consent—indications of intimidation, deceit, manipulation, coercion
- Does the behaviour fall within normal sexual development?
- Any features of compulsive/ very persistent behaviour
- Nature of sexual fantasies or diverse sexual interests/ pre occupations
- Nature of justifications for behaviour
- Complaints by other children/ young people
- Escalation of nature of behaviour
- Means by which behaviour came to light
- Hostile views re young women/ views supportive of sexual assault
- Views supportive of sexual contact between adolescents and children
- other concerns/ behaviour

### **For younger children consideration should also be given to:**

- age appropriateness of behaviour
- knowledge of normal sexual exploration
- efforts to secure secrecy
- persistence of behaviour
- abuse reactive behaviour i.e. a response to their own abuse
- immediate environment of child (possible current exposure to sexualised environment or actual abuse)

### **Risk indicators of Radicalisation:**

Children and young people can be drawn into violence or they can be exposed to the messages of extremists groups by many means. These can include family members or friends direct contact with member groups and organisations or, increasingly, through the internet. This can put a young person at risk of being drawn into criminal activity and has the potential to cause significant harm. Potential diagnostic indicators include:

- Use of inappropriate language
- Possession of violent extremist literature.
- Behavioural changes
- The expression of extremist views
- Advocating violent actions and means
- Association with known extremists
- Seeking to recruit others to an extremist ideology.

Appendix 2

CTSCB RISKY BEHAVIOUR MANAGEMENT GROUP  
REPORT

**NB - AN UP TO DATE RISK ASSESSMENT AND RISK MANAGEMENT PLAN MUST BE SUBMITTED WITH THIS REPORT**

**Personal details of Young Person.**

Name	
Date of birth	
Gender	
Address	
Legal status	
CPR date and category	

<b>1. Describe the risks that are severe and unmanageable:</b>

<b>2. Brief Summary of issues that cannot be resolved within the risk management plan</b>

**3. Outcomes /Resolution required from the Risky Behaviour Management Group:**

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**SIGNED:**

**DATE:**



**Appendix 3:**

<p><b>CWM TAF SAFEGUARDING CHILDREN BOARD</b></p> <p><b>RISK ASSESSMENT</b></p>
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**Personal details of Young Person.**

Name	
Date of birth	
Gender	
Address	
Legal status	
CPR date and category	

**Professionals that have Contributed to Assessment**

Name	Agency	Role	Telephone number

**Risk Matrix**

The level of risk needs to be quantified by using the Risk Indicators and RAG System below

Green	Low apparent risk	No current indication of risk but young person’s history indicates possible risk from identified behaviour
Amber	Medium apparent risk	Young person’s history and current behaviour indicates the presence of risk but action has already been identified to moderate risk
Red	High apparent risk	The young person’s circumstances indicate that the behaviour may result in a risk of serious harm without intervention from one or more agencies or the young person will commit the behaviour as soon as they are able and the risk of significant harm is considered imminent

**Level of Risk and RAG Rating for each Risky Behaviour:**

Child Sexual Exploitation:

Self Harm:

Suicide and Para Suicide:

Drug and Alcohol Misuse:

Going Missing:

:  
Trafficking/Modern Slavery:

Sexual Harmful Behaviour:

Radicalisation:

Other Risky Behaviours ( give details):

**Professional Assessment of Risk**

**Young person's view of Risk**

It may be necessary to undertake a Mental Capacity Assessment before the young person's views are sought.

**Parent or Carers view of risk.**

Completed by: signature;

Date:

**Appendix 4:**

**CWM TAF SAFEGUARDING CHILDREN BOARD  
RISK MANAGEMENT PLAN**

The plan must be completed at all meetings/reviews and copies provided to all parties.

