

#### Effective Case Management and Oversight of Risk of Harm and Safety and Wellbeing

#### Effective Date: 22 December 2021

Partial review completed 04.10.2022 to reflect changes to OOCD oversight – substantive review date remains 21.12.2023; this was updated again 14<sup>th</sup> March 2023 to include the completion of the Professionals Plan and completion of case discussions for OOCDs at 3 weeks post panel.

#### Review Date: 21 December 2023

**Owner:** Youth Justice Service Manager

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This policy should be read in conjunction with Nottinghamshire Safeguarding Children Board policies and procedures, particularly Working Together to Safeguard Children 2018, Interagency Safeguarding Children Procedures located in <u>www.nottinghamshire.gov.uk/nscb. HMIP Effective Case Management guides.</u>

<u>Standards for Children in the YJS 2019</u> and <u>HMIP Effective Case Management (youth)</u> have been consulted in the writing of this policy and should be consulted for further information.

#### 1. Introduction

The three main priorities for the Nottinghamshire Youth Justice Service (YJS) are:

- to prevent offending and reduce the Likelihood of Re-offending (LoR)
- to safeguard children and young people and promote their future safety and well-being
- to protect the public from harm

An integrated approach that balances control with rehabilitation is called 'blended public protection'. HMIP (2021) state that a protection strategy, that aims to protect through control of risks, and a rehabilitative strategy, that aims to reduce risk and protect through rehabilitation, should not be conflicting and can successfully be combined.

To ensure that we take a true child first approach, the YJB submit that; we should promote children's individual strengths and capacities as a means of developing their pro-social identity for sustainable desistance, leading to safer communities and fewer victims.

To support staff to fulfil the above functions we strive to ensure that effective supervision processes are in place. Oversight of work supports high-quality delivery and professional development, enhancing the quality of work with children. Supervision arrangements for staff within Nottinghamshire serves many functions; administrative, ensuring that work is completed, clinical (also called educational supervision), providing a space to reflect and learn and supportive, ensuring that the welfare of staff is not overlooked.

#### 2. Supervisory Responsibilities

There is an expectation that staff should have access to some form of supervision every 6 weeks.

The YJS Service Manager has supervisory responsibility for the three locality Team Managers, the Interventions Team Manager and the YJS Development Manager.

Team Managers will have supervisory responsibility for Advanced Practitioners (AP's), Senior Case Managers (SCM), Case Managers (CM) and Youth Justice Service Officers (YJSO) in their teams, and their Statutory and My Future cases.

The South Team Manager will also have supervisory responsibility for any seconded Probation Officers.

The West Team Manager will have supervisory responsibility for the Volunteer Coordinator and have the lead for the YJS Nurse.

The North Team Manager will have a key role in liaising with the police for any seconded Police Officers, Police Community Service Officer (PCSO), Police Liaison and Administrative Support (PLAS).

The Intervention Team Manager will have supervisory responsibility for the Education, Training and Employment (ETE) Coordinator, Mentoring Coordinator and Part Time Youth Workers.

The seconded Futures ETE Coordinator will have supervisory responsibility for the seconded Futures ETE Advisors.

The Mentoring Coordinator will have supervisory responsibility for the part time mentors; overseeing their work with children and young people. There is an expectation that the mentoring co-odinator will meet with the interventions team manager / AP on a monthly basis to discuss current cases. A summary of these discussions and agreed actions will be recorded on COREPLUS.

#### 3. Assessments of children and young people

Children who are referred by the Courts for a Pre-Sentence Report, and those who have received a statutory court order, will be assessed using the YJB approved AssetPlus assessment. All other children involved in the Youth Justice Service (YJS), where the YJS are the lead worker, will have an assessment specific to their intervention programme (e.g. Out of Court Disposal (OOCD) Assessment, My Future Assessment) as decided by Nottinghamshire YJS.

An assessment helps us to understand the factors which have brought children into contact with the YJS and helps the YJS to provide an appropriate package of support to address their individual needs. An assessment is a dynamic process, which analyses and responds to the changing level of need and/or risk faced by the child.

In completing an assessment, the assessor should:

 fully engage the child and their parent(s)/carer(s) and significant others in the process to discuss and identify their needs and views

- gather up to date information from a wide range of sources, including previous records and assessments, agencies and people who know the child (e.g. CSC, health, education etc.)
- identify factors linked to desistance, safety and wellbeing, and risks to others, as well as strengths and protective factors
- consider adverse childhood experiences (ACES), past trauma and potential exploitation
- identify and explore any diversity factors that are present and how these could impact upon the level of RoSH, SaW and / likelihood of re offending.
- record information clearly and consistently, ensuring that there is sufficient analysis of the different factors affecting the child's life and how they impact upon the child and their lifestyle / behaviour etc.
- be forward thinking, focussing on positive child outcomes and developing the individual's prosocial identity
- ensure that the assessment is free from bias and, where the information is the opinion of the assessor, this should be made clear.

