**CLACKMANNANSHIRE & STIRLING**

**Interim Operating Procedure**

**Managing Children And Young People**

**Who Present A Risk Of Serious Harm To Others Through**

**Care & Risk Management (CARM)**

**December 13, 2013**

**1.** **Introduction/Implementation**

This interim operating procedure has been produced as an interim measure for Clackmannanshire and Stirling, to ensure that Children and Young People who present a risk of serious harm to others as a result of their potential for damaging sexual or violent behaviour, are managed effectively to minimise those risks. This operating procedure implements the guidance on the Care & Risk Management (CARM) planning for children and young people who present a risk of serious harm and the Framework for Risk Assessment Management Evaluation (FRAME).

This operating procedure replaces AIM 2 Planning Meetings. This will act as a ‘transitional’ operating procedure until the Care and Risk Management (CARM) Planning for Children and Young People Who Present a Risk of Serious Harm Protocol Guidance has been implemented across Forth Valley, under the Whole System Approach and during the pending structural change to a single youth justice social work team for Clackmannanshire and Stirling

It is recommended that this procedure comes under the governance of Clackmannanshire and Stirling’s Child Protection Committee.

This operating procedure for the management of children and young people who present a serious risk of harm is effective from 1 January 2014 until further notice.

To ensure consistency with a national agenda relating to children and young people who present a serious harm to others, this procedure adopts the use of the term “Care and Risk Management (CARM) Meetings”.

See CARM flowchart – Appendix A.

**2. Purpose of CARM Model**

Clackmannanshire and Stirling’s Care and Risk Management (CARM) operating procedure is concerned with ensuring that the risk’s presented by children and young people are managed effectively and minimised through effective communication, information sharing, assessment, multi-agency decision making and the implementation of effective risk management plans. Central to this is Getting It Right For Every Child (GIRFEC). Therefore, these procedures seek to achieve a balance between addressing the risk presented by children and young people whilst ensuring that their needs (which ultimately support their behaviours) are similarly addressed.

**3. Source of Referrals**

Referrals to the Care and Risk Management (CARM) model may come via a number of channels:

* From the Police on receipt of information about the alleged involvement of a child or young person under the age of 18 in the perpetration of an offence of a serious nature;
* From the lead professional who holds case management responsibilities for a child or young person where there are significant concerns about the escalation in the frequency and/or seriousness of a child or young person’s offending behaviour which is likely to include violence and/or Sexually Harmful Behaviour;
* From the any professional co-ordinating a child protection investigation into the victimisation of a child or young person where harmful behaviour of a serious nature by another child or young person under the age of 18 is identified;
* From the any professional co-ordinating an adult protection investigation into the victimisation of a vulnerable individual over the age of 16 where harmful behaviour of a serious nature by a child or young person under the age of 18 is identified;
* From the Early and Effective Intervention (EEI) Co-ordinator, multi-agency screening groups or equivalent who have significant concerns about the escalation in the frequency and/or seriousness of a child or young person’s offending behaviour which is likely to include violence and/or sexually harmful behaviour.

**4. Referral to CARM Timescales**

When a prospective referrer comes to the view that the behaviour of a child or young person meets the necessary threshold for care and risk management consideration they should contact the CARM Chair. Ideally this will take place within 24 hours of the behaviour coming to light and after no more than 72 hours.

**5. CARM Chair**

The CARM Chair is the delegated local authority decision maker. During the transition to a single Youth Justice Social Work team for Clackmannanshire and Stirling, it is preferable to have two CARM Chairs, one responsible for each local authority.

In order, to utilise existing risk management skill sets and their knowledge of children & families in the particular localities, Gary Hall, YJSW Team Manager Clackmannanshire shall be CARM Chair for Clackmannanshire and Mary Boyd, Barnardo’s Children Services Manager, Stirling will be the CARM Chair for Stirling.

Both CARM Chairs shall have delegated authority on behalf of their respective Councils to fulfil their roles.

**6. Role of CARM Chair**

In order to provide a clear governance structure, referral to the Care and Risk Management (CARM) process/model will be through the appropriate CARM Chair.

