

Vulnerable Young Person's Protocol



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1. Introduction

The Edinburgh and the Lothians Multi-agency Child Protection Procedures provide the overarching framework for protecting children from significant harm in East Lothian and Midlothian. They describe the responsibilities, expectations, and actions that everyone working with children should follow in order to promote their safety and wellbeing. The Child Protection Procedures must be considered for a person up to the age of 18. 'Child' is defined as a person up to 18 years of age in line with the United Nations Convention on the Rights of the Child (UNCRC).

It is recognised that within East Lothian and Midlothian there is a small number of children at risk of significant harm who require an additional structure of support and protection. These children may be placing themselves or others at high levels of risk through their behaviour, and/or they may be at risk of being exploited (criminally and/or sexually) out with the home, in the community or online.

This Protocol provides a structured framework around the multi-agency assessment, planning and decision making for this group of children.

This Protocol will use the term 'child', in line with our multi-agency Child Protection Procedures, and in recognition of the UNCRC definition of a child up to the age of 18, although we recognise that in practice, they are more likely to be referred to as 'young person'.

This Protocol does not apply to any 16- or 17-year-old where Adult Support and Protection processes are being used, as the route into its use is through Child Protection processes.

2. Scope

This Protocol is for all staff working with a child under the age of 18 in East Lothian or Midlothian, regardless of the child's legal status or where they are living (they may be at home, in kinship, foster or residential care, or may be living in their own accommodation). It must be used in conjunction with the Edinburgh and the Lothians Multi-agency Child Protection Procedures, as the underpinning principles equally apply to the use of this Protocol.

This Protocol can be used on its own or alongside other existing processes (such as Looked After Reviews, Child Sexual Exploitation Strategy Meetings or involvement in the Children's Hearing System). The aim is to ensure a more focused discussion and plan to address the specific risks and behaviours that are causing concern. It is likely that this Protocol is more relevant for the older age group of children who are already known to services.

The route into the use of this protocol is the decision by the Child Protection Inter-agency Referral Discussion (IRD). The reasons for use of this protocol should be clearly recorded, in particular why a Child Protection Planning Meeting is not appropriate.

3. Criteria for referral

A child may be placing themselves or others at high levels of risk through their behaviour, and/or they may be at risk of being exploited (criminally and/or sexually) out with the home, in the community or online.

If there is more than one child involved a contextual safeguarding approach may be helpful. This considers the context in which the harm has occurred and shared social spaces (such as schools, parks or streets). Assessments and interventions should therefore also consider peer groups, locations of harm and patterns of harmful behaviour within these.

The threshold for use of this protocol is significant harm. ‘Significant harm’ is not defined in law.¹ The extent to which harm is significant relates to the severity or anticipated severity of the impact on a child’s health and development.

The following examples are not an exhaustive list but can guide when it might be appropriate to use this protocol. Consideration should be given to the child’s individual needs and circumstances which may increase their vulnerability (such as disability, medical condition, trauma)².

Example situation	Considerations
Regularly goes missing from where they are staying	How often are they going missing? Are there any patterns? Are they on their own or with others? Who are they with and what is known about them? Where are they going and if known, are there are concerns about this address?
Problematic alcohol and/or drug use – when its use is having a harmful effect on the child or others around them.	Is there an increase in use and dependency? What is the child drinking/using – is there increased risk? How is the child getting/buying the alcohol/drugs? Where is the child using the alcohol/drugs? Is the child being drawn into any risky activities/behaviours by others, including peers when getting or using the alcohol/drugs?
Is being or is at risk of being sexually exploited and/or criminally exploited. A CSE Strategy Meeting, chaired by Police, should always be considered, and may run parallel with this process or Child Protection Planning Meeting processes.	Be alert to the warning signs of exploitation (not restricted to): <ul style="list-style-type: none"> • Significant change in behaviour, including secretive behaviour. • Excessive time online or on mobile. • New/more than one mobile. • New/different friends, including older people, anyone suspected of or known to have been exploiting children, or friendly with others who are known to be exploited.

¹ Refer to page 10 of the [Edinburgh and the Lothians Multi-agency Child Protection Procedures](#)

² Refer to 3.13 of [National Guidance for Child Protection in Scotland](#)

	<ul style="list-style-type: none"> • Missing from school or where they are living. • Health issues (emotional, physical, sexual), some of which may be unexplained. • Gifts/money from unknown sources. • Is perceived as someone who is dealing drugs.
Significant mental health issues where the support or treatment plan is not reducing risk and increasing safety	<p>Is the child self-harming or has any suicidal thoughts or intentions? What are the patterns and severity?</p>
Serious offending behaviour	<p>Is the child involved in persistent and anti-social behaviour in the community that is placing themselves and/or others at risk of significant harm (e.g., gang-related violence, drug-related offending, use of weapons, animal cruelty, fire-raising?)</p>
Harmful sexual behaviour	<p>Is the child displaying developmentally inappropriate sexual behaviour which is causing significant harm to themselves or others? Is there misuse of power, coercion and force? Is informed consent by the victim lacking or not able to be given? Does the behaviour put the individual or others at risk of physical harm, disease or exploitation?</p> <p>Working with Children and Young People Who Have Displayed Harmful Sexual Behaviour</p> <p>This Scottish Government Guidance uses a traffic light analogy to categorise children’s sexual behaviours as green, amber or red indicating their increasing seriousness, and it is those behaviours that come into the red zone that are more likely to be covered by this protocol. Refer to pages 8 to 12 for more information.</p>
At risk of significant harm online	<p>Is the child accessing online content that is illegal or harmful (because it is not age appropriate or it is influencing harmful behaviours such as gender-based abuse, self-harm, suicide ideation, eating disorders?)</p> <p>Is the child at risk of significant harm through interacting with others online (peer-to-peer or being groomed/exploited)?</p> <p>Is the child engaging in behaviours (sexual discussions or acts) online or using any image-creating/sharing device which is harmful given their age or stage of development?</p>

	<p>Is the child gambling online or involved in any financial scams, either as a victim or perpetrator?</p> <p>Working with Children and Young People Who Have Displayed Harmful Sexual Behaviour</p> <p>This Scottish Government Guidance uses a traffic light analogy to categorise children’s sexual behaviours as green, amber or red indicating their increasing seriousness, and it is those behaviours that come into the red zone that are more likely to be covered by this protocol. Refer to pages 8 to 12 for more information.</p>
Victim or perpetrator of gender-based abuse	Is in an abusive relationship which places themselves or others at risk of significant harm?

4. Referral Process

In line with Child Protection Procedures, anyone who knows or suspects that a child is at risk of significant harm should make a referral to one of the core agencies (Health, Police or Social Work), providing as much detail as possible about the issues that are causing concern.

Where one of the core agencies is already working with the child and believes that the criteria for use of this protocol is met, there should be escalation of the concerns to the relevant agency IRD participant.

The IRD will be conducted in line with the Edinburgh and the Lothians Multi-agency Child Protection Procedures³. The initial assessment at the IRD will determine whether the criteria for VYPP are met. The IRD will take into account the following considerations when deciding to follow the VYPP route:

- The Child Protection Planning Meeting process would not meet the child’s individual circumstances/needs – for example:
 - Where the risks relate to harm out with the home and the parents/carers are engaging with professionals.
 - Where there is a need for more focused and detailed discussion about and plan to address specific and high-risk behaviours.
- Where the current plan and interventions under other existing processes (e.g. Looked After Child Review process) are not sufficient to reduce risk and increase safety for the child.
- The need for referral to the Children’s Reporter if the child is not currently within the Children’s Hearing System (and where not appropriate, recording the reasons for this).

³ Page 21 of the [Edinburgh and the Lothians Multi-agency Child Protection Procedures](#)

The IRD participants must clearly record their rationale for progressing to a Vulnerable Young Persons' Meetings and not progressing to a Child Protection Planning Meeting.

A multi-agency interim safety plan should be in operation throughout the IRD. The plan must be agreed by the IRD participants and followed until conclusion of the IRD or until the Vulnerable Young Persons' Meeting takes place. The interim safety plan must be shared with the people who are responsible for implementing it, and the child and family as appropriate.

5. The Vulnerable Young Person's Meeting (VYPM)

The VYPM is a formal multi-disciplinary meeting to decide whether the child is at risk of significant harm and devise a plan to reduce the risk. The status of a VYPM is the same as a Child Protection Planning Meeting, and the process will mirror this.

The timescale for holding a VYPP is 28 days from the start of the IRD.

Chair

VYPM Chairs will:

- From a best practice perspective, wherever possible, be independent of the case being considered, having no supervisory or line management responsibility for any practitioner involved.
- Have the authority, skill, and experience to challenge those contributing, including agencies' assessment or the progress of the Vulnerable Young Person's Plan (VYP Plan).

The Chair has the following responsibilities in relation to organisation and administration of the VYPM:

- To ensure the meeting is arranged to maximise participation of the child and their parents/carers.
- To ensure that the parents/carers and child's views are considered and taken seriously.
- To meet with the child and their parents/carers before the VYPM to explain its purpose, and possible outcomes.
- To ensure that relevant timescales are adhered to in the planning of subsequent Core Group and Review meetings, by setting dates accordingly.
- To ensure that all relevant agencies are represented at the VYPM and have provided written reports.
- To ensure that a referral to the Children's Reporter is considered, as well as any immediate action required to protect the child.
- To facilitate information sharing, analysis and decision-making.
- To approve the minute of the Meeting.

Organisation and Administration of VYPM

The organisation and administration of the VYPM should mirror the multi-agency Child Protection Procedures, in that:

- It should be held within 28 days of the start of the IRD.

- The notification of the VYPM should include a clear summary of the reasons why the VYPM is being convened.
- Each agency involved with the child should aim to provide a report no later than 10 days before the meeting.
- Each agency report will be shared with participants in advance of meeting to support preparation.
- The VYP Plan will be received by participants within five working days of the meeting.
- Children's Services will be responsible for producing a minute of the meeting which will be received by participants within 10 working days.

Involvement of the Child and Family

The child and parent(s)/carer(s) should always be invited to the VYPM. Their views must always be represented and considered by the VYPM, and the child should be offered independent advocacy. In exceptional circumstances, the Chair may decide that a parent or carer should not be invited to the VYPM, and the reasons for this should be documented. Their views should still be obtained and shared for the meeting. If there is a need for a meeting to be held in two parts, for example, where the child does not want to be in the meeting at the same time as their parent(s) the Chair and Social Worker will decide how to manage such arrangements.

Provision of Reports

A report should be provided by each agency involved with the child. The report should include the following:

- Views of the child and parent(s)/carer(s).
- Brief summary of the child's background to understand the child's experiences and the context of the issue(s) that have led to the VYPM.
- Detail about the specific behaviours and risks that need to be addressed:
 - Risk factors (who or what is presenting a risk to the child).
 - Child's vulnerabilities (anything about the child that increases the impact of the risk).
 - The impact of risk factors on the child.
 - Evidence to support risk analysis (what has seen or heard, and professional knowledge based on research/experience).
- Key strengths, protective factors and identification of support networks.

A multi-agency chronology should be prepared for the meeting which will support the analysis and assessment of risk.

Information sharing

As the level of risk is significant harm the threshold for information sharing is the same as that defined in the Edinburgh and the Lothians Multi-agency Child Protection Procedures (at page 17):

Summary of Lawful Bases for Sharing Personal Information in a Child Protection Context	
Public interest or public task	Necessary for performance of a task carried out in the public interest, which is laid down by law, or in the exercise of an official authority, for example, a public body's tasks, functions, duties or powers.
Vital interests	Necessary to protect someone's life or, for example, if a child is deemed to be at risk of significant harm.
Legal obligation	Necessary to comply with a common law or statutory obligation.
Reference ICO - a guide to lawful basis for sharing	

For 16- and 17-year-olds, the sharing of medical information should be proportionate and will be done on a need to know basis, and with reference to the [British Medical Association Ethics Toolkit – Treating 16 and 17-year-olds in Scotland](#). Where healthcare professionals have concerns about a 16 or 17-year-old who may be at significant risk of harm, whether or not they lack capacity, these concerns must be acted upon, and information given promptly to an appropriate person or statutory body to prevent further harm.

Quorum

As a minimum, there must be representation from the core agencies (NHS, Police and Social Work). Education staff are expected to attend where the child is registered in school.

6. Core Group

This will be held within 15 working days of the initial VYPM and will be chaired by the Social Worker. The child and their independent advocate, and parent(s)/carer(s) should be invited to attend the Core Group, and their views considered. The Core Group participants should include those who are supporting and delivering the Plan. The Core Group will review the level of risk and adapt the Plan accordingly.

The minute and updated Plan will be shared with the child, parent(s)/carer(s) (as appropriate, considering the need for any redaction of information where there may be any risk by sharing that information) and professionals involved with the child.

Subsequent Core Groups should be held at least every four weeks, determined by the level of risk. Earlier meetings can be held if risk escalates and can be requested by any member of the Core Group.

7. Review VYPM

Given the high levels of risk that lead to a VYPM and need for focused discussion and planning, Reviews should be held at least every three months.

Where the VYPP is being used for someone approaching the age of 18, transition planning to Adult Services should be instigated.

8. Professional dissent

Robust discussion, challenge and differences of opinion are a valuable element of decision making and effective multi-agency working. Where there are any issues, each professional should raise within the VYPM or Core Group and follow up their concerns in line with the Edinburgh and the Lothians Multi-agency Child Protection Procedures (page 40).