

# PORTFIELD SCHOOL & SATELLITE CENTRES



## GUIDANCE DOCUMENT FOR CHILDREN AND YOUNG PEOPLE WITH RISK TAKING BEHAVIOURS



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Welsh Network of Healthy School Schemes



Cynlluniau Ysgolion Iach - Rhwydwaith Cymru



Integrated Safeguarding Children and Quality Assurance Service

Nov 2016

**Children and Young People with Risk Taking Behaviours  
Pembrokeshire Multi-Agency Protocol**

**Review of Guidance**

Portfield School adopts the LEA guidance on:-  
CHILDREN AND YOUNG PEOPLE WITH RISK TAKING BEHAVIOURS

This policy will be reviewed annually.

Signed: ..... Date: .....  
Headteacher

Signed: ..... Date: .....  
Chair of Governors

# Pembrokeshire Safeguarding Children Partnership

## Children and Young People with Risk Taking Behaviours

### Multi-agency Protocol

<b>Governance of Protocol</b>			
<b>Protocol owner</b>		<b>Integrated Safeguarding &amp; QA Service</b>	
<b>Key protocol contributors</b>		<b>Pembs Safeguarding Children agencies</b>	
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**Children and Young People with Risk Taking Behaviours  
Pembrokeshire Multi-Agency Protocol**

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## **Children and Young People with Risk Taking Behaviours Pembrokeshire Multi-Agency Protocol**

### **1. Introduction**

- This protocol has been developed by a multi-agency group on behalf of Pembrokeshire Safeguarding Children Board (PSCB).
- The protocol is a framework for use by all agencies in Pembrokeshire who work with children and young people in order to promote a safe, timely and effective response to children and young people who harm themselves or are at risk of harming themselves. This policy does not refer to pupils with severe learning difficulties who harm themselves in frustration. In these instances self harm is seen as communication and staff will address this as a behavior and work with families and other agencies to try and address the areas of frustration to reduce the self harming behaviours.
- Lessons from Serious Case Reviews & Child Practice Reviews tell us that one of the fundamental requirements to safeguarding children and young people is in how agencies work together to assist families and to work together more effectively in order to share information which relates to young people who are at risk of significant harm, by virtue of their own risk-taking behaviour.
- Practitioners may experience considerable anxiety when identifying aspects of self-harm in children and young people. There is often a fear that working on issues will lead to an escalation of self-harming behaviour. However, children and young people involved in risky behaviour are amongst the most vulnerable and are often largely unknown to those services charged with safeguarding their welfare. Moreover, self-harming behaviour in children and young people can be an indicator of mental health problems and distress.
- All agencies working with children, young people and their families in Pembrokeshire should work to this protocol as guidance.

### **2. Aims**

The following aims of this protocol cover the areas of concerns when children and young people, up to their 18<sup>th</sup> birthday, are involved in the following risk-taking behaviours:

- Child sexual exploitation (CSE) and/or sexualised behaviour
- Self-harm, suicide and para-suicide
- Substance misuse.
- To improve the quality of support, advice and guidance offered by staff working with children and young people who may be self-harming or at risk of doing so.
- To support agencies communicating with children and young people in a way that encourages and enables engagement with support services.
- To support agencies in assessing and minimising harm for children and young people they are working with, with support from specialist services.

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- To support agencies and young people working towards reducing self-harming behaviours with less self risk taking behaviours and potentially life threatening coping strategies.

### **3. Principles**

- Every child and young person should be treated as an individual.
- It is important for children and young people to be made aware of the limitations of confidentiality and implications around disclosure.
- Those working with young people need to recognise that dealing with the disclosure of the areas of risk-behaviours, as mentioned above, requires them to exercise their existing core professional skills.
- Recognition of self-harm as a serious and sensitive issue with the focus being on working towards harm minimisation and supporting coping strategies.
- Intervention and support negotiated openly and honestly including speaking to the child/young person, professionals, parents and carers, where appropriate.

