

Vulnerability Checklist Review

This document is to be used to review the level of vulnerability when referred to the Northumberland Risk Management Group (RMG).

Personal Details of Person

First name:		
Family Name:		
Also known as:		
Address:		
DOB / Age:		
ICS No:		
Case Status (Eg. CIN or CP)		
Legal Status:		

VCL Scores:

Original Score	
Previous Score	
Current Score	

Agencies Involved

Children's Social Care		Education	
Adult Social Care		TAS - Sorted	
NAS		Health	
CYPS		Police	
Other (name of agency)			

Risk Matrix

Rate using the following scale:

0. No apparent risk	No history or evidence at present to indicate current likelihood of risk from behaviour.
1. Low apparent risk	No current indication of risk but history indicates possible risk from identified behaviour.
2. Medium apparent risk	History and current behaviour indicates the presence of risk but action has already been identified to moderate risk.
3. High apparent risk	Circumstances indicate that the behaviour may result in a risk of serious harm without intervention from one or more agency.
4. Very high apparent risk	Will commit the behaviour as soon as they are able and the risk of significant harm is considered imminent.

Vulnerability and Protective Factors

Section 1:

Emotional Health

Low Self Esteem	
Low Mood	
Depression	
Self-Harm	
Severe Paranoia / Anxiety	
Suicidal Intent	
Suicidal Ideation	
Diagnosed Mental Health Difficulties, i.e., ADHD psychosis, OCD, schizophrenic	
Eating Disorder	
Total score for Emotional Health	

Physical Health

Major (under consultant care) (3)	
Moderate (regular GP involvement) (2)	
Minor (self-managed or with support of carer) (1)	
No Physical Health Issues (0)	
Total Score for Physical Health	

Sexual Health

Early onset of sexual activity	
Having sex with multiple partners	
Wants to become pregnant/is pregnant/is a young parent	
pornography/social networks	
History of sexual abuse	
Engages in risky sexual behaviours which could result in contracting a sexually transmitted infection	
Total Score for Sexual Health	

If scoring high – complete sexual health referral form

Section 2:

Social and Environmental

Looked After Child / Leaving Care	
Family/Relationship Difficulties	
Non School Attendance/NEET	
Homelessness	
Unsuitable Housing	
Social Isolation	
Total Score for Social and Environmental	

Section 6:

Absconding (reported missing to Police) (please refer to section 5, if risk of sexual exploitation)

Frequency of going missing	
Length of Episodes	
Concern about location and associates	
Total Score for Absconding	

If scoring high key worker to liaise with Social Worker for Missing Children

Section 3:

Substance Misuse

Alcohol	
Amphetamine	
Cannabis	
Cocaine/Crack	
Heroin	
Ecstasy	
Benzodiazepines	
Solvents/Gas/Aerosols	
Other (state)	
Poly Drug Use	
Frequency - Regular - Occasional	
Injecting - No - Yes/Previously	
Contact with Substance Users - No using friends - Some using friends - All friends using	
Family Substance Users - No family users - Known close family users - Significant family misuse	
Risk of Overdose	
Total Score for Substance Misuse	

Section 4:

Offending Behaviour

Involvement in Criminal Justice System	
Risk of Custody	
Total Score for Offending Behaviour	

Section 5:

Exploitation and Sexual Exploitation

Street Grooming	
Much Older Partner	
Domestic Abuse relationship	
Other Exploitation (e.g. – unpaid employment, receiving money or gifts)	
Online Activity/Social networking risk e.g. contact with strangers	
More than one mobile phone	
Excessive or secretive use of mobile phone or the internet	
Demanding sexual favours for alcohol, drugs, cigarettes and other presents	
Radicalisation (see RMG guidance and risk features and the threshold document)	
Total Score for Exploitation	

The check list above should be completed using the scoring matrix on page 1 and the total score used to identify an indicative risk using the scale on page 3. The identification of the level of risk should take into account the age and level of functioning of the child as well as professional judgement.