A good assessment will monitor and record the impact of any services delivered to the child and their family and review the intervention that is being delivered. This should all be reflected within any completed review assessment.

#### 4. Risk of Serious Harm (RoSH)

Serious Harm is defined as:

'An event which is life-threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible' (Schedule 15, Criminal Justice Act 2003)

RoSH will be assessed as Low, Medium, High, or Very High based on the following definitions.

**LOW -** There is **no evidence at present** to indicate any likelihood of serious harmful behaviour in future.

No specific risk management work needed.

**MEDIUM** - Some risk identified but the Child **is unlikely to cause serious harm** unless circumstances change.

Relevant issues can be addressed as part of the normal supervision process.

**HIGH -** Risk of serious harm identified. The potential event **could happen at any time** and the **impact would be serious.** 

Action should be taken soon and the case will need additional supervision and monitoring (e.g. supervision by middle/senior management, local registration).

**VERY HIGH Imminent** risk of serious harm. The Child **will commit the behaviour** as soon as the opportunity arises, and the **impact would be serious**.

Immediate multi-agency action is likely to be required. The potential event is more likely than not to happen imminently.

To assess a child's future risk of harm to others, and likelihood of reoffending, the assessor should:

- make use of available sources of information, including information relating to past behaviour / convictions, and involve other agencies in their assessment and decision making, where appropriate
- clearly identify and analyse any risk of harm to others posed by the child, including identifying who is at risk and the nature of that risk
- analyse the controls and interventions used to manage and minimise the risk of harm presented by the child

- take account of their broader context, such as family and peers, and situations where the child could be exploited
- actively gain the child's own perspective, as well as that of their carer(s), on their behaviour and the risk that they may present to others.

In constructing a plan, it is essential to consider all potential offending and harm-related behaviours, not just those that might result in serious harm. Planning should:

- promote the safety of other people, and sufficiently address risk of harm factors
- involve other agencies and significant others where appropriate
- address any specific concerns and risks related to actual and potential victims\*
- set out the necessary controls and interventions to promote the safety of other people
- set out necessary and effective contingency arrangements to manage the risks that have been identified
- actively include the child and parent/carer in both the assessment of, and planning for the management of risk.

Assessors should break down behaviours under the headings of Context, Likelihood and Imminence; whilst also addressing circumstances, capacity and creating opportunities, to produce a clear indication of the level of RoSH.

\* Any such recording needs to adhere to the Data Recording and Access policy.

#### 5. Safety and Wellbeing (SaW)

SaW focusses on: 'The risk that a Child might be harmed in some way either through their own behaviour or because of the actions or omissions of others' (Managing Risk in the Community – YJB, 2005)

SaW focuses on identifying possible circumstances or events which could lead to adverse outcomes for the child's SaW. Potential adverse outcomes for a child's SaW are defined as those outcomes where the child may be compromised either through his/her own behaviour, personal circumstances, or because of the acts or omissions of others.

SaW will be assessed as Low, Medium, High or Very High based on the following definitions.

LOW - no specific behaviours, events or people currently indicating likely adverse outcomes

**MEDIUM** – some specific adverse outcomes which can be addressed as part of normal supervision

**HIGH** – clear indications of specific adverse outcomes requiring attention soon which may require involvement by other agencies / management oversight

**VERY HIGH** – statutory thresholds or immediate action needed to prevent imminent harm to the Child. Immediate action is required and may involve intensive multi-agency support/ monitoring

It is important to ensure that the behaviours and adverse outcomes that have been identified could realistically occur for that child. To predict adverse outcomes, professional judgement should be used to clearly identify and analyse any risks to the child's SaW explaining the reasons for your decisions, and the level of concern.

In planning to keep a child safe, plans should:

- involve other agencies where appropriate, and align sufficiently with other plans concerning the child, such as child protection or care plans
- actively involve the child and parent/carer in both the assessment and planning stages
- identify the necessary controls and interventions to promote the child's safety and wellbeing

 set out the necessary and effective contingency arrangements to manage the risks and adverse outcomes that have been identified.

#### 6. Oversight of assessment and the management of ROSH, SaW and LoR

All initial assessments should be quality assured, and workers should understand and adhere to the agreed processes and timeframes when completing assessments, intervention plans and reviews (assessments and intervention plans).

The gatekeeping and countersigning of AssetPlus assessments will be completed by the Team Manager (TM), Advanced Practitioner (AP), or Senior Case Manager on duty according to RoSH/SaW level and type of assessment. See Appendices 1 for AssetPlus countersignature rules.

AssetPlus assessments should be reviewed every 3 months (at a minimum); this should be used as an opportunity to revisit the assessment which should lead to the necessary adjustments in the ongoing plan of work to promote the safety and well-being of the child and minimise the risk of harm to he child and others.

