

Harm Outside the Home Project Learning Report

Project Period – November 2021 – July 2022

With many thanks to the young people, parents and professionals who took part in and supported these projects and to the DFE for Funding.

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Introduction

Children experience a range of harms outside the home and this area of work remains complex due to the evolving nature of this form of abuse and professional responses. This is especially relevant for adolescents, who currently represent our fastest growing cohort of children in care.

The recent Care Review estimated that almost one third of adolescents who entered care in 2017/18 had an extra familial threat identified at assessment. From 2010 to 2021, the number of children in care aged 10-15 years has increased by 26%, and the number of children in care aged 16 and over has increased by 37%. Over the same period, the number of children aged 16 and over on a child protection plan increased by 240% and by 52% for 10–15-year-olds. This provides helpful context to the need to develop responses across agencies including to consider new ways of working to maximise the impact of support and protection and prevent escalation.

To address this, in January 2022, the DFE provided £1.5m in funding to 8 projects spanning 7 regions and over 20 local authorities.

Nationally Projects have been covering 3 key themes key to safeguarding of children:

- Parental engagement
- Education as a protective factor
- Reachable moments

The themes share common threads which aim to build a shared perspective across professional groups, exploring new ways of working and identifying pathways to respond to the complexity of Extra Familial Harm. The Child Exploitation Support Programme have been commissioned to develop Practice Principles which bring together the best evidence – including from young people’s lived experience – to ensure an effective and consistent multi-agency approach to tackling extra familial harm and child exploitation. A key objective of the project nationally is to support the development of these Practice Principles which will be launched in 2023 alongside a suite of supporting tools and resources, including online events to share the principles with local areas.

Locally, Leicestershire, Lincolnshire, and Nottinghamshire were awarded funding to represent the East Midlands Regional Partnership within this National Project Framework. The local project has focused on three separate areas of practice development with common objectives, aiming to create and test new ways of working and tools to enhance collaboration using the expertise of different agencies to support practice in response to harm outside the family. This work has been coordinated by LCC and builds on the established collaboration within the wider regional CCE leadership group.

The following project workstreams were established:

Project Workstream 1: Lincolnshire County Council - The Project was to create a trauma informed toolkit for schools to underpin support and interventions with children and young people within the county that have been impacted by exploitation.

Project Workstream 2: Leicestershire County Council – The project was establishing a Trauma Informed Practice approach, using a Contextual Safeguarding Framework, to support a group work offer and identify early opportunities for intervention.

Project Workstream 3: Nottinghamshire County Council – The project had 3 working strands

- 1) A Harm Outside the Home Toolkit
- 2) Developing Relational-Based Practice and Being Restorative and Trauma Informed: Training for Alternative Education Provider provision
- 3) The improved communication pathways between Police, Social Care and Education Providers about children who are at risk of violence and exploitation

This report aims to provide an overview of each project, learning and outcomes. Each Local Authority has provided their report to set out key activity and learning. In addition, Leicestershire have provided an introduction, overview of how learning has been disseminated and project legacy in its role as project coordinator.

Lincolnshire Project Report

THE LINCOLNSHIRE VISION**PUTTING CHILDREN FIRST**

**Everyone Working Together for all Children, Young People
& Families
to be Happy, Healthy, Safe and the Best they can be**



Lincolnshire
COUNTY COUNCIL
Working for a better future

Harm Outside the Home- Learning Report

Lincolnshire's Project was to create a trauma informed toolkit for schools to underpin support and interventions with children and young people within the county that have been impacted by exploitation. The toolkit's aims are to.

- develop an understanding of trauma aware/responsive/informed practice
- support self-reflection and self-assessment of current practice in schools across four key domains
- promote a sense of safety, protection and belonging for young people in schools
- Ensure the voices of children and young people are heard, valued, and acted upon.

The Lincolnshire Context

- Large rural, coastal county (2,300 square miles)
- 147,000 children
- 360 schools across the county
- 76 maintained, academy or special secondary schools
- Approximately 50,000 children on roll at secondary school
- The areas of highest deprivation in Lincolnshire can be found in pockets of the major towns and along the coast
- 1600 Missing Incidents per year
- 309 children discussed through our MACE framework in the last 12-month period
- 38 children with an NRM outcome in the last 12-month period

1. Effectiveness of the approach, and consideration of wider factors that may have enabled/undermined this impact. (e.g., factors for successfully engaging schools)

The approach we took as a Local Authority was to build on the positive work that had already taken place within teams to enhance resources available and ensure that they had a focus on Child Exploitation. The majority of resources readily available were geared towards internal staff and the focus of the toolkit was to share the learning with external partners and extend this learning to include the lived experience and impact on children that have been exploited.

We used a strengths-based model to identify what already works well within Lincolnshire County Council. We also took the approach of utilising the project to establish the views of schools and determine what they would find impactful going forward. We also identified that the core values of practitioners are trauma informed practice, so we would need to continue to embed this across all agencies to enable consistent positive practice where the experience of the child is taken into full consideration.

Enablers

- Good relationships and engagement from schools and academies across the county
- Well embedded and established multi agency relationships and policies to support joint working
- Building on a model that is already successful and has trauma underpinned as the key to working practices
- Well established communication networks, such as Designated Safeguarding Leads, TAC forum and Early Help Consultants
- Outstanding Ofsted rating and building on these identified strengths

Challenges

- Geographical challenges of a large and rural county that has differing demographics, needs and resources
- Time scale to complete consultation, development, trialling, and evaluation
- Current capacity of schools to consider a new initiatives and elements of work within the timescale of the project in the light of COVID recovery and catch up
- Limited ability to direct school and academy practice/policy outside of statutory guidance