### **4. Outcomes**

The key purpose of this guidance is to improve the understanding of, and services to, children & young people with risk-taking behaviours. This will be achieved through the following outcomes:

- An improvement in the quality and consistency of response children & young people may receive from agencies when risk-taking behaviour is disclosed, observed or reported.
- Improved support to children and young people in communicating their feelings and factors that have contributed to the risk-taking behaviour.
- Increased awareness by agencies and understanding of risk-taking behaviour including appropriate identification of risk and harm-minimisation strategies.
- An understanding of the care pathway and where agencies, children, young people, parents and carers can go for support.

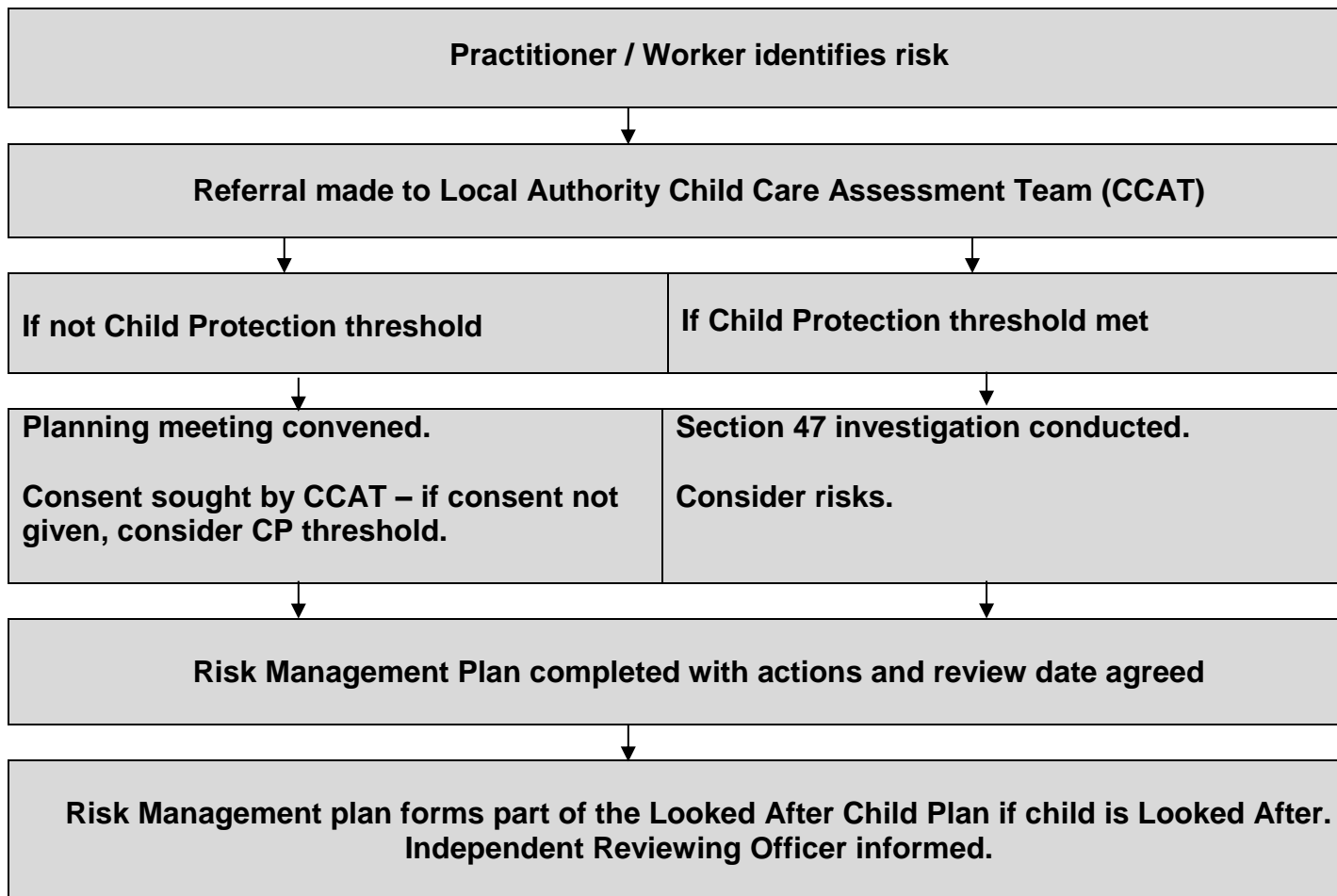
### **5. Procedure & Risk Management Plan**