All other assessments (OOCD/My Future) will have been gatekept at the start of the intervention process and will be reviewed, as a minimum, at the end of the disposal/intervention. For OOCDs, a Professionals Plan will be completed by the case manager and be reviewed with the supervisor/AP as part of the initial case discussion which should take place three weeks post panel. Changes in relation to the child's situation, risk of harm or safety and well-being will be captured within events and case discussion records. Should there be a 'significant change' the case manager will discuss this with the relevant locality AP within arranged case supervision sessions and a record of this discussion; including impact on the child's risk and safety and wellbeing, and subsequent actions that have been agreed, will be recorded within Coreplus.

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Program me Type	Assessm ent Type	Assessment Due dates and gatekeeping (GK) timescales	Intervention/Action Plan	Minimum Review timeframe	Contacts
PSR	AssetPlus	GK: 2 working days prior to Court Date (or as agreed with manager)	N/A	AssetPlus to be reviewed within 15 working days of the start of Order: post sentence	Minimum of 1 face to face meeting with the young person to collect information . The PSR should be shared with the family prior to the Court date.
My Future with Assessm ent	My Future Assessme nt	Due: 10 w/days from allocation. GK: 8 w/days from allocation.	15 w/days from allocation	Plan and Assessment reviewed for the End of Intervention (normally 3months)	Min. fortnightly for 3 months

	OOCD				NA
OOCD Assessm ent	Assessme nt completed for panel	Assessment Due for GK Friday prior to the OOCD panel	N/A	As per given outcome (see below)	
YC/CR no interventi on	OOCD Assessme nt completed for panel	See OOCD Assessment	No plan if no YJS involvement	End of contact upon delivery of YC/CR. No review required.	
Outcome 22/CR/YC with interventi on	OOCD Assessme nt completed for panel	See OOCD Assessment	Intervention Plan and Professionals Plan to all be completed post panel within 15 working day and used to inform the first case discussion with the AP which should be held within 3 weeks.	End of intervention (min 12 weeks from delivery of the CR)	Set number of sessions / interventio ns to be agreed with young person
Youth Condition al Caution	OOCD Assessme nt completed for panel	See OOCD Assessment	Intervention Plan and Professionals Plan to all be completed post panel within 15 working day and used to inform the first case discussion with the AP which should be held within 3 weeks. Where possible the Intervention Plan should be completed jointly with Police Officer when giving YCC or first appointment with YP post YCC delivery.	End of intervention (min 12 weeks from delivery of the YCC)	Set number of sessions / interventio ns to be agreed with young person Minimum of fortnightly or may end sooner if the work has been completed,
Referral Order	AssetPlus	Gatekeeping 2 days prior to panel date For custody threshold cases the initial Referral Order Panel should be within 5 working days of sentencing	Should be completed at the panel. Agreed Plan to be uploaded to COREPLUS within 5 w/days following Initial Panel date	Asset Plus to be updated minimum 3 monthly. If not done for panel, AssetPlus to be min updated min 5 working days following review panels. Intervention Plans to be reviewed at the panel.	As per scaled approach

		Asset Plus due15		Asset Plus and	
YRO	AssetPlus	working days from sentencing date. GK: 13 w/days from sentencing date (Regardless of an assessment being completed for sentencing)	Due 15 working days from the start of the Order and actively reviewed (min. 3 monthly)	Intervention Plan to be reviewed min. 3 monthly until the end of the order (For ISS: Intervention Plan to be reviewed monthly)	As per scaled approach
Bail Supervisi on and Support	AssetPlus	If not done for Court due within 10 working days of BSS imposed	Due 10 working days from the start of the programme	Asset Plus and Intervention Plan to be reviewed min 3 monthly until the end of the bail period	As agreed at Court
Remand Managem ent Program me	AssetPlus	Entering Custody to be uploaded within 72 hours via YJAF. Initial Planning meeting to be completed within 5 working days of remand.	To be uploaded to YJAF within 5 w/days of any planning meetings	6 months min until sentence /release.	Contact within 5 working days, ideally a face to face meeting Monthly welfare visits whilst in custody and monthly planning meetings.
DTO Custody or Section 91 Custody	AssetPlus	Entering Custody to upload to YJAF within 72 hours. Referral to Probation regarding victim contact within 20w/days (12m or more custody) Initial Planning meeting held within 10 working days. AssetPlus should be reviewed and uploaded to YJAF (YCA). Case Manager to comment on YJAF within 5 working days. Asset Plus to be reviewed within the 10 working days prior to release.	Sentence Planning documents to be uploaded to YJAF within 5 w/days of any planning meetings by YCA. Case Manager to comment on YJAF (IF OPERATIONAL). It has been said that the plan completed at the sentence planning meeting is very generalised; if this is the case, the case manager should complete an individualised plan with the young person Pre-Release: Intervention Plan	AssetPlus to be reviewed 6 months min until pre-release review. <b>Prior to release</b> AssetPlus to be reviewed <b>within</b> 10 days of the release date.	Monthly welfare visits in custody in addition to attendance at any sentence planning meetings. Planning meetings: monthly if less than 6 Case Manager to use telephone/l etter/email

			should be completed within the 10 days prior to release from YCA.		contact in addition to face to face visits.
DTO Licence or Section 91 Licence	AssetPlus	AssetPlus to have been completed in the 10 days prior to release from YCA.	Intervention Plan to be reviewed within one month of release.	Post Release: Initial reviews to be completed min 1 month following release from custody (including AssetPlus, Intervention Plan and CMM/MAPPA) Following the initial post release review: AssetPlus/Interventi on Plan to be reviewed Min. 3 monthly. CMM/MAPPA	As per scaled approach
				meetings to be held min 3 monthly from the initial post release meeting.	