The CARM Chair is the delegated local authority decision maker. They shall act (a) as the “gatekeeper” for referrals; and (b) Chair CARM meetings.

The CARM Chair in the role of “gatekeeper” will receive the referrals, ensure these are recorded and form a view regarding the appropriateness and proportionality for the concerns to be progressed through the Care and Risk Management (CARM) approach. This decision will be reached in consultation with all relevant agencies and with support from their respective social work service manager as required. The relevant agencies may include the originator of the referral, named person, lead professional, police and Connect Services. Where there is disagreement the CARM Chair will have the final decision. However, where there is significant disagreement which requires to be resolved at a higher level, this can be escalated through the appropriate line management structures within the particular agencies.

**7. Initial CARM Discussion Decision by Chair:**

The initial menu of options open to the CARM chair are as follows:

* No need for a CARM meeting;
* To arrange an Initial CARM meeting; or
* Decision deferred for further information.

A record of the outcome of this initial decision should be made on the appropriate relevant case management system by the CARM Chair and ensure named person and lead professional are notified.

**8. To Arrange An Initial CARM Meeting**

If the decision is to refer the child/young person to an initial CARM meeting. This should be arranged within 21 days.

However, preventative actions should not await the initial CARM meeting. Interim tasks may include:

* Development of safety plans in relation to particular settings (home, school, residential unit) outlining interim risk management measures to be put in place;
* The need for a case to be referred to the Children’s Reporter;
* The need for a case to be referred to specialist services (e.g. for completion of relevant offence-related risk assessments); and,
* Lead professional to be identified (if this has not already occurred) and they will coordinate the development of the risk management plan.
* It is expected that the child/young person and family will be visited by the lead professional.

Ahead of the Initial CARM meeting, information pertinent to the referral should be gathered. This may include:

* A copy of a full Integrated Assessment Framework (IAF) report or equivalent and Single Plan for the relevant child or young person;
* Copies of any completed risk assessments; and,
* Copies of any specialist assessments or assessments from other practitioners/agencies e.g. Child and Adolescent Mental Health Service (CAMHS) or Education.

If a child or young person is subject to Police investigation this should not delay the convening of a care and risk management meeting. Assessment and intervention processes will need to be proportionate to the legal status of the case, balancing the child or young person’s rights against identified issues in relation to public safety.

**9. Initial CARM Meeting**

*9.1 Child/Relevant Person Attendance*

The child and relevant person should be informed that the Initial CARM meeting is being convened. However, it is for the Chair to determine (according to shared assessment of understanding, need and risk) if the child and relevant person should to be invited to all or part of the meeting. The recommendation is that if they would be invited to attend a Child Protection Case Conference then in the same would apply here.

*9.2 Group Membership*

While the standing membership of a care and risk management meeting will vary according to case specific circumstances it is anticipated that the following agencies (in addition to the Chair and minute-taker) will be represented:

* Referrer;
* Education – named person
* Social Work;
* Youth Justice Social Work (Clackmannanshire)
* Police;
* Barnardos Freagarrach (Stirling);
* Health (e.g. CAMHS);
* Housing; and
* Sex Offender Liaison Officer.

*9.3 CARM Considerations*

The CARM meeting should consider the following:

* Whether or not a child or young person is subject to any form of statutory order(s) (e.g. Compulsory Supervision Order (CSO), Community Payback Order (CPO), contact requirements, bail conditions etc.) and the implications of related legal obligations.
* The home circumstances, educational arrangements and community integration of the referred child or young person in order to identify any on-going and potential protection issues.
* The nature and level of risk to others (particularly other children and young people) in the home environment;
* The impact of family dynamics in either sustaining or preventing further behaviour of a harmful nature;
* The nature and level of risk to others in educational establishments and the community;
* The relationship between the referred child or young person and the victim(s);The views of the referred child or young person; and, The potential negative impact of a sudden change to a child or young person’s living arrangements.