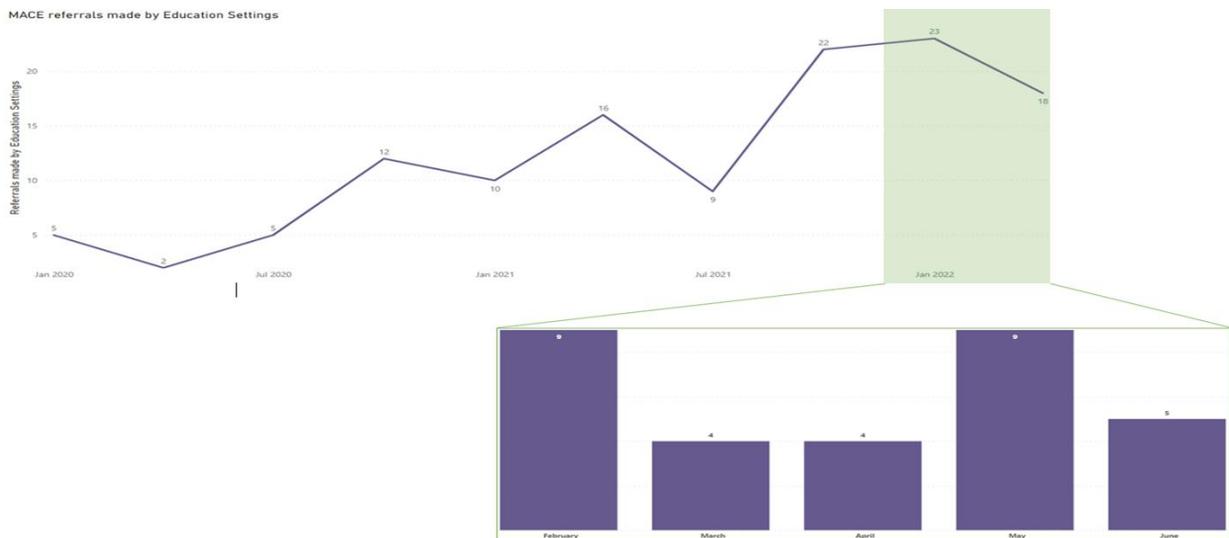
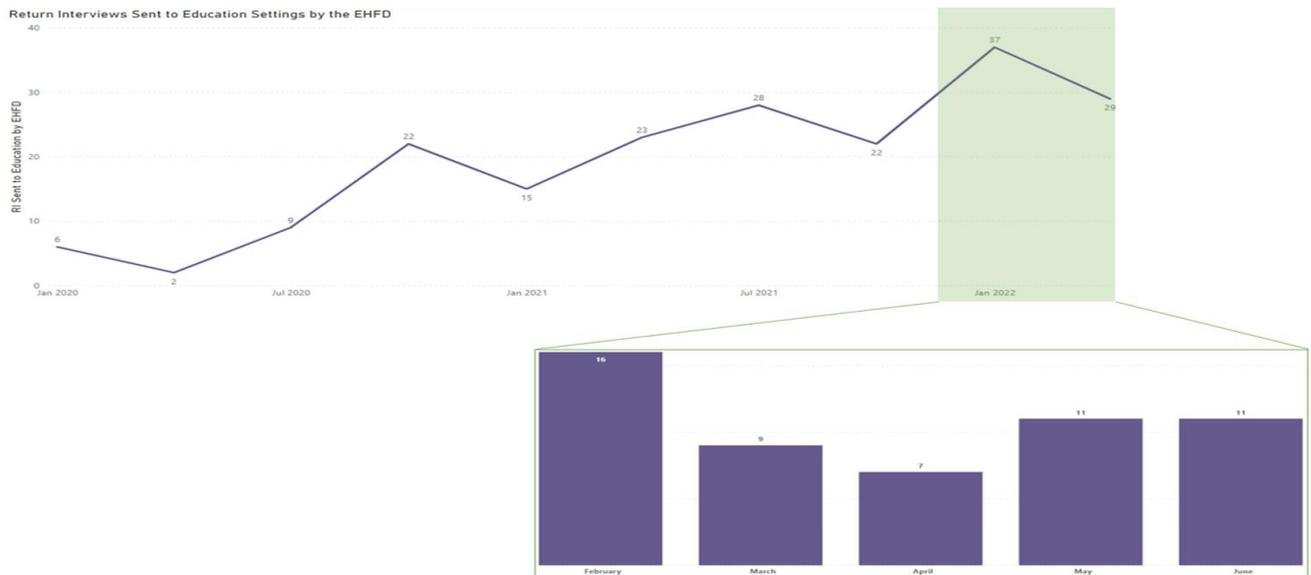
2. Measurement of the project, what was the baseline? Did this include the views of children/families worked with?

The baseline was to explore what schools already understood around contextual safeguarding, what they would use, to enhance how they support young people with CE concerns and to consider how they can improve the way they work with CYP who may be at risk of exploitation and potential exclusion.

Part of the project scope was to consult with 250 Designated Safeguarding Leads (DSL's) to establish the current level of knowledge within CE, this was sent to all schools via a questionnaire. Following discussions with DSL's they were invited to focus groups to establish schools current understanding

of concepts, language, and terminology in relation to CE/Missing. This then allowed for further volunteers to work closely with us and trial the trauma informed toolkit.

Our data below shows that since the conversations with schools started, we have seen an increase in the CE screening tools submitted as well as an increase in the number of Return Home Interviews completed by education providers. It suggests that positive engagement and wrapping support around key partners enables them to become active participants in tackling exploitation.



It has not been possible to measure the full project impact date due to timescales, however we have received positive feedback from our partners and stakeholders in relation to the project deliverables and milestones. We have also received positive constructive feedback and suggestions from the pilot schools involved with the testing the toolkit.

Consultation had taken place with children, young people, and carers to determine the content of the trauma informed toolkit. We have also identified that we need to include more specific

examples to demonstrate the lived experience of the child and parent/carer. This has also led us to explore a potential role of peer mentor for parents experiencing exploitation with their children and work has been undertaken to identify a parent with a lived experience to support the project as it moves forward.

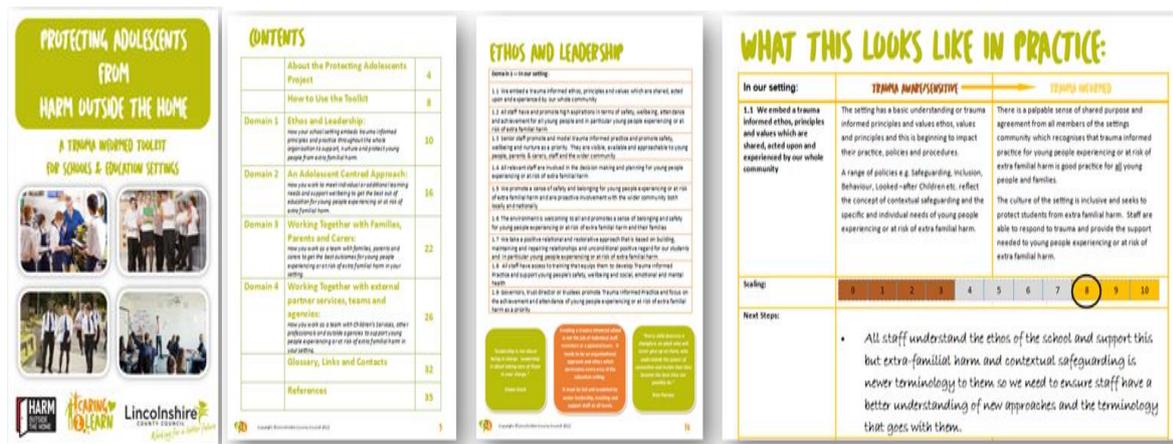
3. Reachable moments, education as a protective factor, parental engagement – Were these topic titles useful in advancing practice/strengthening your response to safeguarding young people from harms outside the home? How will you work on these areas going forwards?

These topic titles were useful in identifying our work with and support for all three stakeholder groups within this project. Reachable moments were key, in terms of supporting schools to understand their responsibility and opportunity to intervene at reachable moments, the toolkit helps them to identify the reachable moments and consider more preventative work. The 4 domains of the toolkit are linked closely with the 3 areas above as they address and ask schools to reflect on their own practice, how they work with young people, how they work together with parents, carers, and families as a whole and how effectively they work with external teams, agencies, and professionals.

The impact of the work completed has highlighted how valuable it is to get schools to reflect on their role as a crucial protective factor for children at risk of or experiencing harm outside the home and therefore think through the impact on the child if they are excluded for behaviours linked to CE. This focuses on the immediate, medium, and long-term impact to education, and to life opportunities for children who miss parts of their education.

This toolkit promotes the importance of children being in education when there are exploitation risks. This work will continue to be taken forward and will highlight and promote good practice in schools, increase positive relationships, improve networking opportunities, and has allowed us to have more conversations about the impact on a child when they are being exploited. There is also scope to have a parental advisor to offer support to other parents in similar situations and work with schools to better understand parent/carer perspectives.

The toolkit also supports practitioners to focus on and support parental emotional resilience and knowledge. This continues to drive our learning through professional domains as well as social context.



4. Learnings about responding to extra familial harm through the projects, and whether these findings differed from what was initially expected – e.g., the children affected; the type of harms; the engagement from schools/families; effective multi-agency working.