### 6.1 General Principles of case oversight and review

Workers should have an opportunity to discuss and reflect on the work they are doing with children/young people and their families. Case Management Meetings (CMMs), case discussions, formal and informal supervision sessions provide an opportunity for workers to reflect on the complexities of a child and their individual circumstances. It's also an opportunity to review plans to ensure they are sufficient to build on the child's strengths, promote desistance and keep them safe. When discussing plans to manage and minimise the risk of harm to others and keep the child safe, the supervisor should ensure that the children's best interests are prioritised, recognising their needs, capacities, rights and potential.

Case Management Meetings (CMM) will refer to all meetings that are arranged by YJS to discuss a child or young person. Case Management Meetings will be convened for a specific purpose which could be to review risk and safety and well-being, to discuss progress in relation to a specific order such as ISS/DTO in custody or the community, to co-ordinate plans for resettlement or transition or if a child has re offended or being considered for bail.

There are many occasions when the YJS are invited to contribute to meetings held by partner agencies (e.g., Children's Social Care led CCE Multi-Agency Meetings, Neighborhood Strategy Meetings, Children missing education meetings, Vulnerable Peoples Panels (this list is not exhaustive) to discuss a child/young person. As indicated, effective communication and timely and comprehensive information-sharing between statutory and non-statutory agencies helps to reduce the risk of harm a child poses to other people and can actively promote a child's safety and wellbeing. It is important that YJS staff attend the necessary meetings and use the relevant information to inform ongoing assessments and plans to manage risk/saw.

Where the case manager is unable to attend a pre-planned meeting arranged by another agency to discuss a child and/their family, this should be discussed with the team manager and, where appropriate, a substitute worker should attend.

#### 6.2 Case Management Meetings

#### • Statutory Orders

For statutory orders of more than three months (where the child's RoSH, and/or SaW is assessed as medium, high or very high) the case should be reviewed with a manager as part of Case Management Meetings the CMM should be held every 12 weeks (minimum) which provides opportunity for the assessment to be reviewed and updated in line with set locally set timescales. For children in custody, CMMs will be held at a frequency dependent on the length of the child/young person's sentence. CMMs will usually be chaired by the Team Manager; however, where capacity or circumstances mean that the TM is unavailable, Advanced Practitioners are able to chair.

Responsibility for booking the initial CMM is the responsibility of the gatekeeper who should update the locality CMM spreadsheet; all subsequent reviews should be booked by the chair of the CMM and recorded on the electronic case diary. Low risk cases should be reviewed as part of the regular supervision process. Any discussions and actions taken in relation to the management of RoSH/SaW/LoR must be recorded on Coreplus.

For young people in custody AssetPlus assessments will be updated no less than 6-monthly. Assessments of RoSH/SaW for children in custody should consider risks both in custody and in the community, assessing as if their release into the community is imminent.

#### • Case Management Meetings for a child in relation to RoSH/SaW

A CMM may be convened for any child open to YJS, regardless of the level of intervention, albeit TMs will need to consider what other multi-agency meetings are already happening and whether these enable effective management and oversight of needs and risks affecting the child.

For those children who pose significant risks to others, effective communication and timely and comprehensive information-sharing between statutory and non-statutory agencies helps to reduce the risk of harm a child poses to other people and promotes a child's safety and wellbeing. For this reason, relevant agencies should be invited at least 2-weeks in advance and a record made in Events on Coreplus. If any professionals are unable to attend, a verbal or written update should be sought prior to the meeting to present at the CMM.

CMMs will be attended as a minimum by:

- Team Manager (chair)
- Case Manager/Temporary Case Manager
- Identified Standing Panel Member(s)

The CMM agenda will follow the agreed structure (see appendices 4).

The purpose of the initial CMM is to share information to inform the discussions and decisions around managing the child's risk to others, likelihood of re offending and promoting their safety and wellbeing. The purpose of subsequent CMMs is to review and agree any changes to the assessment, level of risk, and plans to manage the child's risk to others or safety and wellbeing, ensuring that any intervention is meaningful and would benefit the child (not being procedural, punitive or inconsequential). To aid the discussion and decision making regarding the appropriate levels, the Chair of the CMM will use the RoSH and/or SaW Decision Framework (see appendices 2 & 3).

The child and their parent(s)/carer(s) should be meaningfully involved in managing their risk and keeping them safe, and their views must form part of an active risk management process. The YJS worker should ensure that they present their views at every CMM.

The meeting chair will be responsible for ensuring that the actions, including person responsible for completing them, along with timescales, are copied into an Event on the case management system within 48 hours. They must also ensure that CMM notes/minutes are completed and uploaded to the case management system within 5 working days.

If the child is open to CSC, the meeting chair will request Business Support attach the minutes to the CSC database. They must also send the minutes (by secure email, Cryptshare, or password protected for those outside of NCC) to all attendees.

Unless a young person has been discussed as part of a CMM within the past four weeks; those on statutory orders will be discussed as part of pre-arranged supervision sessions. Actions from previous CMMs will be reviewed and relevant discussions will be recorded on Coreplus.

#### 6.3 Out of Court Disposals (OOCD)

Initial quality assurance and oversight of the assessment will be undertaken by the Advanced Practitioner (AP) who attends the OOCD Panel in which the child/young person is discussed, irrespective of which team/locality the AP and the child/young person are from.

From w/c October 3<sup>rd</sup>, 2022, ongoing supervision post panel will take place within the locality where the child resides (as opposed to being retained by the OOCD panel AP). Oversight will usually be held by the locality AP who will familiarise themselves with the assessment post panel. If a child is assessed as high SaW/RoSH, or the risk rises to high during YJS intervention, there should be a discussion between the TM/AP as to who is best placed to maintain ongoing management oversight and who will review the OOCD assessment at closure. This should be recorded within events on Coreplus.

The supervisor should have a case discussion, providing case oversight, three weeks post OOCD panel where they will review the completed Professionals Plan and Intervention Plan. A case discussion will then be arranged for when another six weeks has passed. If there is a significant event/change, the lead worker should discuss this with the relevant supervisor who should make a record of the discussion and agreed actions within Coreplus using the case discussion record (appendix 5).

Oversight of an OOCD case may be undertaken in person, by Microsoft Teams or by phone contact. The supervisor will inform the member of staff of the date of the planned case discussion when updating on cases post OOCD panel. It will be the YJS worker's responsibility to contact the supervisor to rearrange if this date is unsuitable.

In the majority of instances, it is expected that OOCD case supervision will be retained by APs. However, if there is a significant change in risk factors which impact on LoR, RoSH or SaW, then there should be a discussion with the locality TM to highlight the issues affecting the child. Similarly, if there is any reoffending for a child open on an OOCD then this again must be shared with the locality TM. In both cases, decision making will need to factor in whether oversight switches to the locality TM, depending on the level of risk, complexity and concern.

At the end of an OOCD the 'Review Assessment at the end of an OOCD' should be completed by the case manager and attached to COREPLUS.

When OOCD cases are ready for closure the YJS worker will email the AP who will undertake the necessary closure checks and inform the relevant locality Business Support Team that the case can be closed.

#### 6.4 My Future Youth Intervention Programme

When a child is allocated for My Futures intervention, supervision and oversight of the case will be decided on a case by case basis; this could be dependent upon the complexity and if Youth Justice are the lead agency.

The manager providing supervision and oversight will have responsibility for:

• setting a date for the assessment/action plan to be completed for gatekeeping.

- ensuring all relevant health and safety checks have been completed (e.g. police intelligence checks, risk to staff form).
- gatekeeping of the initial assessment (where applicable) and or action plan
- setting review dates and providing opportunities for reflective case discussions, as a minimum 6 weeks, after the commencement. This can be sooner if envisaged that the intervention may be concluded early or later if there has been a delay in starting to work with the young person.
- reflecting on significant events with the worker; discussions which should be recorded, along with agreed actions, within COREPLUS using the case discussion record (appendix 5).
- agreeing an extension to the programme.
- agreeing and overseeing closure.

Where a 'My Future' assessment has been completed by the YJS; a review of this assessment should be completed at the end of a period of intervention.

# 6.5 Combining meetings to manage/review RoSH/SaW where the child is also open to Childrens Social Care (CSC)

Where a child is open to CSC, rather than holding separate CMMs, combining meetings (e.g. Child Protection Conferences, core group meetings etc.) to review and co-ordinate plans to manage the risk the child presents and keep them safe may be the most appropriate approach.

This should be considered on a case by case basis taking into consideration such things as: the child's order/programme of intervention; nature and level of risk of harm and safety and wellbeing; frequency of and attendees at CSC meetings; and the YJS level of confidence that meetings can consider both safety and well-being and risk of serious harm.

Where a CSC meeting falls within the 11-week review window:

- Medium, High, or Very High RoSH
- Low RoSH but Medium, High, or very High SaW
- The case manager should discuss with the Team Manager the appropriateness of combining meetings with CSC. The Team Manager may decide to hold a separate CMM. In these circumstances, the manager will advise on whether the case manager attends the subsequent multi-agency meeting chaired by CSC.
- Where it is decided to combine YJS/CSC meetings; The TM or AP will attend CSC MAM alongside the case manager and retain accountability for the oversight of risk. In RoSH/LoR matters would need to have discrete and full discussion; commensurate with the level of Rosh; which would need to be facilitated through advanced discussion with the chair, providing reassurance that the RoSH/LoR discussion would be protected.
- Where relevant, a discussion regarding the risk of serious harm should be had with the child and parent/carers present to seek out their views and ensure that they have a voice within the meeting. Where there is specific intelligence not to be shared; the Team Manager should ask for a confidential slot outside of the meeting.
- The TM/AP should evidence RoSH oversight using the CMM Record (see appendix 4).
- The case manager should complete an Event on COREPLUS detailing the main points of any discussion, child and parent/carer views, agreed level of risk and level of concerns regarding any adverse outcomes to child's safety and wellbeing, rationale for this, action plan, and whether there was a need for any confidential professional only case-discussion.
- The case manager is required to complete the AssetPlus review (where used) within five working days and send to TM/AP for countersignature.
- Where relevant, the intervention plan must be updated, agreed with the child and their parent /carer, including the actions/interventions agreed at the CSC MAM, within five working days.

#### 7. Referrals to Children's Social Care

Where possible, referrals should be discussed in advance with a TM/AP to make sure the right cases are being referred. However, a discussion should never delay a referral where there are serious concerns and in such cases the TM/AP should be copied into the referral to ensure they are aware that this action has been taken.

Thresholds / procedures for CSC can be found in the document **Pathway to Provision: Multi-Agency Thresholds Guidance**, located in Interagency Safeguarding Children Procedures on <u>www.nottinghamshire.gov.uk/nscb</u>

If the case is already allocated within CSC, concerns can be raised with the child's Social Worker. This must be completed within 1 working day. For Children not currently known to CSC, the YJ worker must make a referral to the Multi-Agency Safeguarding Hub (MASH). All discussions and referrals should be recorded on both YJS and CSC databases.

#### 8. Multi Agency Public Protection Arrangements – MAPPA

The Criminal Justice Act 2003 re-enacts, with some amendments, earlier provisions which place a statutory duty on a range of agencies to contribute to arrangements for coordinating local responses to sexual or violent offenders within the police service area. The Police, Probation Service and Prison Service, jointly referred to as the 'relevant authority', are responsible for establishing local arrangements for assessing and managing risks posed by sexual and violent offenders. Other bodies, including the Youth Justice Service, have a statutory duty to cooperate with those arrangements.

If a case meets one of the below categories, the Initial Notification of MAPPA Eligible Offender (MAPPA Form H) must be completed and sent to the MAPPA Co-ordination Unit (MCU) by secure email <u>mappa@nottinghamshire.pnn.police.uk</u>.

Category 1	
Registered Sexual Offender	
Category 2	
<ul> <li>Violent or other sexual offender:</li> </ul>	
<ul> <li>who has been sentenced to 12 months or mor under Sch.15 of the Criminal Justice Act 2003; or</li> </ul>	
<ul> <li>who has been sentenced to 12 months or more transferred to hospital under s.47/49 of the Men</li> </ul>	
<ul> <li>who has been detained in hospital under s.37</li> <li>1983 with or without a restriction order under s.4</li> </ul>	
Category 3	
<ul> <li>Other dangerous offender</li> <li>has been cautioned for or convicted of an offer or she is capable of causing serious harm AND management.</li> <li>This might not be for an offence under Sch.15 2003.</li> </ul>	which requires multi agency

The details of all children identified as being eligible for management under MAPPA should be recorded on the YJS MAPPA spreadsheet by the Locality TM, saved on the YJS Management site within Sharepoint. This should be regularly updated and shared with the MAPPA unit on a quarterly basis by the YJ Development Manager.

Management of RoSH for MAPPA eligible offenders should be managed at the lowest defensible level (MAPPA Guidance 2012):

• Level 1 cases are those which do not require significant multi-agency coordination to manage the risk. The YJS will manage the risk through the above procedures (Part 2). Minutes will be recorded in MAPPA Level 1 Information Sharing Meeting Minutes and a copy sent to the MAPPA Unit by secure email. Meetings at this level will be chaired by the Team Manager who is responsible for monitoring attendance. It has been agreed that the police should be an active part of these meetings and where there are issues in securing their attendance this should be escalated to the Service Manager. If the Team Manager is not available, a discussion should be had with the Service to agree

• Level 2 cases are those requiring additional 'value added' multi-agency input and co-ordination. If, after completing all Asset Plus modules, the conclusion is that RoSH cannot be managed at Level 1, a discussion needs to take place with the Team Manager or Advanced Practitioner. Meetings at this level will be chaired by the MAPPA Coordinator.