*9.4 CARM Meeting Menu of Options*

The CARM meeting options are:

* No further action required – minimum intervention principle; or
* Further action required:
	+ What action (if any) needs to be taken to keep the referred child or young person safe?
	+ What further action (if any) needs to be taken to keep the referred child or young person’s family member(s)/carer(s) safe?
	+ What further action (if any) needs to be taken to keep other members of the community safe (e.g. peers, teaching staff, victim(s), residential care staff etc.)?
	+ Which risk assessments require to be undertaken?

*9.5 Risk Assessments*

If a full and detailed risk assessment has not been completed in advance of a care and risk management meeting, the Chair must identify an appropriate agency/individual to complete the necessary risk assessments, as appropriate to the legal status of the case, prior to any further CARM meetings. The Chair ought to stipulate those which are required with respect to the child or young person’s age, behaviour, circumstances and capacity. In the Scottish youth justice context those most likely to be appropriate and requested include:

* ASSET Risk of Re-offending and Risk of Serious Harm (RoSH);
* Level of Service/Case Management Inventory (LS/CMI);
* Structured Assessment of Violence Risk in Youth (SAVRY);
* Assessment, Intervention and Moving On 2 (AIM-2);
* Assessment, Intervention and Moving On (AIM Under 12s); and
* Internet Assessment, Intervention and Moving On.

*9.6 Risk Management Strategies*

The Chair should ensure that consideration is then given to the following risk management strategies:

* Monitoring, or repeat assessment - aims to look for factors indicating changes in risk over time.
* Supervision - aims to decrease the likelihood of violence or offending by restricting an individual’s freedom.
* Intervention - covers all aspects of the Single Plan that are designed to reduce risk over time.
* Community disclosure - involves sharing information with individuals, agencies or organisations to help them manage risk more effectively.
* Victim safety planning - aims to reduce the likelihood and impact of psychological and physical harm to known previous and potential victims.
* Contingency Planning - gives particular prominence to key factors which may indicate that risk of violence is escalating or imminent.

*9.7 Actions Incorporated to Single Plan*

Where a referred child or young person already has a Single Plan in place, it will be the responsibility of the Chair to amend and to update the Single Plan to reflect the risk management strategies agreed at the care and risk management meeting.

When a Single Plan has not yet been drafted or is in the process of being drafted, it will be the responsibility of the meeting to set out the risk management strategies agreed at the care and risk management meeting.

*9.8 Category/Tier of Risk*

In drawing the care and risk management meeting to a conclusion, the Chair should then seek to establish attendees’ views as to the category/tier of risk practice into which the referred child or young person’s behaviour fits. Specifically with respect to on-going risk management arrangements the meeting ought to agree on one of three risk management classifications (see FRAME[[1]](#footnote-1) guidance for further details):

* Aware – All cases warrant “awareness of risk”. Routine communication with named person will reflect an awareness of risk;
* Attentive – Effective inter-agency working co-ordinated by lead professional. Coordination should be appropriate to the individual’s needs and the nature of the case, and is conducted with “due attention” to risk ; or,
* Active and Alert – Collaboration is a multi-agency and strategic activity at this level. Working together as a team that is “actively alert” to risk].

*9.9 Recording*

*The child/young person’s details, nature of behaviour (sexual/violent/both) and category of risk shall be recorded on the CARM register.*

*9.10 Need to Review*

The category/tier of risk shall indicate the frequency of Review CARM meeting. Where a Review CARM meeting is required to review the “Attentive” or “Active and Alert” tiers this timescale shall be agreed before the end of the meeting. “Attentive” shall normally be reviewed in 6 months. “Active and Alert” shall normally be reviewed in 3 months. Note, there is an expectation that “team around the child” meetings can (and should) take place in-between CARM meetings where required depending on risk and need as agreed at CARM the meeting.

**10. CARM Review Meetings**

*10.1 CARM Chair*

The role of the Chair at any CARM review meeting will be to direct attendees:

* To consider any further offences or incidents of concern involving the referred child or young person in the intervening period since the previous care and risk management meeting;
* To review the risk management elements of the Single Plan and to identify what progress has been made, if any, as regards the implementation of agreed risk management strategies particularly with respect to interventions with the referred child or young person;
* To consider whether modifications or additions to the existing risk management strategies as encompassed in the Single Plan are necessary and to ensure that the lead professional records any such changes; and,
* To evaluate progress in relation to risk reduction.
* To re-assess the risk classification under which the child or young person’s behaviour is being managed.
* To consider if other specialist services are required.