- Staff from all Agencies working with children & young people should follow this procedure.
- These tools are intended to assist referring agencies in deciding whether the threshold is met to make a formal referral for further specialist intervention e.g. Primary Mental Health Worker, G.P., Specialist-CAMHS, substance misuse and voluntary services (e.g., Tros Gynnal). In every situation, when consideration for a referral is required, the worker should contact the Primary Mental Health Worker with any concerns.

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- It is the responsibility of the professional who identifies the concern to consider the individuals needs and concerns and refer to Local Authority Children’s Services.

**Risk Management Plan**



- 5.1 Discharge agreed following joint assessment with Social Worker. The assessment would include an agreed plan for onward referral and/or any further intervention/support, with appropriate risk-assessment.**
- 5.2 Discharge following hospital admissions would be a joint decision made by both the Paediatricians and Psychiatrists. No child or young person is discharged if any of the following apply:
- There are any concerns about parenting, if the young person is in need, or if there are Child Protection issues.
  - A further assessment is required.
  - The young person becomes aggressive and a danger to him/herself or other patients or absconds from the ward. The Police are to be called immediately and social services informed.

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- Where any of these concerns overlap with Child Protection concerns, the primary guidance as set out in the All Wales Child Protection Procedures should be followed (see [www.awcpp.org.uk](http://www.awcpp.org.uk) for details).
- The Strategy discussion should involve all agencies who are, or could become, involved in the child/young person's life. These agencies could range from schools, Police, S-CAMHS to substance misuse support agencies/sexual exploitation services. Together, the relevant agencies should undertake a multi-Agency risk assessment of the child/young person's circumstances and prepare a plan to address the child/young person's needs.

### **5.1 Procedure for self-harm**

#### **5.1.1 Advice for Front line staff dealing with disclosure of self-harm**

- Many children and young people who harm themselves have concerns about seeking help. They may feel that professionals do not understand why they have self-harmed and why their behaviour may still continue despite being offered support.
- If self-harm is revealed, it is important to treat the child or young person with respect at all times, not to judge but to listen and provide advice & support. Assumptions should not be made about the reasons for self-harm & each episode should be treated individually.
- Those professionals working with young people, e.g., Youth work, Education, Social work or Health, need to recognise that dealing with disclosure of self-harming behaviour requires them to exercise a level of professional skill and competence. In order to achieve this, all professionals need to have a good understanding of the issues of emotional and mental well being and self-harming behaviour in particular.
- A child or young person who is self-harming is likely to be experiencing problematic issues in a number of areas of their life. The professional should discuss with the young person onward referral to key services such as Counselling or PMHW services and consider if there is a need for a multi-Agency meeting to consider the young person's needs and risk factors.
- It is important to recognise that someone who has self-harmed is at greater risk of suicide than the general population; however this does not mean that everybody who has self-harmed is an immediate suicide risk. Consideration needs to be given to the completion of a risk assessment, and any assessment undertaken needs to take into account the whole person, their circumstances as well as the self-harming behaviour.
- One of the factors that should influence any risk assessment is the level of engagement by the young person and, where relevant, their carers/ parents with support services. If this is not forthcoming then the level of risk is potentially increased and professionals will need to consider how best to manage this in line with the available options.
- Where a family is referred for support by another agency but refuses to engage, then consideration should include whether there is a threshold for referral under Child Protection guidance.
- Children and young people can be helped by:



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- Recognising signs of distress, staying calm, and finding a way of talking to the young person about how they are feeling
- Listening to their worries and feelings and taking them seriously
- Developing the skills of problem solving
- Being clear about the risks but making sure they know that, with help, it is possible to stop self-harming
- Referring on to the appropriate agency / service

**5.1.2** In all cases, the worker or professional identifying self-harm should inform their manager and, in the majority of cases, the early assessment will be undertaken collaboratively with the support of the manager and refer to the Primary Mental Health Worker/School Nurse/GP to assess the level of risk. Based upon this early assessment, a decision must be made as to whether the issue can be managed at the current level or whether there is a need to seek further assessment and/or support.