**Child's name:**

**Date of birth:**

**Current address:**

**Legal status:**

**Lead Worker:**

**Professionals that have contributed to Plan:**

Name	Agency	Role	Telephone number

**Date of Plan:**

**Date of previous plan (if applicable):**

**Plan**

**What overall outcome are the family and agencies hoping to achieve:-**

<b>What is the risk that this plan is aiming to reduce</b>	<b>What needs to be achieved?<sup>i</sup></b>	<b>How this will happen?</b>	<b>Who will be responsible? Name, Agency and tel. no.</b>	<b>When will this start</b>	<b>When will this end</b>	<b>How will we know when this has been achieved</b>


**Summary: Is risk being managed or escalating:**

**Additional resources required to achieve outcomes of plan:**

**Contingency plan in the event of an emergency situation: What will happen if there are concerns, or the plan is not working?**

**Plan to be co-ordinated by: Name, designation, agency**

**Date this plan will be reviewed:**

**(Must be in accordance with AWCPP Core Group requirements if the young person is on the CPR or otherwise at a minimum of 6 weeks but can be as often as required)**

**Risks not decreasing: Agreement of Senior Manager to instigate Escalation Process:**

**Signatures of all those who contributed to plan;**

**Date:**



## Appendix 5 (CIN/CP Flowchart)

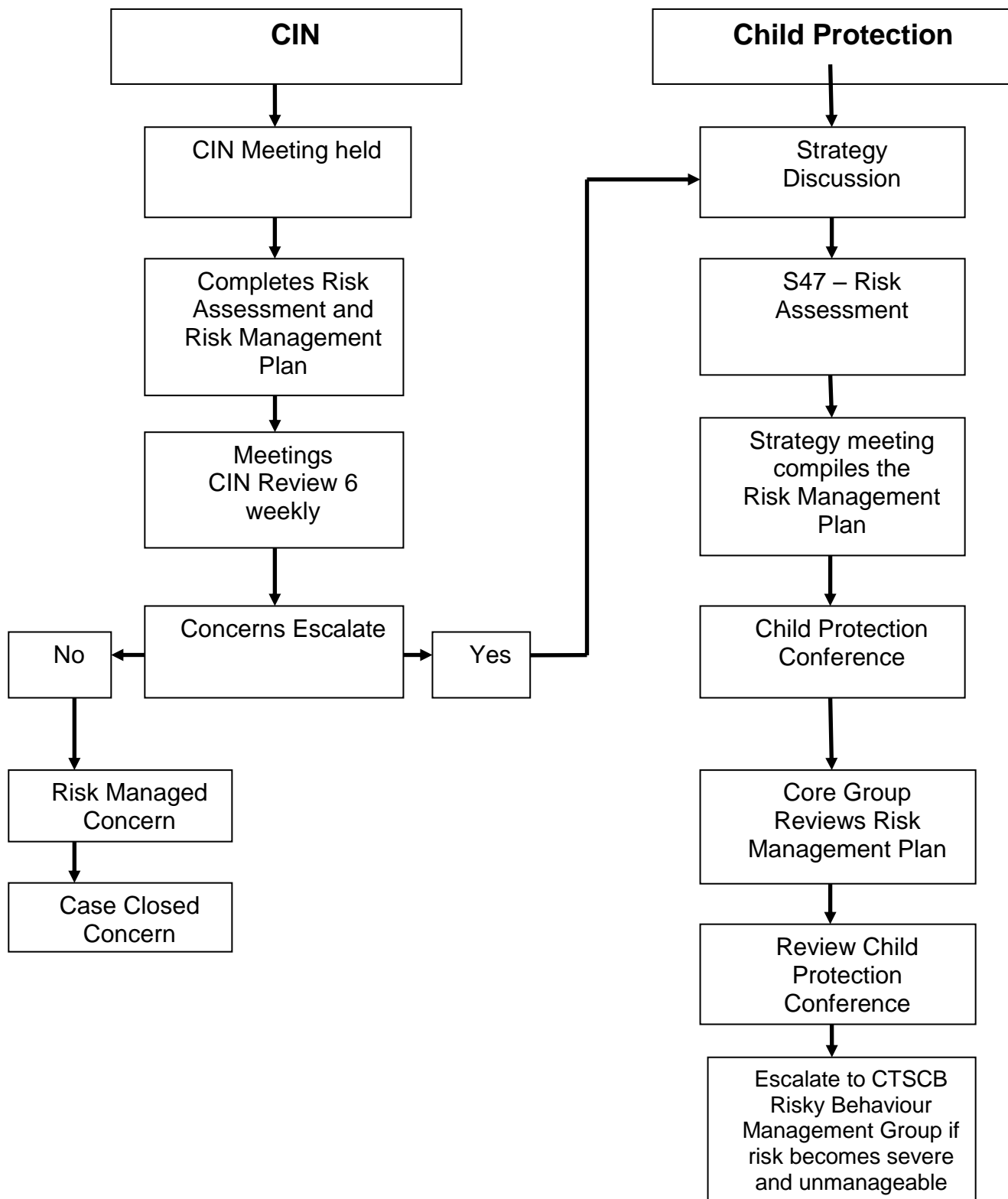
### FLOWCHART

Individual agency worker completes Risk Assessment

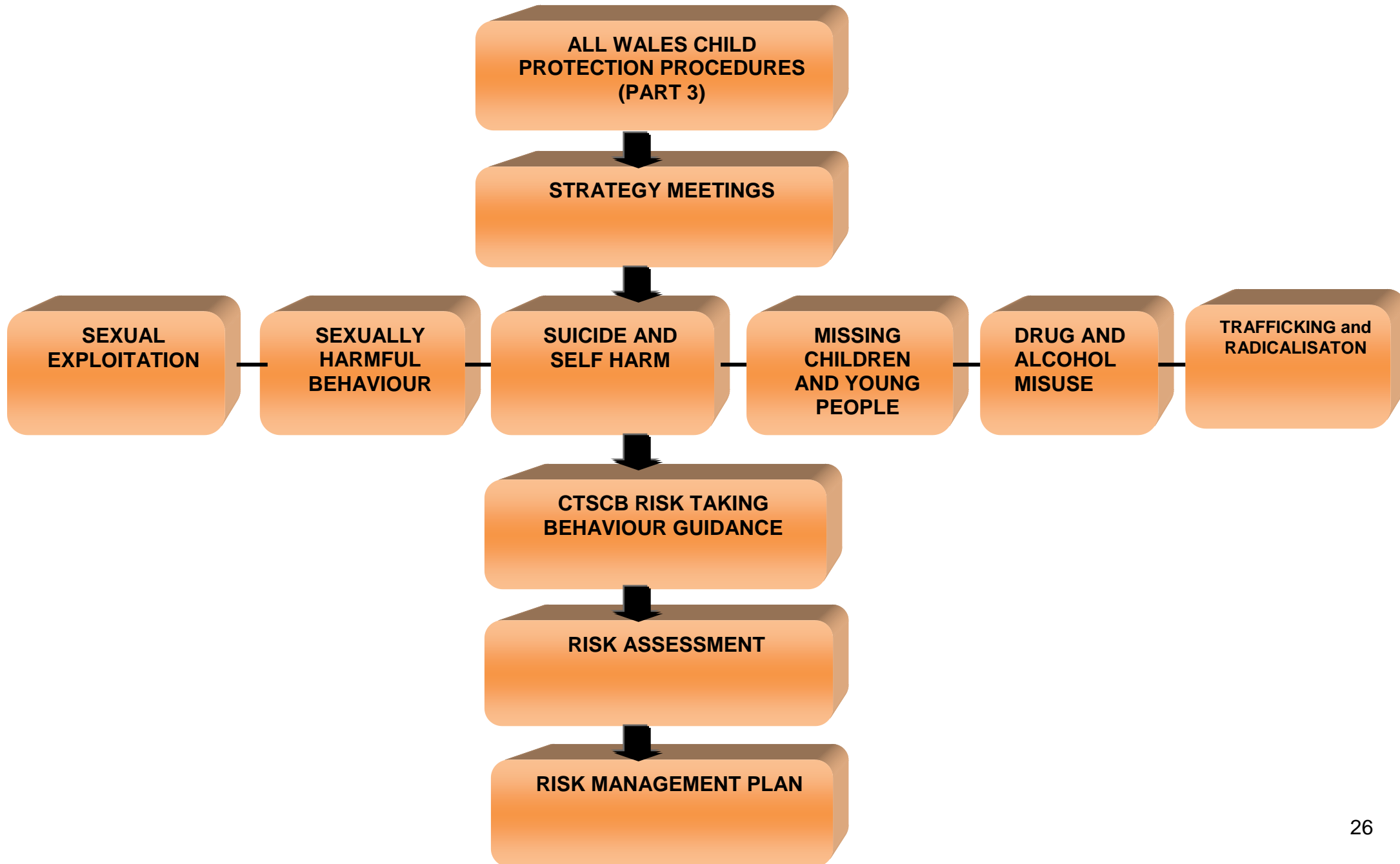
Green / amber score single agency response