It was advantageous for us to have dedicated time to focus on the project, and to fully consider the impact of exploitation and explore the challenges of how education providers view exploitation and the impact on other students with the potentially difficult behaviours that are often present and how their policies and procedures support young people and sometimes create barriers to supporting and protecting young people experiencing harm outside the home. For instance, this has allowed us to raise and discuss the often generic ‘zero tolerance’ responses to knife crime in school behaviour policies, and we have been able to include elements of knife crime awareness within the toolkit as well as prompts for all practitioners to view children as victims.

From our surveys, we found that despite sometimes feeling overwhelmed with new initiative schools have been keen to develop their knowledge and understanding of contextual safeguarding and to have further opportunity to embed this work into their policies and practices. They welcomed further training and have made a commitment to attend and implement the toolkit as a benchmarking and support mechanism.

The project has allowed for more cross department working, within LCC and across our partner agencies. This work started as contributions to the project as a standalone piece of work but has developed into an ongoing and sustainable approach that will be filtered into business as usual when policies and processes have been ratified.

The project has enabled us to consider ways that schools can manage risk differently, and has identified a need for more specific resources, and joined up working with DfE and Child Missing Education teams.

We learnt that at this stage we need to seek a broader spectrum of children and parental views, this highlighted that we can sometimes assume the impact on the family home or education provision and that this differs greatly across the county and demographics experienced. This will be explored further in future work with the aim to have supporting case studies and emphasis on the experience of the victim.

What have we learnt?

- Schools have an appetite to play their part in tackling harm outside the home
- Information gathering and sharing is key – school survey/briefings to DSL's
- Schools need assurance around implementation and resources
- Key learning acquired about how we best engage with schools
- Requires a whole school ethos to be successful
- Learning from case studies informed the toolkit
- Examples of best practice can be shared
- Feedback used to shape and revise the toolkit

5. Implications of the project for policy and practice - sustainability of the work going forwards, changes because of the project.

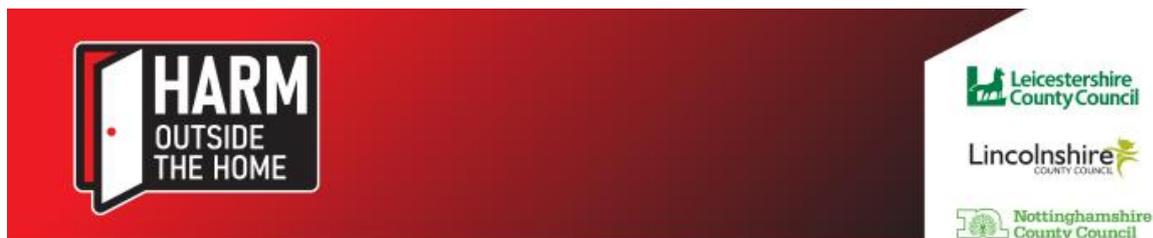
The project has enabled departments to further explore core offers to partners and for resources, policies, and processes to be reviewed to ensure joined up thinking and this will inform policy, process and practice going forward. This has promoted further work opportunities between the LSCP and LCC and has enabled us to review all training and statutory guidance in terms of our MACE arrangements.

The project has also enabled the CE Hub to reach further schools and increase knowledge and awareness following the DSL sessions and focus groups. This has seen an increase in CE screening Tools and has evidenced an improvement in the quality of information held within these.

6. Reflections on multi-agency/regional working.

The project team was created to incorporate staff from different teams and from different disciplines, e.g., Health, Youth Justice, Education, Police and Early Help. This has enabled us to look holistically at the benefits of the toolkit and to reduce bias from one discipline. It has been useful and interesting to see what else is happening within neighbouring local authorities. This is the first stage of practice sharing across regions that will be a positive foundation to move forward shared learning.

We have been able to consider the differences in how each LA work within the realms of CE – each team has a different model and mode of delivering CE work. Through exploring these we have been able to take elements of best practice and incorporate these further into our policies and procedures. It will be useful to come together as a regional group at the end of the project to share the learning and fully explore the journey prior to implementing the other projects into our work.



Leicestershire Project Report

Using a Trauma Informed Practice approach, the project has used a Contextual Safeguarding Framework to explore new ways of working with children and families and to inform the development of resources and systems to enhance our work with key partners including police, education, our colleagues in youth justice, the Violence Reduction Network and health.

The Leicestershire Project Workstreams comprised:

- **Peer Study (Four Girls):** Supported by a Contextual Safeguarding Framework and Safer Young Lives Research Centre, Bedfordshire University and TCE (Tackling Child Exploitation) support programme.
- **Additional Screening & Active Scoping** – Intervention at the earliest opportunity. Looking for additional vulnerability, including Edge of Care, homeless 16/17-year-olds, early indication of exploitation and first contact with police.

What We Found Effective - Project Methodology & Research

1) Contextual Safeguarding Approach

Leicestershire had the advantage of working with **Professor Carlene Firmin (MBE)** and the **Bedfordshire University, Safer Young Lives Research Centre**. The essential aim was one of understanding the advantages of adopting a contextual approach to influence local systems and service delivery. The approach was underpinned by a local strategic commitment to embed trauma informed practice.

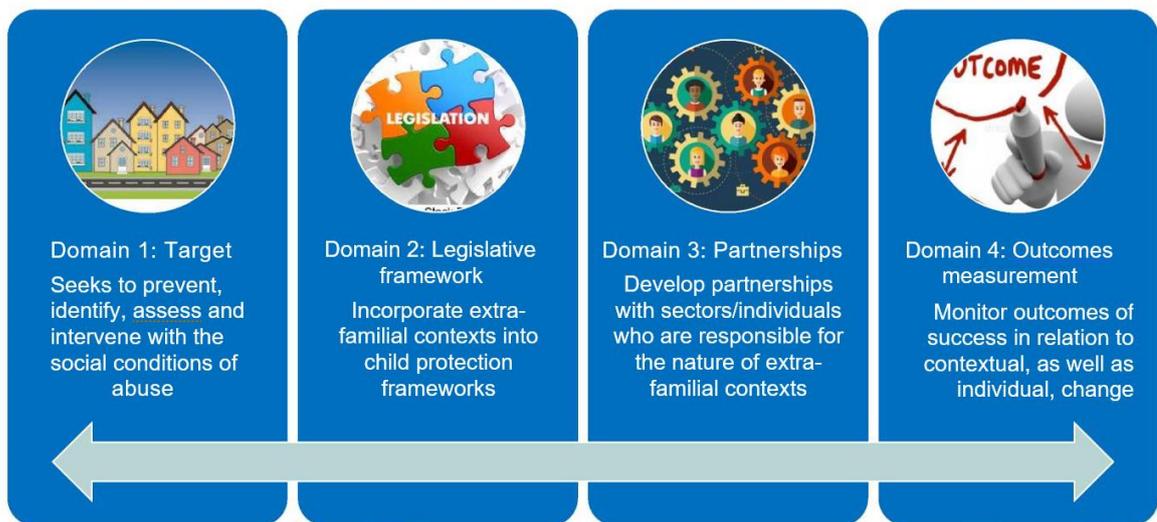
Professor Carlene Firmin (MBE) developed the principles of contextual safeguarding working with experts in child protection law, public health, criminology, psychology, and education to develop multi-disciplinary safeguarding systems that respond to promote the protection of young people who come to harm; by building internal and external family resilience and promoting safe communities.

This methodology and its principles have provided the Framework to support our projects in Leicestershire.

The Contextual Safeguarding Network <https://csnetwork.org.uk/> provides a wealth of resources for organisations to use and we have taken these resources and adapted them during our project.

APPENDIX 2 examples the Peer Assessment Tool which was used in our projects.

Professor Carlene Firmin worked with 11 local areas, and findings from audit and case reviews evidenced the limitations of current child protection approaches (Firmin, et al., 2016). This work formed the basis of the Contextual Safeguarding (CS) framework, the framework comprises of four domains.



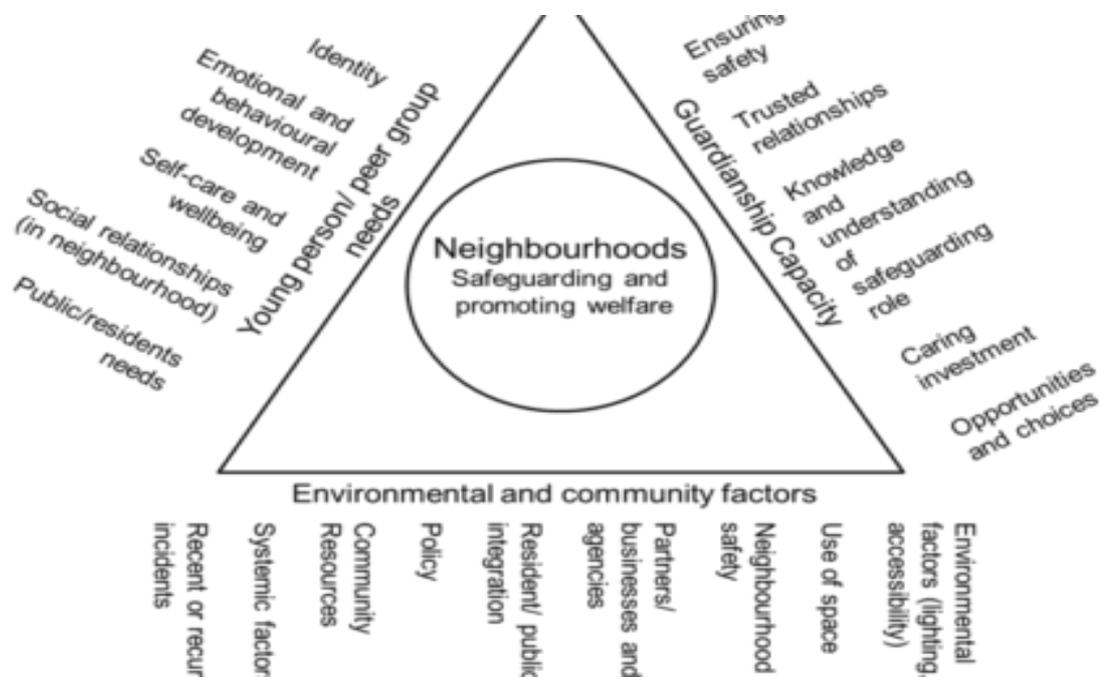
When applying these four domains of a CS Framework it is possible for services to recognise the interplay between contexts; and through context weighting identify the principle contextual factors that require attention and/or intervention.

- Interplay helps practitioners to understand the association between different relationships. For example, how might a young person's experience of being targeted and groomed in a takeaway shop affect their relationship with their family? And in what ways might the relationships with peers in this context undermine parental capacity?
- Context weighting supports practitioners to determine which context is most in need of intervention. By determining the context in which a young person may be safest or most at risk of harm, practitioners can prioritise plans and interventions to target the context most in need. For example, rather than focussing exclusively on providing support to parents, with the aim of decreasing the risks a young person faces in a park, practitioners may identify the need to intervene in the park itself (Firmin, 2017c).

The four domains of Contextual Safeguarding, alongside ideas of context weighting and

context interplay, provide the pillars which systematically change the way in which services policymakers and practitioners consider, and respond to, factors that compromise the safety of young people in extra-familial settings.

The Neighbourhood Assessment Triangle highlights environmental factors, a young persons need for autonomy and opportunities to work alongside parents to build family resilience and safety.



2) Tackling Child Exploitation Joining the Dots Methodology

Leicestershire would also like to give credit to the Tacking Child Exploitation Joining the Dots Framework accredited to Research in Practice, The University of Bedfordshire and The Children's Society, as the basis for strategic planning and investment, for an inclusive offer to children, families, and communities.

Child exploitation and extra-familial harm splits, separates and isolates



Form deeper and broader partnerships

Child exploitation and extra-familial harm involves control, manipulation and coercion



Focus on strengths, relationships and restorative approaches

Child exploitation and extra-familial harm moves, shifts and constantly adapts



Stand back, slow down and reflect

The TCE's programme identified four key themes that can help make a difference to local areas responding to child exploitation and extra-familial harm. These are:

- Developing a shared vision
- Connecting and communicating across local areas
- High support, high challenge courageous leadership
- Professional Curiosity, especially in relation to data, risk and partnership working

The TCE support programme delivery took place between 2019 – 2022. The Join the Dots framework reflects that work needs to be strengths based, relational and child centred.

In Leicestershire we found that Joining the Dots speaks to strategic behaviors and approaches across our safeguarding partnership; aiming to progressively change mind sets and child protection culture. We are beginning to shift from traditional safeguarding approaches, asking statutory partners to view parent's as valuable safeguarding allies. Effectively using restorative approaches to build family resilience.

Developing practice that focuses on extra familial harm in context, including peer groups, support networks, online contact, local communities, and neighborhoods, rather than concentrating on the child's behaviors and interventions aimed at the family.

Key Elements to Success

Partnerships are Essential

Essential to effectiveness of tackling Harm Outside the Home is partnership working. The complex nature of child exploitation has necessitated partnership working to extend beyond statutory partners to include a wider breadth of perspectives, knowledge, and expertise. It has also required new relationships and more innovative ways of working to be developed to include those who have eyes and ears on the places and spaces where young people spend their time. We continue to develop new working relationships with local businesses, communities, and a wider range of health partners.

Leicestershire has the advantage of an established vulnerability Hub which is a multi-agency coproduction response to Exploitation. This co location over three local authorities Leicester City, Leicestershire, and Rutland hosted by Leicestershire police is a key enabler. Bringing together statutory, voluntary and community organizations to address the complexity of how CSE, CCE & Missing Children are interlinked.

Most importantly a combined joint ownership of risk, live time information sharing to co-develop strategies and action plans to safeguard vulnerable children.

The Value of Our Established Vulnerability Hub – Leicestershire Police, Leicestershire, Leicester City & Rutland (LLR)

The Vulnerability hub was reviewed by Bedfordshire University Contextual Safeguarding & Impact Project. Highlights from an independent report prepared by Caroline Cresswell of Bedfordshire University who offered consultation and supported evaluation of the Girl's Project, are shown here:

Leicestershire is part of a multi-agency Vulnerability Hub in the East Midlands, which is made up of several different teams, covering child sexual exploitation (CSE), child criminal exploitation (CCE), Domestic Abuse, Modern Slavery, and Children Missing from Home.

A Daily Risk Management Meeting (DRMM) attended by representatives of three Local Authorities, Police and Health is held at the Hub where all incidents of suspected exploitation or children going missing in the prior 24 hours are reviewed. If assessed as being high risk, the Hub 'adopts' the child and a detective and a social worker are assigned to the case.

The CSE and CCE teams are each made up of six members of staff, including 2 senior practitioners and 2 team managers. A key difference between the two is that the CCE team include youth workers. The inclusion of Youth Worker's means that responses to CCE benefit from relationships being developed with young people and the wider community over a longer period, a role well suited to a youth work approach.