**5.1.3** If the assessment suggests that the level of concern/risk is low, but that it is beyond the scope of that individual/organisation to manage, a judgement should be made as to whom to approach to seek further support and assessment.

**5.1.4** Further assessment and support may be delivered from a variety of sources including, for example, Educational Psychologists, Specialist Teachers, Counsellors and Youth Offending Services. These professionals should consider whether the level of concern and the number of professionals involved with a child/young person, raises the threshold to the point where a referral to the Local Authority Children's Services should be made.

### **5.2 Emergency Treatment**

**5.2.1** If, at the point of initial identification, it is a medical emergency, an ambulance should be immediately summoned.

**5.2.2** If a child/young person is seen in Accident and Emergency and admitted to the Paediatric Unit then the child, as soon as medically fit, should be referred to S-CAMHS by the paediatrician. In these instances it will be the responsibility of Accident and Emergency to make a referral to Local Authority Children's Services.

**5.2.3** Similarly, should a child/young person come to the attention of a GP, then referrals should be made promptly, by telephone if urgent, e.g. if the risk of self-harm is to such a degree that it needs an urgent same day response by S-CAMHS and to consider referral to Children and Young People Services, provided the thresholds are met. The referring GP should always contact the Primary Mental Health Worker for advice and assessment of risk.

All referrals to Local Authority Children's Services should be made using the Dyfed-Powys Inter-Agency Referral Form (see Important Links on page 9).

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### **5.3 Procedure Child sexual exploitation/sexualised behaviour**

- 5.3.1** If child sexual exploitation is suspected, then the Safeguarding and Promoting the Welfare of Children who are at Risk of Abuse through Sexual Exploitation All Wales Protocol should be followed – see Important Links on page 9 for access to the Protocol.
- 5.3.2** If a child or young person is deemed to be making him/her vulnerable to exploitation due to promiscuous sexual behaviour, then a referral should be made to Local Authority Children's Services.
- 5.3.3** Refer to the Sexual Exploitation Risk Assessment Framework (SERAF) at Appendix D.

### **5.4 Procedure for Substance Misuse**

- 5.4.1** Any child suspected of misusing substances should be referred to Drugaid Choices. They are based at Allied House, Ground Floor, Perrots Road, Haverfordwest, Pembrokeshire, SA61 2HD. Telephone number 01554 755779.
- 5.4.2** Drugaid Choices Service offers support, preventative and harm reduction information, and therapeutic and practical interventions to children, young people and families in relation to the use of drugs and alcohol. Choices deliver outreach campaigns and offer training and ongoing consultancy and support to universal, targeted and specialist services.
- 5.4.3** Hywel Dda University Health Board provides a Dual Diagnosis and specialist substitute prescribing service.

### **5.5 CONTEST (The United Kingdom's Strategy for Counter Terrorism)**

- 5.5.1** The Prevent strategy<sup>1</sup>, published by the Government in 2011, is part of our overall counter-terrorism strategy, CONTEST. The aim of the Prevent strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.
- 5.5.2** Pembrokeshire County Council and its multi-agency partners have key roles to play in discharging their respective duties around Prevent. This will include multi-agency Channel Panel partnerships, chaired by the Local Authority Safeguarding service, to share information, risk-management and resources.
- 5.5.3** Further information is currently being developed regarding process and referral pathways, and will be added to this protocol as an addendum, in due course.

## **6. Consent and Information Sharing**

- 6.1** At the point of referral to Local Authority Children's Services, the professional supporting the individual will request the completion of the Dyfed-Powys Inter-Agency Referral Form.

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<sup>1</sup> Revised Prevent Duty Guidance for England and Wales July 2015

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- 6.2** If the child/family does not consent and the threshold for Child Protection intervention is not additionally met, then care should be taken to inform the child/family of all their options and potential support, both verbally and in writing. As this is a complex area, further advice and support should be taken as appropriate.
- 6.3** Sometimes concerns of significant harm may necessitate referrals being made without consent. See comments above and Appendix E for further guidance.
- 6.4** Where a child or young person refuses to be admitted to the Accident and Emergency Unit/Local Accident Centre/Paediatric unit every effort should be made to persuade them otherwise. Where advice and support is required, contact the S-CAMHS Service at the Preseli Centre during normal working hours and, outside normal hours and the weekend, contact the on-call S-CAMHS Practitioner via the Hospital switchboard. The S-CAMHS professional can provide advice and/or arrange an assessment where it is agreed necessary. If, once admitted, the child or young person refuses to see the professional from S-CAMHS, again, every effort should be made to persuade him/her and further advice should be taken.

### **7. Review**

- 7.1** The Pembrokeshire Safeguarding Children Operational Partnership will review the progress and content of this protocol on an annual basis.
- 7.2** This document will be shared with the Regional Dyfed-Powys Safeguarding Children Board (CYSUR) in order to assess how to develop the key areas in this protocol on a regional basis.

### **Important Links:**

Inter Agency Referral Form

Suicide prevention referral pathway tool for children & young people under 18

[http://www.pembrokeshire.gov.uk/content.asp?nav=1210,1211,1212&parent\\_directory\\_id=646&language](http://www.pembrokeshire.gov.uk/content.asp?nav=1210,1211,1212&parent_directory_id=646&language)

Pembrokeshire Youth Zone

<http://www.pembrokeshireyouthzone.co.uk/content.asp?nav=11,178>

All Wales Child Protection Protocols (including Child Sexual Exploitation, Trafficking & Missing Children)

<http://www.awcpp.org.uk/home/wales-protocols/>

All Wales Child Protection Procedures

[www.awcpp.org.uk](http://www.awcpp.org.uk).

Social Services and Well Being Act (Wales) 2014

<http://wales.gov.uk/topics/health/socialcare/act/?lang=en>

## **APPENDIX A**

### **Definitions**

- **Child sexual exploitation** is the coercion or manipulation of children and young people into taking part in sexual activities. Sexualised behaviour, through vulnerability to abuse and promiscuity, often occurs in children and young people who have previously been sexually abused or who are emotionally vulnerable. It is important to note that children do not volunteer to be sexually exploited and they cannot consent to abuse against them. The Serious Case Reviews, published in Rochdale in December 2013, highlight the serious implications for this extremely vulnerable group.
- **Self-harm** The term self-harm is used to describe a range of things that children and young people do to themselves in a deliberate way which is usually hidden. Children and young people describe that, by hurting themselves, they are temporarily able to change their state of mind to better cope with painful feelings. Self-harming provides a mechanism for dealing with intense emotional pain. However it comes with the burden of emotional guilt and secrecy, which can have an effect on a child or young person's ability to build and maintain relationships. It can also quickly establish a pattern of addictive behaviour. The vast majority of children and young people who self-harm are not trying to kill themselves; rather they are trying to cope with difficult feelings by engaging in behaviour which temporarily relieves stress and anxiety but which can become addictive. It is a method of distraction from often painful feelings that they unfortunately come to rely on.
- Although clearly a manifestation of distress, self-harm in young people is often a 'marker' for the presence of other problems that might have an important bearing on outcome, such as substance misuse, poor school attendance, low academic achievement and unprotected sex (Kerfoot 1998; King et al 2001). Typically behaviours could include scratching, cutting, burning, scouring or scrubbing, inserting harmful things into the body, tying something tight around the body, under or over eating.
- **Para-suicide** is self-harm with intent to take life resulting in non-fatal injury.
- **Suicide** is self-harm resulting in death. Common characteristics of adolescents who die by their own hand include coming from a broken home, a personal or family history of psychiatric or suicidal behaviour; substance misuse or previous self-harm (Hawton & James 2005). Research suggests however that over 50% of suicides will be in young people with no previous history of self-harm.
- **Substance Misuse** may be dependency (physical or psychological) or part of a wider spectrum of problematic or harmful behaviour. It means the use of a substance (illegal or otherwise) which causes harm to the child or young person, others or the wider community (National Treatment Agency), and can involve the improper use of the following:
  - Any controlled drug contained within the Categories A, B and C (see the Misuse of Drugs Act 1971 and the Medicines Act 1968)
  - Alcohol
  - Prescribed medication and over the counter medicines
  - Volatile substances such as aerosols and glue