Please note: where a child, young person or vulnerable adult doesn't score high on the matrix but is a concern to the agency, the VCL should be submitted to the RMG. Professional judgement should be applied and supervision sought.

Summary of issues since last review:

Indicative Risk Continuum:

Low Risk	Medium Risk	High Risk	Very High Risk
0	40/41	60/61	70/71
0 ----- 100			

Evidence (Provide evidence of any changes in your assessment of risk, for example, positive outcomes relating to the plan in place, change in circumstances, if there is a change in score, state why the score has changed etc.)

Please remember to note:

- What is it that you are worried about?
- What is working well? (include strengths, exceptions, resources, goals, willingness etc)
- What needs to happen to decrease risk and improve safety?

Section 1:

Emotional Health: Previous score - Current score -

Sexual Health: Previous score - Current score -

Section 2:

Social & Environmental: Previous score - Current score -

Section 3:

Substance Misuse: Previous score - Current score -

Section 4:

Offending Behaviour: Previous score - Current score -

Section 5:

Child Exploitation: Previous score - Current score -

Section 6:

Abscending: Previous score - Current score -

Updated Danger Statement: *must be simple so that everyone can understand it*

Needs to capture the seriousness of each issue i.e. what are we worried about, how this can happen and be something the care team and the young person can achieve together.

E.G.

2. Social and Environmental

Danger Statement

- A, B, C, D & E are worried that V is not in suitable accommodation and will struggle to find anything better: V may end up staying with friends who encourage him in his substance misuse and where there is no one to look out for him, should he overdose. V may end up in poor quality accommodation, which places his health and safety at risk.

Safety Goal

- A, B, C, D & E want V to have his own tenancy as they know that now V is 18 he wants to live independently and have his own home. For this to happen they need to know that V will access the accommodation support he is being offered and attend all appointments. V needs to get benefits to pay for his home. He also needs to accept that he may not be able to live where he wants at first but having a home in a different area will allow V to have somewhere suitable to live and show he can manage a tenancy which will help him apply for housing where he wants to live in the future.

Scaling Question – on a scale of 0 to 10, where 10 means the problem is sorted as much as it can be and zero means things are so bad you need some help, where do you see yourself at the time of the present time.

Needs to show where the person sees themselves now, where professionals see them and family members see them in terms of this specific issue. E.g. 10 being in their own accommodation and not needing any support to maintain tenancy.

If not scoring high on this scoring matrix is this young person assessed as high risk by any single agency using their own criteria/documentation?

Views of the Person:

What do you think needs to happen to make people less worried about you? What would the next steps be to help with this?

On a scale of 0 to 10, where 10 means the problem is sorted as much as it can be and zero means things are so bad you need some help, where do you see yourself at the time of this assessment.

0 -----10

Views of Parents / Carers:

What do you think needs to happen to make people less worried about you? What would the next steps be to help with this?

On a scale of 0 to 10, where 10 means the problem is sorted as much as it can be and zero means things are so bad you need some help, where do you see you see your child/ young person at the present time.

0 -----10

Safety Plan:

The Safety Plan needs to show the process, steps and methods that are to be taken for the journey from danger statement to safety goal.

E.g.

2. Social and Environmental

** V is offered weekly support with the accommodation team to help apply for benefits and look for appropriate housing.*

** V has presented as homeless to North Tyneside Council, where he now has a local connection. We have been advised that they will transfer V's application to Northumberland.*

** V has been advised that his current accommodation placement will no longer be funded. The Accommodation Team will remain involved with V to help him settle into new accommodation and provide support to V to develop independent living skills and be able to manage his own tenancy without the risk of being evicted.*

** V needs to attend appointments with the accommodation team and engage with the support being offered to help himself to get a home of his own.*

** V needs to comply with the tenancy agreements of any future housing to be able to remain in the property and increase the possibility of being housed in an area of his choice in the future.*

Completed by:

Date:

Countersigned (Manager)
(must be signed by the Team Manager or will be returned)

Date: