RISK TAKING BEHAVIOUR PRACTICE GUIDANCE

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Risk Taking Behaviour Practice Guidance

Introduction

Who is this document for?

This practice guidance has been developed to assist professionals working with risk taking behaviours by children and young people up to the age of 18 years. The risk factors are particularly prevalent in those young people who are, by virtue of their own behaviour, lifestyle, or chosen living arrangements, placing themselves at heightened risk.

Key Principles

- Compliance with the Social Services and Well Being (Wales) Act 2014
- Having a good basic knowledge of what risk taking behaviour and the reasons for it is the first step to helping a young person whatever your role is in their life.
- Negative risk taking behaviour is different to risk taking behaviour
- Negative risk taking behaviour should never be accepted as a person's normal behaviour
- Prevention and early intervention in negative risk taking behaviour is key
- If the young person's negative risk taking behaviour is placing them at risk of significant harm the All Wales Child Protection procedures must be followed
- Finding ways to work with the young person is fundamental
- Helping and supporting to stop their negative risk taking behaviour is not usually a quick process but it will be life changing and in some cases lifesaving.

What is risk taking Behaviour?

Risk taking behaviour is an element of human behaviour and is a normal part of a young person's development. Young people typically experiment with new behaviours as they explore their emerging identity and independence.

A certain degree of risk taking is essential for personal growth and development – it enables a young person to test their limits, learn new skills, develop competence and self-worth, and assume greater responsibility for their life.

However, risk taking behaviour can be problematic and requires intervention when it:

- interferes with normal adolescent development
- poses serious risks to the young person's health, safety and emotional wellbeing
- impairs healthy functioning
- becomes an established part of the young person's lifestyle

This type of risk taking is sometimes known as **negative risk taking behaviour** and this is the wording used in the rest of this document.

Examples of negative risk taking behaviour include:

- early and/or high risk sexual activity
- unprotected sexual activity
- inappropriate sexual behaviour
- substance or alcohol abuse, including the use of prescribed medication / volatile substances (glue, aerosols)

- ♦ Driving under the influence of alcohol or drugs
- ♦ runaway behaviour
- ♦ self-harm – behaviours with no suicidal intent through to taking one's own life
- ♦ criminal activity
- ♦ severe dieting
- ♦ violence and aggression
- ♦ gang activity
- ♦ radicalisation to become involved in terrorist activities

Young people may take part in more than one risk taking behaviour, which may affect their everyday existence and severely impact on family life, and social interaction including education, training and employment.

The agreed procedure for negative risk taking behaviour can be found on page 6 but these need to be considered with any individual protocols or policies.

The reasons for negative risk taking behaviour

Before exploring the reason for negative risk taking behaviour there are some key themes from research about risk taking behaviour which are important.

- ♦ Risk taking behaviour has a physiological and biological effect on the body which make the risks appear worth taking even when the person knows the potential consequences – in some cases when the behaviour has ended and everything turns out ok the feeling of 'escaping' the consequences itself has a part to play.
- ♦ Studies have shown young people tend to have a greater tendency to take risk compared to younger children and adults.
- ♦ The earlier and longer risk taking behaviour continues the harder it can be for the person to change their behaviour.
- ♦ Research shows how maltreatment in children's' early years or Adverse Childhood Experiences can affect brain development "producing a brain that is focused on survival" at the expense of the more advanced thinking that happens in the brain's cortex (Child Information Gateway, 2009; Brown and Ward 2013). This impulsivity may lead young people to risk taking behaviour as they get older, while remaining in a home environment in which maltreatment has featured can increase opportunities to do so.

When a young person is engaging in **negative risk taking behaviour** there is always a REASON. Two key reasons are:

- ♦ An indicator or a way of dealing with problems or escaping unhappy situations or feelings

- ♦ A way of resolving developmental challenges – *e.g. a young person proving themselves to friends or others*

Risks and protective factors

Negative risk taking behaviour can be balanced by positive influences and support in a young person's life - protective factors. Knowing about risks and protective factors are essential for people working with this group of young people. It can help them to:

- ♦ Reduce the risk of a young person starting to take part in negative risk taking behaviour

♦ Begin to de-escalate their negative risk taking behaviour.

The table on the next page shows the risk and protective factors of risk taking behaviour. Increasing protective factors are known to help counteract the risks and reasons behind risk taking behaviour.