## **APPENDIX B**

### **Risk Indicators**

Each of the four specific areas of risky behaviour addressed in this protocol has specific indicators of risk, and these are listed in detail in the individual sections below.

It is important to note that some children will be involved in all of these behaviours.

**There are risk indicators common to all four areas:**

**Vulnerabilities include:**

- Abuse or neglect by parent/carer/family member
- History of Local Authority care
- Family history of domestic abuse
- Family history of substance misuse
- Family history of mental health difficulties
- Breakdown of family/other relationships/family dysfunction
- Low self-esteem
- Relationship problems
- Personal knowledge of someone who self-harms or has committed suicide.
- Being in custody
- Mental illness
- Previous self-harm

**Risk indicators include:**

- Expressions of despair (self-harm, overdose, eating disorder, challenging behaviour, aggression)
- Unsuitable/inappropriate accommodation (including street homelessness)
- Isolated from peers/social networks
- Lack of positive relationships with a protective/nurturing adults
- Physical injury without plausible explanation

#### **1. Risk indicators specific to child sexual exploitation:**

**Vulnerabilities include:**

- Abuse or neglect by parent/carer/family member
- History of Local Authority care
- Family history of domestic abuse
- Family history of substance misuse
- Family history of mental health difficulties
- Breakdown of family relationships
- Low self-esteem

**Risk indicators include:**

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- Staying out late
- Multiple callers (unknown adults/older young people)
- Use of a mobile phone that causes concern
- Expressions of despair (self-harm, overdose, eating disorder, challenging behaviour, aggression)
- Disclosure of sexual/physical assault followed by withdrawal of allegation
- Sexually Transmitted Infections
- Peers involved in clipping (receiving payment in exchange for agreement to perform sexual acts but not performing the sexual act)/sexual exploitation
- Substance misuse
- Use of the internet that causes concern
- Unsuitable/inappropriate accommodation (including street homelessness)
- Isolated from peers/social networks
- Lack of positive relationship with a protective/nurturing adult
- Exclusion from school or unexplained absences from or not engaged in school/college/training
- Living independently and failing to respond to attempts by worker to keep in touch

### **Significant risk indicators include:**

- Periods of going missing overnight or longer
- Older 'boyfriend'/ relationship with controlling adult
- Physical/emotional abuse by that 'boyfriend'/controlling adult
- Entering/leaving vehicles driven by unknown adults
- Unexplained amounts of money, expensive clothing or other items
- Frequenting areas known for sex work
- Physical injury without plausible explanation

### **Child sexual exploitation**

Child sexual exploitation is a particularly hidden form of abuse.

Disclosure of this form of abuse is rare.

Vulnerability and risk indicators of child sexual exploitation are well established.

It is possible to evidence risk (see below).

All staff in all Agencies should be familiar with the Sexual Exploitation Risk Assessment Framework (SERAF) and be able to identify children at risk of child sexual exploitation.