*10.2 Further Review Meetings Required*

In the event that attendees agree an on-going need for “active and alert” risk management strategies, a further care and risk management meeting must take place within 3 months.

In the event that attendees agree that the level of risk has diminished sufficiently to warrant transition to “attentive” risk management strategies, further care and risk management meetings will take place less frequently (occurring at 6 monthly intervals in the first instance).

*10.3 Recording of the CARM Review*

The *Forth Valley Integrated Assessment Framework*, form 6, shall be used for the recording of the meeting. The single plan will use the Form 4 template. The actions from the meeting shall be circulated within 5 working days.

**11. CARM Link To MAPPA**

When risk management strategies are in place for a child or young person charged but not yet convicted of an offence of a serious nature, it is possible that during the course of the care and risk management process his legal status will change. As a result of conviction in the Adult Criminal Justice System, a young person under the age of 18 may become subject to multi-agency public protection arrangements (MAPPA).

For young people aged 15 and above, Criminal Justice Social Work shall be invited to attend CARM meetings pre-conviction.

It will be the responsibility of the CARM chair to liaise with the local MAPPA Co-ordinator to agree on the most appropriate local arrangements by which to manage safely the risks presented by the child or young person involved in offending of a serious nature.

**12. Reintegration & Transition**

*12.1 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 care and risk management process for no longer than is absolutely necessary. The overriding objective in managing a child or young person’s transition out of the care and risk management 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.

*12.2 Case Transfers / Accommodated Out-with Area*

When a child or young person who is being actively managed through care and risk management processes moves from Clackmannshire or Stirling to another Scottish local authority, it will be incumbent upon the CARM Chair to make contact with their counterpart in the receiving local authority to inform them of this development and where appropriate exchange of relevant information (including risk assessments, IAF reports and the Single Plan).

**13. Accountability, Performance Management And Quality Assurance**

Clackmannanshire and Stirling’s Child Protection Committee shall provide the governance structure for CARM procedures in both Clackmannanshire and Stirling.

The CARM Chair is accountable to Clackmannanshire and Stirling’s Child Protection Committee.

The Child Protection Lead Officer shall include CARM statistics in their quarterly and annual reports to the Child Protection Committee. This will include the following dataset:

* Total number referrals received;
* Age;
* Gender;
* Origin of referrals;
* Number of Initial CARM meetings held;
* Number of Review CARM meetings held;
* Nature of concerning behaviour (e.g. sexual, violent or both);
* Number of “active and alert” cases;
* Number of “attentive” cases;
* Number of “awareness” cases;
* Re-offending by the child or young person in the care and risk management process (within six months of the entering the process) and
* No of children or young people exiting the CARM process.

This interim operating procedure shall be reviewed following the finalisation and adoption of the *Care and Risk Management Planning For Children and Young People Who Present A Risk of Serious Harm Guidance* (as an appendix to the *Framework for Risk Assessment, Management and Evaluation (FRAME) Planning for Local Authorities and Partners: For Children and Young People Under 18s*).

**APPENDIX A - CARE AND RISK MANAGEMENT (CARM) PROCESS**

**ORIGINATOR OF REFERRAL**

**CARM CHAIR**

**Named Person & Lead Professional**

**Notified**

**Not Needed**

**CONSULTATION – Is CARM Meeting Required?**

**Consider Invite to Child & RP to all/part**

**Yes**

**Invite Relevant Agencies/Parties**

 **CARM MEETING**

**AWARENESS ATTENTIVE ACTIVE & ALERT**

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**Deterioration**

**No Review CARM Meeting Required**  **Review CARM Meeting** **Review CARM Meeting**

**Universal services to address further issues** **(6 monthly)**  **(3 monthly)**

**Exit**

**Exit**

**Improvement**

1. *Framework for Risk Assessment, Management and Evaluation* (FRAME), Risk Management Authority, 2011. [↑](#footnote-ref-1)