Risk Factors *Characteristics of the young person themselves and their social environment that increase a young person's vulnerability to harm.*

Protective Factors *Individual and environmental factors that increase resistance to risk factors – including environmental supports, family background, personal skills and internal attitude.*

Adolescent Factors

- Low self esteem
- Poor social skills
- Poor problem solving
- Lack of empathy
- Homelessness

- Social competence
- Problem solving skills
- Optimism
- Good coping style
- School achievement
- Strong sense of moral values/spiritual beliefs
- Creativity and imagination

Family Factors

- Family conflict/breakdown
- Harsh or inconsistent discipline
- Lack of warmth and affection
- Abuse and neglect
- Lack of meaningful relationships with adults

- Supportive caring parents
- Secure and stable family
- Supportive relationship with other adult
- Attachment to family

School Factors

- School failure/dropout
- Bullying
- Peer rejection
- Deviant peer group

- Positive school climate
- Pro-social peer group
- Positive achievements and sense of belonging at school
- Opportunities for some success (at sport, study, etc.) or development of a special talent/hobby • Recognition of achievement

Community and Cultural Factors

- Socio-economic disadvantage
- Exposure to violence and crime
- Homelessness
- Refugee experience
- Racism / discrimination
- Intercultural conflict – the adolescent trying to 'fit in' and adapt to the new culture
- Lack of support services
- Appropriate use of internet and social media

- Attachment and belonging to community
- Access to support services
- Participation in community group
- Strong cultural identity/pride
- Secure home/housing

What can we do?

Organisations that come into contact with young people or work with them are usually centred around work to improving aspects of a child's life for example their health, wellbeing, relationships and safeguarding. These things increase the protective factors in their lives.

Therefore the services that your organisation already offers are likely to be able to help prevent and reduce negative risk taking behaviour.

However because negative risk taking behaviour often involves multiple risks working together with others is essential.

Parties to this protocol must work together using existing structures, working arrangements, policies and procedures. Working together and communicating effectively about risks, issues and protective factors is fundamental.

The value of face to face meetings where everyone comes together to share information and plan together cannot be underestimated.

Working with young people to change their behaviour and increase protective factors is key although it can be challenging (See page 5 and 6).

Risk taking behaviour and risk of significant harm

Where there are concerns that a young person's negative risk taking behaviour is placing them at risk of significant harm the **All Wales Child Protection Procedures** must be followed.

Parts 2 and 3 of the **All Wales Child Protection Procedures** outline the process that must be used by all individuals working with children and young people to make a referral to children's social services and working with the process once a referral has been made. **Contact Details** for the Local Children's Social Services intake and assessment Teams are on page 8.

Although negative risk taking behaviour is not specifically mentioned in the procedures it has been agreed that they will used in these circumstances in the Western Bay Area.

This is because the procedures are:
   ♦ Well known by individuals and prioritised by them
   ♦ Is a robust system for bringing individuals together
   ♦ Established processes that is known to be effective in many cases

If there are concerns that the young person is at **immediate risk of harm** the **police** on **999** should be called. (Section 3.6 – **All Wales Child Protection Procedures**)

In conjunction with the **All Wales Child Protection Procedures** other relevant policies, protocols and procedures must also be considered and followed as appropriate.

Key protocols and procedures which could be relevant to the situation are:
   • All Wales Missing Children Protocol
   • All Wales Child Sexual Exploitation Protocol

- All Wales Child Protection Sexually harmful behaviour Protocol

When a referral is received Children's Social Services will consider the circumstances and next steps. They can use the questions on page 6 to help with this process.

Where the referral proceeds through the child protection process the following actions must be undertaken in conjunction with the relevant sections of the **All Wales Child Protection Procedures**:

♦ Strategy discussions and meetings must be chaired by Social Services as required by **All Wales Child Protection Procedures**, Sections 3.4 and 3.5.1

♦ Attendance by all key professionals and good quality information sharing at strategy meetings is crucial to the process

♦ Strategy meetings should clearly identify how the young person will be involved in the situation and planning – this is fundamental because of the nature of negative risk taking behaviour.

♦ The role of family, friends, carers and community need to be taken into consideration whilst understanding their relationship/s with the young person

♦ Is the young person's behaviour at the point where specific services around behavioural change need to be explored?

♦ Consideration of the need for criminal investigation of a person influencing the young person's behaviour- i.e. sexual exploitation, drug dealing, criminal behaviour

♦ Police and Social Services departments should work closely with private care home providers to develop effective information sharing processes in relation to children and young people moving into their care homes or already residing there. This will greatly assist with initial/ongoing risk assessments and the construction/maintenance of safety plans

♦ Plans should be developed with the following things in mind:
  o Short term actions will be needed help to de-escalate the situation and increase the safety of the young person
  o Change in behaviour often takes time and plans need to be updated regularly

Key questions to help you consider the next steps?

Here are some useful questions that anyone can use to help them think about the next step when working with this group of young people at any stage.

They can be used with their own organisations assessments, policies and procedures:[1]

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[1] Adolescent Health GP Resource Kit Practice Points
http://www.caah.chw.edu.au/resources/gpkit/07_Section_2_chap_5_risk_taking.pdf

- How much is the behaviour compromising the young person's safety, health, and development?
- The range and severity of **risk factors** – the presence of one risk behaviour may increase the risk for the occurrence of others (e.g. substance abuse and sexual risk-taking; school drop-out and the development of anti-social behaviour)
- How severe is the risk behaviour and is it **escalating**?
- How aware is the young person of the consequences of their behaviour?
- How **entrenched** is the behaviour in the young person's lifestyle?
- What strategies do they know or use to minimise the harm associated with the risk behaviour?
- What **protective factors** exist in the young person's life to safeguard them against the consequences of risk behaviours?