### **2. Risk indicators specific to self-harm**

- Female
- Secretive behaviour
- Collecting & concealing self-harm equipment (for example razors, staples etc.)
- Collecting & concealing means of treatment (e.g., plasters, antiseptic, cotton wool etc.)
- Changed performance in school
- Anxiety about sexuality (predominantly girls)
- Disclosure of sexual/physical assault followed by withdrawal of allegation
- Use of the internet that causes concern

### **3. Risk indicators specific to suicide and para-suicide**

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- Male
- Current/ex inpatient
- History of youth offending
- Eating disorder
- Depression/anxiety
- Family history of suicide
- Physical illness
- Anxiety about sexuality (predominantly boys)
- Drugs misuse
- Alcohol misuse
- Use of the internet that causes concern
- Not engaged in education or training
- Living independently and failing to respond to attempts by worker to keep in touch

#### **4. Risk indicators specific to substance misuse**

- Not engaged in education or training
- Living independently and failing to respond to attempts by worker to keep in touch
- Looked after by Local Authority, fostered, homeless, frequent moves
- From marginalised and disadvantaged communities including some black and minority ethnic groups
- Those with behavioural conduct disorders and/or mental health problems
- Those involved in the commercial sex industry as a result of sexual exploitation
- Health, education or social problems at home, school and elsewhere

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**APPENDIX C**

<b>Baseline Assessment Tool: Questions and Guidance</b>
---------------------------------------------------------

<b>Initial Questions</b>
• What has been happening?
• Have you got any injuries or taken anything that needs attention. Consider emergency action?
• Who knows about this?
• Are you planning to do any of these things – consider likely or imminent harm?
• Have you got what you need to do it (means)?
• Have you thought about when you would do it (timescales)?
• Are you at risk of harm from others?
• Is something troubling you? – Family, school, social. Consider use of Child Protection procedures.
<b>Responses</b>
• If urgent medical response needed call an ambulance
• Say who you will have to share this with (e.g. designated teacher) and when this will happen
• Say who and when the right person will speak with them again to help and support them
• Check what they can do to ensure they keep themselves safe until they are seen again e.g. Stay with friends at break time, go to support staff.
Give reassurances i.e. It is ok to talk about self-harm and suicidal thoughts and behaviour
<b>Setting up the contract with the child or young person</b>
• Discuss confidentiality Child Protection if necessary
• Discuss Child Protection if necessary
• Discuss who knows about their concerns and discuss contacting parents
• Discuss who you will contact i.e. the school nurse
• Discuss contacting the GP
<b>Further Questions</b>
• What if any self-harming thoughts and behaviours have you considered or carried out? (Either intentional or unintentional – Consider likely / imminent harm)
• If so, have you thought about when you would do it?
• How long have you felt like this?
• Are you at risk of harm from others?
• Are you worried about something?
• Ask about the young person's health (use of drugs / alcohol)?
• What other risk taking behaviour have you been involved in?
• What have you been doing that helps?
• What are you doing that stops the self-harming behaviour from getting worse?
• What can be done in school to help you with this?
• How are you feeling generally at the moment?



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- What needs to happen for you to feel better?

**APPENDIX D**

**Sexual Exploitation Risk Assessment Framework (SERAF)**

<b>SERAF Category of risk</b>	<b>Indicators of risk</b>	<b>Description</b>	<b>Associated actions</b>
<b>Category 1 Not at risk</b>	No risk indicators but may have one or more vulnerabilities present.	A child or young person who may be 'in need' but who is not currently at risk of being groomed for sexual exploitation.	Educate to stay safe. Review risk following any significant change in circumstances.
<b>Category 2 Mild risk</b>	Multiple vulnerabilities. One or two risk indicators may also be present.	A vulnerable child or young person who may be at risk of being groomed for sexual exploitation.	Consider multi-Agency meeting to share information and agree a plan to address risk and/or need.  Work on risk awareness and staying safe should be undertaken with this child/young person.  Review risk following any significant change in circumstances.
<b>Category 3 Moderate risk</b>	Multiple vulnerabilities and risk indicators present.	A child or young person who may be targeted for opportunistic abuse through exchange of sex for drugs, accommodation (overnight stays) and goods etc.	Convene multi-Agency meeting under protocol for sexually exploited children and young people to ensure effective exchange of information with multi-Agency colleagues and agree safety plan. At least one review meeting to be convened.  Work should be undertaken with this child/young person around risk reduction and keeping safe.
<b>Category 4 Significant risk</b>	Multiple vulnerabilities and risk indicators. One or more significant risk indicators also likely.	Indication that a child or young person is at significant risk of or is already being sexually exploited. Sexual exploitation is likely to be habitual, often self-denied and coercion/control is implicit.	Convene multi-Agency meeting under protocol for sexually exploited children and young people to ensure effective exchange of information with multi-Agency colleagues and agree safety plan, including regular review meetings.  Protection plan should include long-term intensive direct work with the child or young person.
<b>Moderate or Significant risk</b>	As above.	Young person aged <b>18 years</b> or above.	Where a young person is aged 18 years or over the associated action in relation to Moderate and Significant risk: sexual exploitation should be addressed as an issue in relation to this young person through the Pathway or other work plan; liaison between Social Services and Police Public Protection Unit to address the young person's protection.