What works well in the Hub:

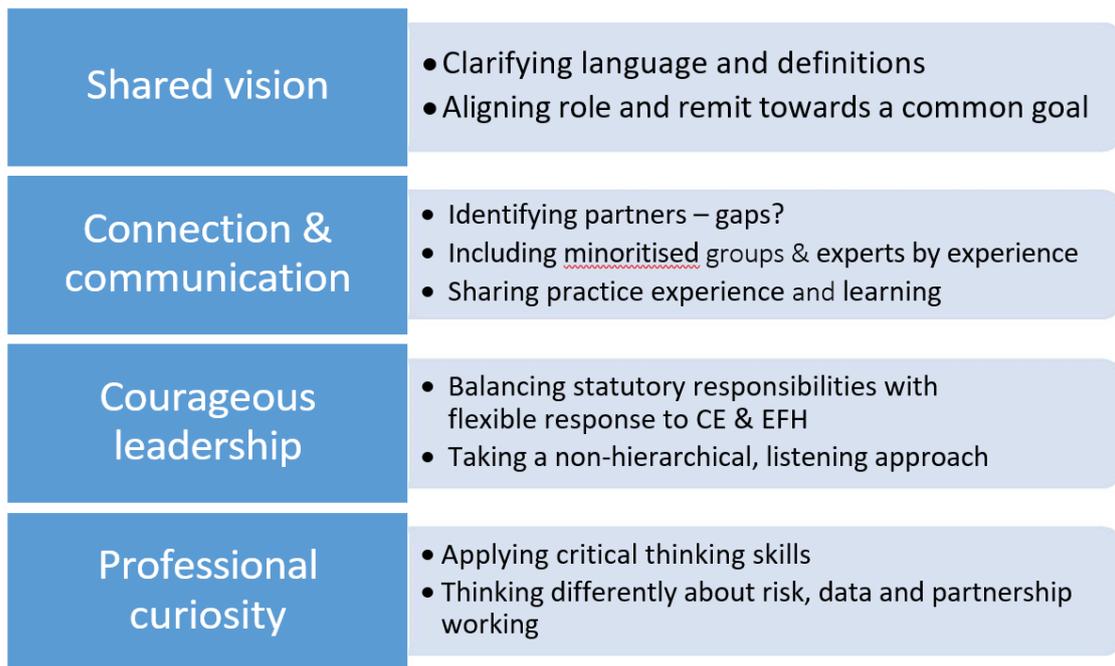
- Having two separate teams for CSE and CCE allows the Hub to keep a dedicated focus on CSE cases. This has meant that – unlike many other areas across the UK – the local area has not seen a drop in the number of CSE cases being identified.
- The CCE team is mostly made up of male practitioners. This provides young boys who are being criminally exploited, with positive male role models and has facilitated the development of trusted relationships.

- The Hub deliberately chose not to follow a Multi-Agency Safeguarding Hub (MASH) model. The rationale was rooted in seeing the Hub adding most value as an “enhanced safeguarding measure for children and young people” as opposed to fully case managing any children or young people.
- Having the Hub work alongside a social worker on CSE and CCE cases has had a positive impact on engagement with families. Some families hold a negative perception of social work and tend to view the Hub more favourably. They perceive Hub workers to be more responsive to their needs and are therefore more likely to stay engaged.

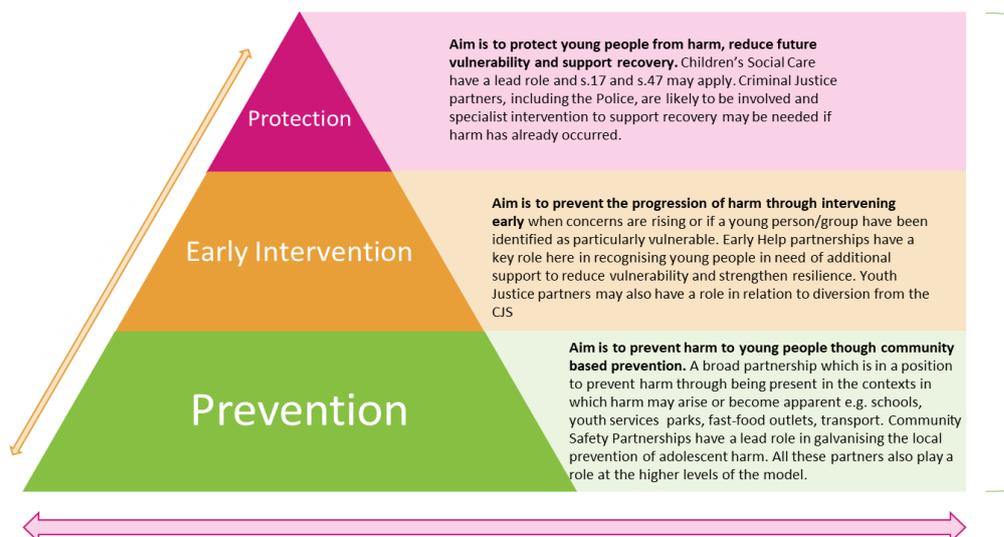
“They [Families] may have a negative view of social care. It is interesting that they see the Hub staff slightly differently. They do not see them as part of the same institution. I think because it is not as directive or following a time limited process, there is much more creativity and availability. It is hard to get a child protection social worker to respond to what you see as your crisis. You are more likely to get Hub staff or a youth worker (respond), and that is what parents like and so they want to engage.”

- A key priority for the Hub is to facilitate the sharing of information in real time across a range of different partners to enable shared ownership of risk and a more joined up response. There are several ways for this to happen. Alongside the DRMM, the Hub holds weekly meetings with a wider group of partners, including representatives from Education, Community Drug Teams, and Probation, to discuss emerging cases and collate further information about the children they are working with. The Hub also reports directly to the local area’s Vulnerability Executive Group and the LLR (Leicester, Leicestershire, and Rutland) CE Operation Group, where all key strategic partners are represented. This provides additional opportunities for the effective two-way flow of information, pooling of resources and expertise. Being co-located within a police station has also improved partnership working.

Working together within the hub allows:



For Leicestershire, the overall approach to our projects was to aim for prevention through early intervention, working alongside the traditional assessment criteria using the established processes in the context of the vulnerability hub.



We used the multi-agency Vulnerability hub to support and resource the additional demand in responding to the two projects.

Operational management in the Hub is need and data led, identifying the most vulnerable cohort, hot spots, and locations to create opportunities for early intervention. Managers are confident that we know those children with increased vulnerability to CE and children who have been exploited and exposed to significant harm as this is incident lead i.e., after exploitation has occurred.

However, the Leicestershire project focus was on the early identification of need and a robust and innovative intervention offer.

The Leicestershire Projects – What we did, and what we achieved

Leicestershire Project Workstream 1 – The Girls Project

Leicestershire conducted a Contextual safeguarding Case Study – this involved a Peer group Assessment and working in response to risk of child exploitation using this different approach to test impact.

What was the issue?

Three females aged 13-14 were frequently reported as going missing, and for significant periods of time, exceeding the threshold for discussion at a service’s daily risk management meeting. The young people were discussed individually but were identified as a peer group living in the same community and going missing together with another young female.

The police found the peer group in vulnerable situations within public spaces and the accommodation of young adults. There were also reports of “anti-social behaviour” and criminal activity to obtain alcohol to consume. Their profiles highlighted similar association with trauma and adverse childhood experiences (ACEs). They shared difficult home lives, acting as a “push factor” in going missing and spending time together. The peers were on child protection or child in need plans and were hesitant to communicate with social workers. Whilst there was no evidence of child exploitation, concerns were raised during multi-agency strategy meetings due to their vulnerability and potential risks they were exposed to. Some of the girls became subject to conditions set out by the police and court, which meant they could not have contact with each other.

What was the response?

Each of the young girls were referred to a specialist exploitation team via an early help team in Children’s Social Care. The exploitation team were piloting a Contextual Safeguarding (CS) approach to working with peer groups at risk of extra-familial harm (EFH). This involved a peer assessment tool to help coordinate a group-level response. Whilst the team were allocated to work on an individual basis, based on the referral information it was decided that the team would work collectively with the peers as part of the pilot.

The peer assessment pilot work involved the following:

- A multi-agency agency meeting was held to outline and agree the planned peer group response.
- The team liaised with police and court to gain a variation on these conditions so peer group work could begin.

- Early direct work between team practitioners and the girls in pairs due to police and court conditions. This involved meeting them in their own environment for introductions and identity work within a youth centre setting centred on their interests and aspirations.
- A team practitioner planned and coordinated inclusive group activities and sessions and engaged with the young people individually to encourage their attendance.
- The weekly girls group meetings involved:
 - Writing and drawing thoughts and ideas on flipcharts
 - Cooking together creating opportunities for engagement
 - Further work on identity to understand group norms and dynamics
 - Informal safety mapping (e.g., exploring views on safety in particular locations)
 - Discussions on what safety represents and being safe together (e.g., letting workers or parents know where they are)
- Sessions on healthy relationships and boundaries, including talks from a sexual health organisation
- ACEs worker from youth justice lead group discussion on the nature of trauma and its impact
- Turning Point and Child and Adolescent Mental Health Service (CAHMS) support sessions on alcohol misuse and emotional wellbeing
- Informal group activities, like meals. Follow-up appointments with workers were available on a one-to-one basis.
- Allocated practitioners within early help continued work with parents separately, whilst the team ensured communication with parents on how the work was progressing.

What were the challenges?

The team's proposal during an initial multi-agency strategy meeting to work with this peer group collectively was initially met with resistance. However, the professional group by this point were anxious about perceived threat of harm and lack of any engagement from the young people and recognised that separating the girls and applying traditional casework approaches just didn't work.

It was a challenge to shift perceptions of the girls who were seen as requiring significant resource in response to going missing. Other agencies initially favoured separating the young people and following standard child protection processes. As a result, it was time-intensive gaining multiagency buy-in and navigating police and court processes to approve the group work.

There was also a logistical challenge in finding suitable youth spaces to hold the group sessions, particularly due to Covid-19 restrictions being lifted creating a demand on already stretched resources.

What difference did this make?

The group-based peer assessment work brought to light the reasons why the young people in this group were going missing together by providing a more holistic perspective beyond the individual circumstances of the young people involved. The girls had similar backgrounds, shared experiences, and found emotional support and a sense of safety together as a group. This was significant in creating different ways to enhance the support and build safety. The team were able to foster this sense of togetherness positively through bespoke group work centred on safety planning but also meeting their health and wellbeing needs. The group work occurred in an informal youth centre environment and was coordinated in a way to combine direct work with professionals with fun "break out" activities creating 'reachable moments. The girls would openly discuss their activities and locations they would visit that could pose a risk but more naturally within this context rather than being captured as 'disclosures'.

It was possible in this context to make the group aware of any concerns raised in multi-agency meetings so that professional input was evidenced, and it was possible to explore with the young people themselves to gain their views and explore solutions. The girls were able to voice their views- they appeared to value the routine of weekly meetings, and this was evidenced in their commitment and regular attendance. This compared to the difficulty in engaging them as individuals.

Maintaining this routine has also had a positive impact on their re-engagement in education which created additional safety. Missing episodes have significantly reduced, and the peers would challenge each other when others were engaging in any other unsafe activity (e.g., drinking alcohol).

The girls stated they felt previous intervention failed when social work practitioners focussed on their parents and did not listen to them, this built-up distrust in professionals more generally. Therefore, the team agreed to a degree of confidentiality in what was discussed during group work and ensured social work practitioners separately communicated and worked directly with parents.

A condition of this confidentiality was that the girls communicated with their parents about their whereabouts. The girls developed positive associations with practitioners and trusting relationships across the team. Previously, the young people were also hesitant to work with other agencies and there was a history of missed appointment with services (e.g., CAMHS). In response the project brought those necessary professionals into the group work setting where the girls felt able to engage in emotionally difficult conversations on trauma and relationships. The parents began to communicate with each other via social media on the location of their children and they became a source of support to each other and collectively felt confident to approach professionals if they had concerns.

The girls in this project worked with us to create something to tell their story, it was important to them that others knew of their journey. We are pleased to be able to share this video with you



The girls story
-Pixilated.pptx

The Girls Group – Parent's Feedback

The approach has been nurturing. Others have worked with X in a very formal way which just did not work for her.

The groupwork seems to have allowed the girls to address the risks & issues which affect them all

X's relationship with her brother is more caring and nurturing

She is telling me that that she loves me, she has been phoning me whilst she is out to let me know she is OK.

She has been supported by the school settling her in when she was anxious about them allowing her to return after a long period of not going

X's missing periods have ceased. She has gained a better understanding of issues of Domestic Violence and that it is not only physical

Your mum has said that you are hanging around with your friend F and that in you mum's view she was a positive influence over you

What did we learn?

Individually, the young people did meet the threshold for intervention from statutory services though work around exploitation, was not sufficiently addressed due to lack of buy in from the girls and focus on family-based issues. The external risks they were exposed to by frequently going missing and the severity of the allegations concerning their behaviours, drugs, alcohol, and street robbery represented a greater risk of harm outside the home.

The peer assessment work was valuable in building a holistic understanding of both the individual identities and needs of the young people and the peer group roles and dynamic in the wider context of activity outside the home. The powerful impact of group dynamics highlighted the importance of not defaulting to traditional social work in separating peers for individual case work intervention. This approach does not sufficiently respond to identified contextual risks. A key learning is that peer group contexts are a potential source of safety for vulnerable young people, which can be harnessed for safety planning and direct work by professional.

When asked for feedback on the programme, the girls came out with a profound statement:



Impact

Applying the new ways of working within this workstream achieved significant positive outcomes for the girls directly but also in respect of strengthening engagement more generally for parents and linking with other agencies. Most significant was the ability to facilitate strong relationships both within the peer group of girls themselves but also with practitioners to build safety and support networks. These relationships were crucial to strengthen our ability to hear the voice of the young people themselves, this itself was significant in intervention becoming responsive to their needs and more able to engage them.

The group created opportunities for reachable moments, opportunities to discuss and change perspectives and establish new behaviours. Examples include reducing missing episodes and re-establishing links to Education. In addition, the approach allowed better professional relationships to be developed with parents by engaging from a different perspective outside the traditional safeguarding model. Importantly the approach allowed links to key specialist services to be put in place such as linking the young people to sexual health and substances misuse team – bringing those resources into the Group setting. Also, it was possible to apply a more trauma informed approach to the girls' own understanding of their behaviours for example the impact of their own experiences of Domestic abuse – this also applied to work with parents.