Red high level of concern MARF submitted to Children's Services (MASH)

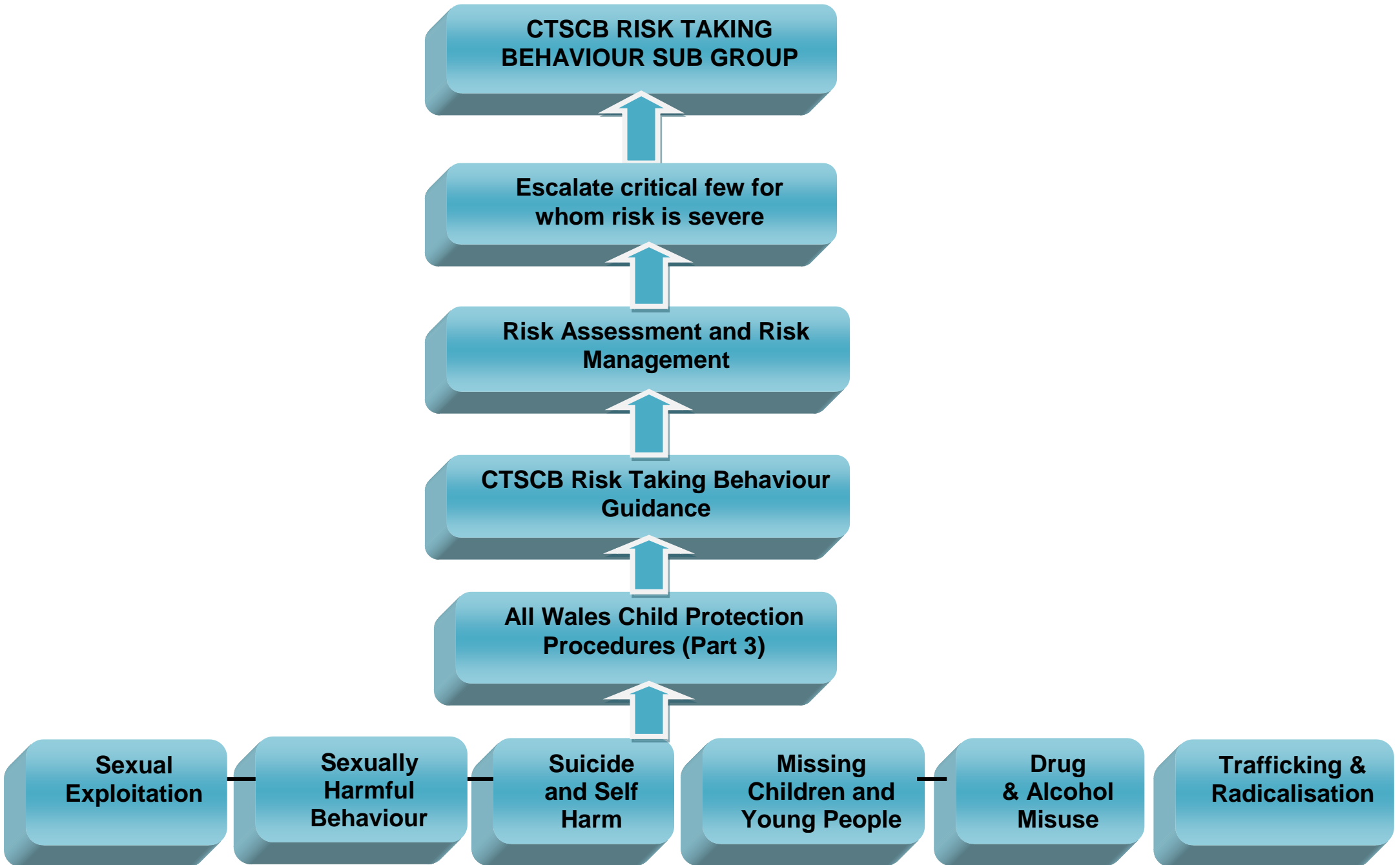
Initial assessment completed



**Cwm Taf Safeguarding Children Board Framework for Responding to Young People who Engage in Risk Taking Behaviour**

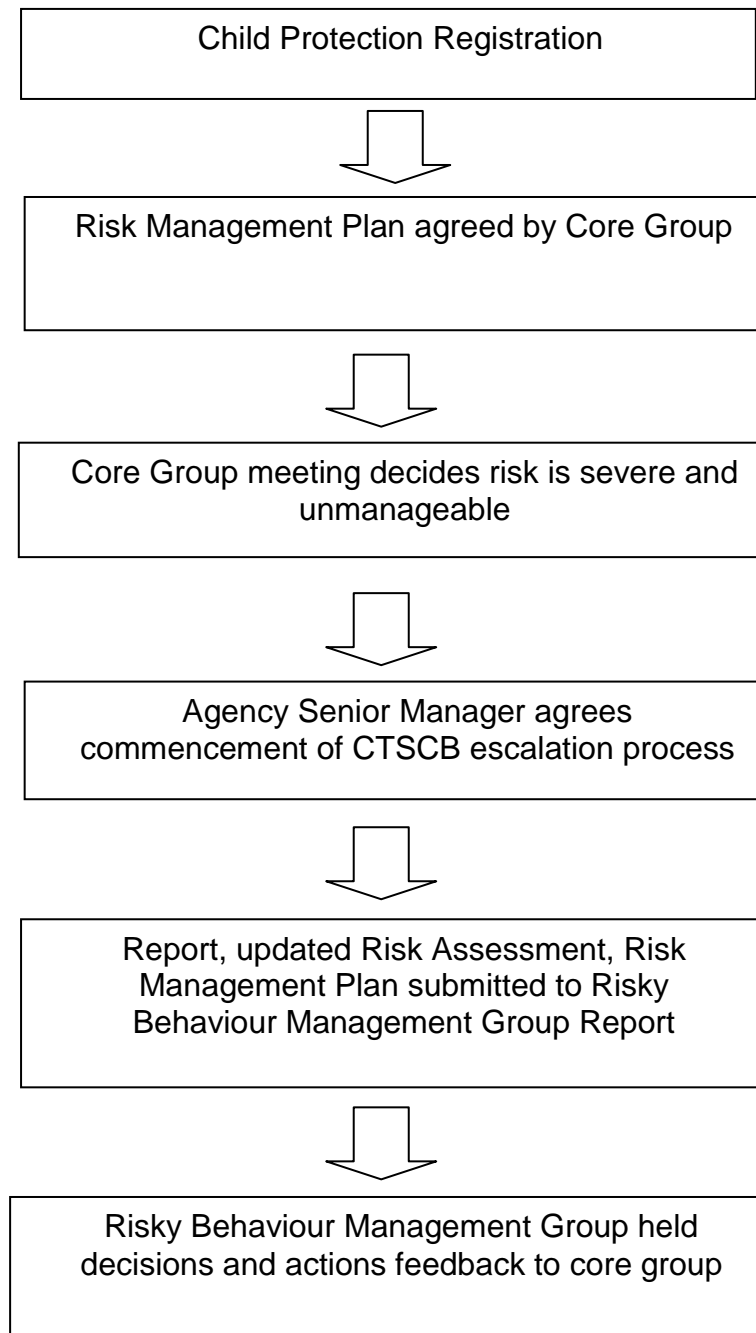


**Cwm Taf Safeguarding Children Board Escalation Process for Responding to Young People who Engage in Risk Taking Behaviour**



Appendix 8

## PROCESS FOR REFERRAL TO RISKY BEHAVIOUR MANAGEMENT GROUP



***NB: Any individual involved in the development and management of the plan can escalate through a Senior Manager within their organisation***

vii. \_\_\_\_\_  
viii.