• Level 3 cases are those where there is a need for resources above those normally available or where there is a high degree of media attention. Meetings at this level will only be called in exceptional circumstances and will be chaired by the MAPPA Coordinator. YJS Children are unlikely to be risk managed at Level 3 however, in the event that a Level 3 meeting needs to be called the MAPPA coordinator will advise.

Where a YP is subject to MAPPA, and being managed by the YJS at Level 1, these meetings will follow the CMM timescales. The minutes of MAPPA 1 meetings should be completed on the 'MAPPA level 1 information sharing meeting template' and forwarded to the MAPPA unit within 10 working days.

Further information and full MAPPA processes and documents can be found within the YJ Policies and <u>Guidance</u> folder on Sharepoint

#### Appendix 1

#### Manager Oversight of Assessments QA Guidance

When an AssetPlus Assessment has been completed there will not be a **request signoff** option within COREPLUS and case holders will be able to **complete** some of their own stages; however, some stages will still require oversight and completion by another worker.

#### Asset Plus Stages that DO require oversight and completion (sign off)

- All Initial Assessments will be gatekept by Senior Duty Workers unless: The Child is previously known to be High RoSH /SaW, in which case a TM/AP will be identified to complete. Similarly, there may be some Medium /complex cases which the TM/AP are familiar and may retain for oversight, at the point of resentence.
- If the Duty Worker is gatekeeping an apparent High RoSH/SaW Assessment (not allocated to a TM/AP) they will need to discuss the case and agree RoSH/SaW levels with the locality TM/AP prior to the assessment being countersigned as complete.
- Pre-Sentence Report Assessments will be gatekept by a TM/AP. Post Sentence Reviews, where a PSR Assessment was gatekept by a TM/AP, will be returned to the original TM/AP to complete.
- Review/Closure Assessments for Cases with Medium/High SaW/RoSH will be completed by the TM/AP post Case Management Meeting (CMM). Similarly, interim reviews completed in relation to a change in risk factors or levels should be returned to the relevant TM/AP for completion.
- Closure Assessments of all Orders will require an AP/TM to complete the stage. If the case has been discussed within CMMs and is has been decided otherwise, this should be recorded within Events.
- When an AssetPlus has been gatekept, following any necessary changes being made, the Duty Senior/Manager/AP will Action: **Complete Stage**. At this point they will be prompted to add comments in relation to the stage that they are completing e.g. agreement with level of Rosh/SaW, CMM date, observations of the Child's progress at closure etc
- It is good practice that an Event is also added to the case management system to detail any actions/discussions regarding assessments; Event: **AssetPlus Completion.**

#### Stages that DO NOT require oversight and can be completed by the case holder

- Review assessments for Cases with Low SaW and Low RoSH.
- Review stages completed for the purpose of adding an Intervention Plan/Referral details.
- Administrative reviews to update details.

#### Oversight of Out of Court Disposal (OOCD) Assessments

Out of Court Disposals have oversight by the Advanced Practitioner chairing the OOCD Panel who will gatekeep the assessment as part of the panel process. If a child is assessed as High SaW/RoSH the AP will discuss with the Team Manager regarding who is best placed to maintain ongoing management oversight/supervision and agree review OOCD assessment at closure. There should be a TM/AP decision recorded as to whether they wish to have oversight and complete the closure assessment or if this can be done by the case holder.

### **Risk of Serious Harm Decision Framework**

Seriousness	Absence / presence	Imminence	RoSH
	of protective factors		Classification
Presents an ongoing risk of committing an offence causing serious harm	Pervasive risk and a lack of protective factors to mitigate that risk	More than likely to happen imminently. Requires long-term risk management to contain the risk (including long- term treatment). Will happen if controls are absent.	Very High There is imminent risk of serious harm. The potential event is more likely than not to happen imminently, and the impact would be serious.
Offender has a history of causing serious harm and remains capable of causing serious harm. The offender may not have a proven offence history of causing serious harm, but there is evidence of risk factors and/or previous or current behaviours that indicate a propensity to cause serious harm.	There are sufficient protective factors to mitigate that risk. The offender evidences a capacity to engage with risk management strategies and/or comply with treatment. Some capacity to self- risk manage	Ongoing risk which will / could increase if protective factors 'fail', are absent or diminish. Protective factors require maintenance and support.	High There are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact could be serious
May have caused serious harm in the past, but a repeat of such behaviour is not probable. The offender may not have a proven offence history of causing serious harm, or current evidence of risk factors. Previous or current behaviours may indicate that there may be a propensity to cause serious harm, however the likelihood of such behaviour is not probable and is not imminent.	Will co-operate with risk management strategies and/or comply with treatment. Some capacity to self-risk manage with appropriate support. Presence of protective factors	Not imminent and a repeat offence is 'on the balance of probability' deemed unlikely.	Medium There are identifiable indicators of risk of harm. The offender has the potential to cause harm but is unlikely to do so unless there is a change of circumstances
May have caused serious harm in the past, but a repeat of such behaviour is very unlikely.	The balance of protective factors now substantially outweighs any risk factors. There are <b>no</b> current indicators of risk of serious harm	Not imminent and deemed very unlikely.	Low No significant current indicators of risk of serious harm