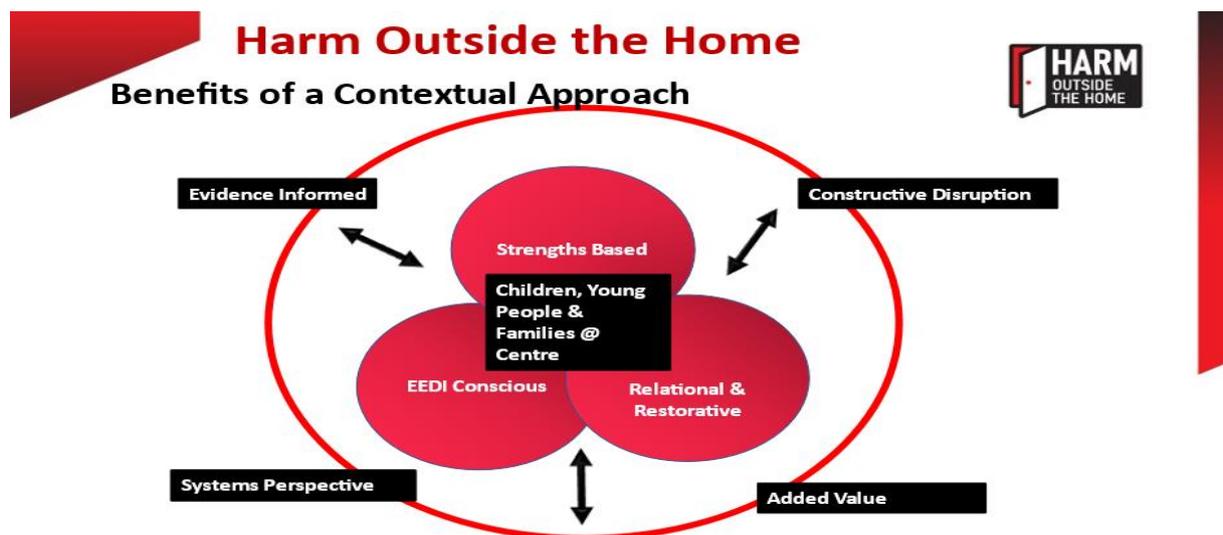
Leicestershire Project Workstream 2. Early Intervention by active Scoping and Additional Screening in FRCD (First Response Children's Duty)

This workstream attempted to broaden the use of the contextual assessment model and aimed to move away from traditional frameworks of assessing harm within the home, which identifies strengths and deficits for both the child and the family. We used the contextual safeguarding framework applying the early intervention model aiming to prevent the progression of harm, reduce vulnerability and strengthen resilience. This involved looking at wider influences regarding peer association, school, and local neighbourhoods. The approach was trauma informed and invested in developing trusted relationships to promote the child's voice and identify opportunities for advocacy. We applied this to a cohort of young people coming to Children social care front door to try different ways of working to divert this group from escalation into statutory responses.

Key to this different approach was the use of partnership information and network resources to deliver a robust inclusive package of support. This included taking time to get to know the whole family and use their expert knowledge and commitment to safeguard their child. We offered additional practical solutions to education to promote awareness raising, prevention of future harm and most importantly maintain children in school to complete final GCSE's and promote post 16 options.

What we did differently

Following the early success from the Girls Group work we then adapted the contextual safeguarding framework shown at Appendix 1, to maximise the benefits of a contextual trauma informed approach. The young people told us that they needed holistic support that cannot be provided comprehensively by one service alone. This service needed to be young person centred and with recognition of their growing independence and evolving needs.



We actively looked for early identification of increased vulnerability during adolescence in our first response duty team, effectively the first point of contact and referral. The intervention using a strength based contextual approach ran consecutively alongside Statutory Assessments.

This supported a holistic flexible approach and was driven by a practitioner that had a reduced caseload, lack of time constraints and access to an additional support worker.

This provided an opportunity for professionals to appreciate what young people were going through, and why they might respond in the ways they did. The young people told us having flexible, reachable support helped them inform their coping processes when they needed it and increased their parent's understanding of trauma informed behaviours.

The worker describes the project work as creative and inclusive and has given them an opportunity to really get to know a child and see the specific situation from the child's point of view. The opportunity to slow down the planning process and be inclusive of parents and press for professional accountability and commitment to hold risk together has been a challenge but successful in encouraging engagement and improving outcomes.

The worker became the advocate first and foremost for the children and for the family, coordinating a robust intensive support package considering that most of the cases audited had a high level of professionals involved but a noted level of duplication and the professional response being aimed at meeting parental needs rather than listening to the child's voice.

The assessment plans focused on peer, school, neighbourhood dynamics; the contextual situations in which harm could occur not the familial factors. The peer assessment components were considered in alignment with the Contextual Safeguarding Framework. However, adaption of this document should be considered and tailored for individual needs, as rightly so it is lengthy and could double up with tasking within the usual statutory assessment process.

All cases that came to the Front Door were an element of exploitation or the criteria for the project were identified were screened by the vulnerability hub. If exploitation was a feature, then the case went through the Daily Risk Management Meeting, so that the partnership could respond together to manage the risk.

In response to moving forward and sufficiency and sustainability of this approach I would recommend the consideration of an EFH threshold document to support initial screening and decision making related to the Extra familial context that harm occurred. Thus, pointing the case in the right direction at the beginning of the child's journey.

Observations from case audits of the cohort involved in workstream 2 of the project.

Observations from the case audits revealed the complexity of circumstances for young people in this cohort. Traditional approaches may not appreciate that young people in this older age range may require responses that respond sufficiently to this complexity. When work is being prioritised alongside other incoming work this can be driven by responses to incidents and the vulnerability of younger aged groups. The audit revealed the risk of escalation if the complexity of need is not identified early, and resources are not creatively applied this includes risk of young people becoming at risk of entering care and post 16 presenting as homeless.

Out of the 16 cases selected, most of the children were male and the average age of 16 years old. Only 3 were female age 15-16 years old.

7 received services under S.17 provision. 1 case after S.47 enquiries became subject to an initial Child Protection Plan under the category of neglect.

2 cases closed due to non-engagement. 6 cases received youth work intervention. 4 children were subject to GAT's (Gang Association Tool) 3 were graded as HIGH and 1 as MEDIUM risk. The 3 HIGH risk cases were allocated a CE worker and became supported through ongoing exploitation investigations.

Most of these cases were identified as on the Edge of Care due to family breakdown. One child had been transient for 3 years moving between extended family members and reliant on the goodwill of local neighbours. The stabilisation of his living arrangements, intervention to support education has increased his safety and supported him taking his exams, most importantly it kept him in his local community where he wanted to be.

Some of the children were socially isolated facing reduced education timetables, increasing their vulnerability, expatiated boredom and encouraging impulsive decision making. Thus, increasing vulnerability and exposure to abusive or exploitative context. 3 children had a diagnosis of Autism and ADHD.

Several were involved in local ASB (Anti-Social Behaviour), were regarded as habitual knife carriers, and were thought to be selling/using cannabis.

What did we do differently?

Together with applying the contextual assessment framework in addition we focused on building strong relationship with young people and parents based on learning from workstream 1 of the project.

A separate family intervention worker worked with 6 families to support, listen, and hear parents who were doing their best to create safety but were frightened by their child's drug use or associations'.

Work around improving parent's understanding of trauma informed behaviour, exposure to early harm, Domestic Abuse, and acrimony between separated parents, played a part in parental recognition of the causation of undermining a child's self-esteem and emotional wellbeing. This established a clearer understanding and working relationship between parents and practitioners to prevent escalation. In 3 cases children were supported by CAHM's due to suicidal ideation and self-harm.

Direct work with the young people was the focus of the separate social worker responsible for coordinating the Assessment work. Given statutory requirements for Section 17 assessments – this approach was managed concurrently with the contextual framework and workers involved had managed caseloads to create capacity.