## APPENDIX E

### Guidance on sharing information related to Risky Behaviour

#### 1. Introduction

This is concise guidance for sharing recorded information about children who harm themselves or are perceived to be at risk of self-harm including suicide.

#### 2. Purpose of Sharing Information

The purpose of sharing information is to ensure children in need and in particular children who harm themselves or are perceived to be at risk of self-harm including suicide are given the help and support they are entitled to.

#### 3. Consent

Partner Agencies will use the Consent Form to record the competent child's consent to share recorded information. Fresh consent should be sought if the existing consent does not cover the proposed sharing or there has been a break in involvement. The child should be told what information may be shared and why it would be shared and the consequences of sharing.

#### 4. Sharing without Consent

Informed consent should be sought from the competent child to share recorded information unless;

- The situation is urgent and there is not time to seek consent, or
- Seeking consent is likely to cause serious harm to someone or prejudice the prevention, detection of serious crime.

If consent to sharing recorded information is refused by the competent child, or can/should not be sought from the child, information should still be shared in any or all of the following circumstances;

- There is reason to believe that not sharing is likely to result in serious harm to the child or someone else or is likely to prejudice the prevention or detection of serious,
- The risk is sufficiently great to outweigh the harm or prejudice to anyone that may be caused by the sharing,
- There is a pressing need to share the information.

#### 5. When is a child "competent" to give consent?

Anyone under the age of 18 is a child. A judgement must be made as to whether a particular child in a particular situation is competent to consent or refuse consent to sharing information. Consideration should include the child's chronological age, mental and emotional maturity, intelligence, vulnerability and comprehension of the issues. A child at serious risk of self-harm may lack emotional understanding and comprehension.

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### **6. Sharing Information**

Partner Agencies who request or refer information should state:

- What the information is and why it should be shared
- Whether there is informed consent and any limits to it
- If there is no consent, why they believe the information should be shared without consent
- The proposed method of sharing and storage of the information
- The period of time for responding to the request or referral.

Partner Agencies who refuse or cannot comply with a request or referral should say why and what could be done to secure their agreement to share information. Local Authorities, education authorities and health authorities/trusts must comply with requests for information from Social Workers carrying out an S47 inquiry unless it would be unreasonable to do so.

### **7. Families**

Partner Agencies should keep parents informed and involve them in the information sharing decision even if a child is competent or over 16. However, if a competent child wants to limit the information given to his parents or does not want them to know it at all, the child's wishes should be respected, unless the conditions for sharing without consent apply. Where a child is not competent, a parent with parental responsibility should give consent unless the circumstances for sharing without consent apply.

Children and Young People with Risk Taking Behaviours  
Pembrokeshire Multi-Agency Protocol

**APPENDIX F**

**Risk Management Plan (exemplar)**

<b>What are the risks?</b>	<b>Who might be harmed and how?</b>	<b>What are you already doing?</b>	<b>What further action is necessary?</b>	<b>Action by whom?</b>	<b>Action by when?</b>	<b>Completed</b>