Seriousness	Absence / presence of protective factors	Imminence	SaW Classification
The Child is in an unsafe situation/environment which presents ongoing adverse outcomes and the need for immediate action.	Pervasive adverse outcomes for the Child's safety and well-being and a lack of protective factors to mitigate against them.	More than likely to happen imminently. Requires immediate action and/or long- term intervention to reduce the adverse outcomes (including long-term treatment). Will happen if controls are absent.	Very High There is imminent risk of serious adverse outcomes for the Child's safety and well- being. The potential event is more likely than not to happen imminently and the impact would be serious
Child has a history of safety and well-being adversely affected, as a result of their behaviour or that of others, which is ongoing.	There are sufficient protective factors to mitigate the adverse outcomes. The Child evidences a capacity to engage with keep safe strategies and/or comply with treatment. Some capacity to manage own safety and well- being	Ongoing adverse outcomes which will / could increase if protective factors 'fail', are absent or diminish. Protective factors require maintenance and support.	High There are identifiable indicators of adverse outcomes for the Child's safety and well- being. The potential event could happen at any time and the impact could be serious
Safety and well-being needs identified which are unlikely to have an immediate adverse outcome.	Will engage with intervention and/or treatment. Some capacity for keeping safe with appropriate support. Presence of protective factors	Not imminent and a repeat of adverse outcomes is 'on the balance of probability' deemed unlikely.	Medium There are indicators of safety and well-being needs and potential adverse outcomes are unlikely to occur unless there is a change of circumstances
May have previously experienced adverse outcomes but a repeat is very unlikely.	The balance of protective factors now substantially outweighs any risk factors. There are <b>no</b> current indicators of adverse outcomes.	Not imminent and deemed very unlikely.	Low No significant current indicators of adverse outcomes.

Appendix 4 YJ Resource Space - Management Oversight - All Documents (sharepoint.com)

### **Case Management Meeting (CMM) Record**

Reason for Case Management Meeting	
Date of Meeting	
Name of Young Person	
COREPLUS Number	
Attendees:	
Apologies:	
Review of actions from previous meeting:	(if applicable)
CURRENT ASSESSED LEVELS:	
<b>Risk of Serious Harm (RoSH</b> (Low, Medium, High, Very High)	
Safety and Wellbeing (SaW) (Low, Medium, High, Very High)	
Likelihood of Reoffending (LoR) (Low, Medium, High, Very High)	
Current Circumstances / New Incidents of ROSH / SAW and LOR	<b>Concern?</b> Consider in the context of
<b>Dealing with Changing Circumstances:</b> Co assessment, changing circumstances section come to fruition?	0
How does the child/young person and the RoSH, SaW, LoR, and the Interventions be	•

Risk of Serious Harm Assessment (RoSH): (behaviour, context, imminence, likelihood)

Safety and Well Being Assessment (adverse outcomes): (including behaviour, context, imminence, likelihood)

Likelihood of Re-offending (LoR): (including context, imminence)

Risk Management Plan: Internal / External Controls / Multi Agency Interventions:

This section should adopt a multi-agency approach to developing the risk management

Revised Risk LEVELS:	
Risk of Serious Harm (RoSH	
(Low, Medium, High, Very High)	
Safety and Wellbeing (SaW)	
(Low, Medium, High, Very High)	
Likelihaad of Deeffending (LoD)	

Likelihood of Reoffending (LoR) (Low, Medium, High, Very High)

	Agreed Plan /Actions (inclu	
Action	By whom	By when

## YJS Case Discussion Record

Date of Case Discussion			
Initials and COREPLUS r	umber		
Manager			
Worker			
Update on actions from <b>p</b>	previous Case Discu	ussion / CMM	
Case Overview / Progres What Outcomes are we t		arriers? Diversity factors?	
	what action has be	re been any new concerns, en taken to address these? SH, SaW or LoR levels	
	the effectiveness of		
working?		f Multi agency partnership P/parental feedback, is there	a need
Exit Strategy Considerati Consider the role of inter now for the end of the or	rnal / external suppo	ort that will need to be put in	place
	ACTIONS	<b>B</b>	
Agreed Action	Who will complet this	te Date to be completed I	у
·	I	I	

#### Appendix 6

# Child First Guiding principles

### Children as children

- Does it see children as children?
- Does it prioritise their rights as children?
- Is it developmentally informed?

### Develop pro-social identity for positive child outcomes

- Does it develop individual pro-social identity (engaging diversity), not reinforce pro-offending identity?
- Is it future focused, not backward/deficit focused?
- Does it focus on positive child outcomes, not managing offender outcomes?

### Collaboration with children

- Are children meaningfully involved in its development?
- Does it promote engagement and social inclusion?

### **Promote diversion**

- Does it divert away from the system, not draw in?
- Does it minimise stigma from contact with the system?