Working with Young people

Engaging and working with young people is fundamental when working with this group of young people because of the characteristics of risk taking behaviour.

Key practice points that any person working with these young people can use:

- **The young person needs to be central to their own plan**

- Regularly remind the young person that people care about them – this message can become lost, particularly over time.

- Be honest about how their behaviour is worrying you and the people around them

- Explore the health and social consequences of these risks in an interactive and non-judgmental style: *"Jason, you said that when you get together with your friends and smoke dope you have a lot of fun and you forget about your problems. I'm wondering how you feel the next day. What do your body and your mind feel like? What's it like trying to go to school after you've had such a big night?"*[2]

- Help the young person explore the reasons behind their behaviour and what function it might fulfil in their life: *"How does smoking marijuana help you to deal with some of your problems?"*[3]

- It unlikely that focusing discussions about their behaviour in terms of what is 'right' and 'wrong' or 'lawful' and 'unlawful' will be productive. However this does not mean it should be touched on.

Remember - there are specialist interventions to promote behaviour change which some agencies may have access to. This option should always be explored where the child protection process has been initiated.

Support for employees working with Young People

Organisations should have their own arrangements for supporting their employees in their working role for example supervision, mentoring, one to one meetings with managers.

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[2] Adolescent Health GP Resource Kit Practice Points
http://www.caah.chw.edu.au/resources/gpkit/07_Section_2_chap_5_risk_taking.pdf

[3] As above

This support is particularly important for employees involved in these types of cases as often the work is challenging because; it is usually over a long period of time, requires number of different approaches, of the psychological effects of working with negative risk takers whose lives are at risk.

Key practice points for managers
♦ Be aware of the effects that these cases have on employees and consider how the organisation can support them
♦ Use the key questions on page 5 if the case appears to be 'stuck' or a change of approach is needed
♦ Check with the employee that the other organisations working with the young person are involved as agreed and if necessary escalate using resolution of professional differences processes

Contact Details for Local Authority Children's Social Services Departments

Below are the details of the 3 Local Authority Children's Social Services intake teams which are part of the Western Bay Safeguarding Children Board area.

SWANSEA: How do I access the Children's Central Advice Referral and Assessment Team?

The Children's Central Advice Referral and Assessment Team is Child and Family Services' intake/first point of contact team. The team is based at the Oldway Centre and can be contacted on 01792 635700 or access.information@swansea.gov.uk

Swansea Social Services Emergency Duty Team: 01792 775501

NEATH PORT TALBOT: How do I access the Single Point of Contact Team (SPOC)?

The Single Point of Contact Team (SPOC) is the first point of contact for families, members of the public and professionals. The team is based at Neath Civic Centre and can be contacted on 01639 686803 or spoc@npt.gov.uk

Neath Port Talbot Social Services Emergency Duty Team: 01639 895455

BRIDGEND: How do I access the Children's Services Assessment Team?
The Assessment Team is the intake/first point of contact team In Bridgend. The team is based at Bridgend Civic Offices and can be contacted on 01656 642320.
Bridgend Social Services Emergency Duty Team: 01443 849944

Access to the Child and Adolescent Mental Health (CAMHS) Crisis Liaison Team

The CAMHS Crisis team can be contacted on 01639 862534.

The CAMHS Crisis Liaison will provide an urgent mental health assessment for children and young people up to their 18th birthday who present in crisis with an acute mental health need that requires an urgent health assessment and plan of care. This is a nurse

led team based in Neath Port Talbot Hospital; the service covers ABMU Health Board which includes Princess of Wales Hospital, Bridgend and Morriston Hospital, Swansea. Core functions of the CAMHS Crisis Liaison Team include a rapid response within 48hrs in offering specialist mental health assessments to children and young people who are in crisis, such as those who present with an imminent risk of harm to self or others; severe mood disorder; acute psychotic disorder; severe eating disorder.

The team offer follow up appointments, when appropriate, to provide a brief therapeutic intervention, the team also provide liaison, consultation and specialist training in the care of children and young people with mental health problems, to health colleagues and partner agencies.
The Team provides community based treatment between the hours of 9am to 9.30pm, 7 days a week with on-call support from Child and Adolescent Psychiatrists.

The team can be accessed by Accident and Emergency Departments/Acute Hospital wards; police/Forensic Medical Examiner working in custody suites, CAMHS Targeted and Specialist Mental Health Services including Learning disability team, First Episode Psychosis Team, and Community Intensive Therapy Team and the generic CAMHS team. The advice for all other staff in order to access the CAMHS Crisis Liaison Team, if the child is in crisis and the risk is immediate, is through the nearest Accident and Emergency Department.

Should staff have general concerns regarding the mental health of a child or young person it is advised they are initially seen by their GP.