Key Elements to Success

The power of bringing a professional network together, to provide an intensive support package was essential particularly around children with mental health needs. The creative use of resources particularly strengthened education's response to maintain children in school, to complete exams, consider 16+ options and avoid becoming NEET. An enabler for change was working with parents, instead of seeing them as part of the problem.

Challenging; language and values required multi-agency awareness raising to discourage the use children "Choosing this lifestyle" and "making risky choices" the implication that a child has a free

and informed choice to be exploited and does not recognise the exploitative context of certain circumstances and situations.

Adolescence is a time for new experiences and new risks that for some of our vulnerable children sadly includes violence, abuse, and exploitation outside the home. A young people's desire for autonomy and an increased level of self-determination influences their decision making, our challenge is to identify and work with the circumstances of what is available to increase safety and not be entirely focused on the child's decision making.

This approach should be considered at strategy meetings and would demonstrate that Contextual Safeguarding is embedded in our systems.

We need to strengthen our collective approach regarding transition to adult services, considering pathway planning for our vulnerable 16/17-year-olds. The transition between adolescents and adulthood differs from child to child. We are aware that early life trauma contributes to negative outcomes in adolescence. Effecting cognitive, emotional, physical, and social development. All compounded by inadequate support, the stigma of being blamed and held responsible for abuse, facing marginalisation and oppression. The project approach brought more challenge to these perceptions as part of building a strong relationship-based foundation for engagement.

Future Proofing – developing workstream 2 further

Leicestershire County Council are developing an Edge of Care offer, which will build on learning from this workstream and use elements of the different assessment approach to inform responses. The approach will aim to divert young people from statutory interventions based on early mapping with parents and young people to establish the key issues and consider how different approaches may be applied to prevent the need for escalation. The service will build on strong interface between Early Help, CSC, and the local Vulnerability Hub. Responsiveness will form the key ingredient to prevent escalation, and this will include consideration of individual contextual assessment packages being designed for children and overseen by social workers, but for some young people this will be directly offered intensive intervention workers. This may include group work approaches when peers are identified based on locality and identified influence groups. A defined criteria will be developed for "Step Up" to the vulnerability hub is required if exposure or increase vulnerability to harm is identified to coordinate specialist CCE/CSE intervention. The basis of the offer will be developed over the next 6 months in Leicestershire with a key aim to work creatively, use resources across tiers and agencies, match skills to interventions when allocating workers and considering groups work approaches.

As part of this we are reviewing the current criteria to access a service from the vulnerability hub which is set out below. An indication that harm has already occurred is evident; there is little scope for identifying existing opportunities for early intervention. We will be reviewing the current local Gang Associate tool and CCE risk assessment tool to be more responsive to early identification to support this type of intervention.

Some Quotes from the children we have worked with in the project



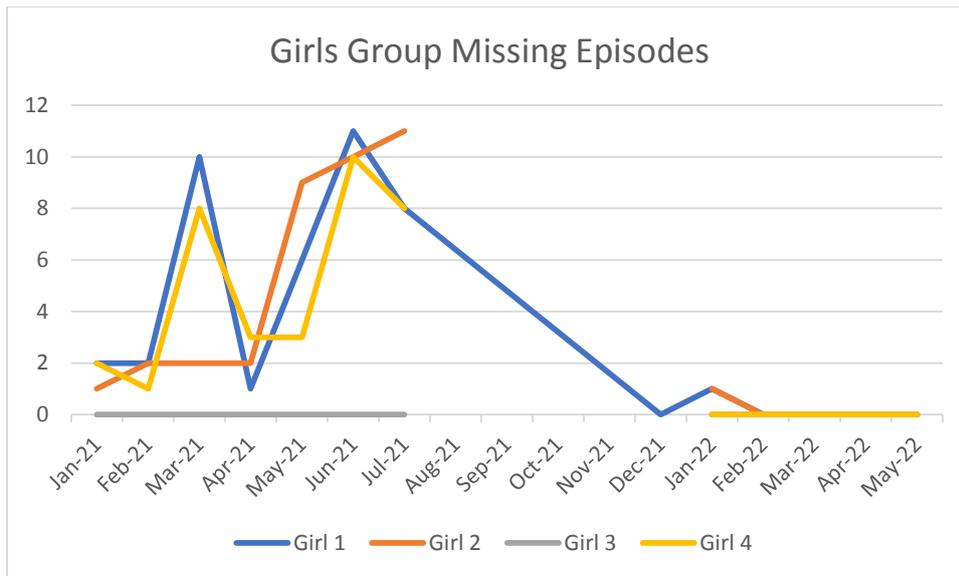
Post Project Reflections from the Leicestershire Projects

Question 1: How was the project measured - what was the baseline? Did this include the views of children/families worked with?

Baseline for early intervention within workstream 2 focus on scoping out indicators to apply the new approach. Criteria used included: -

- Any early indicators of CCE/CSE/ exploitation
- Children on The Edge of Care
- Homeless 16/17-year-olds
- Older young people with elements in their presentation indicating additional vulnerability for example mental health/self-harm where support to reduce vulnerability and strengthen protection.
- School exclusion
- Exposure to missing episodes
- The use of evidence based contextual safeguarding tools to target the context in which the harm is occurring. We used the peer assessment tool to consider strengths and influences.

The Girls group project commenced in Nov 2021; missing episodes were tracked for each girl in the pilot. From Jan 2021 to July 2021, they were collectively missing 112 times. Once the project commenced and engagement with this group started to build, the episodes reduced to 2 by Jan 2022 and have remained at zero since.



Question 2: Were the three areas – reachable moments, education as a protective factor, parental engagement – useful in advancing practice/strengthening your response to safeguarding young people from harms outside the home? How will Leicestershire work on these areas going forwards?

The separation of adult worker and child worker strengthened the network. The creativity and availability of workers to respond to children’s problems whether big or small was crucial to develop a trusted relationship. A separate worker to build rapport with parents; advocating for both the child and family with a range of agencies not only strengthened the network response, but in some cases offered a legacy were parents in the girl’s group supported each other through a What’s App Group offering both practical and emotional support but a forum to share intelligence that was then shared with the relevant safeguarding professionals. The new approaches created opportunities for reachable moments in activities within the girls’ group and the stronger relationships with practitioners offered better opportunities to capture the young people’s perspectives. The group setting working with peers rather than individual young people in isolation created mutual support, challenge, and debate to explore issues in a none threatening way. Taking a trauma approach opened opportunities to think about triggers for behaviours and building responses creatively. This included repairing relationships and reengaging young people in education which further enhanced safety and support to build lasting resilience.

Key was the use of multiagency information and making sure that other partners in Education, Health and police take opportunities for developing first responses to young people in those moments when a young person may need to share worries and may be ‘reachable’. Building on this recognition from the project in we developed a prompt questionnaire with health partners which has been devised to support health practitioners who were offering children both emergency care and routine consultation. This will be rolled out across the partnership to support educators in extending pastoral care and the development of corridor conversations in schools.

Parental engagement has been inclusive, recognition that they are key members of the team around the child group affording them status as they know the child best. Through the projects lenses we

have moved beyond the individual relationships and parental capacity within the home and attempted to see the child's world through the surrounding contexts and recognition of the multiple relationships in Children's lives. Moving away from the traditional family-based intervention has strengthened the ability to engage parents more positively and less punitively – this was strongly evidenced in the workstream 1 and 2.

Crucial to success was choosing a safe environment within the children's local communities in which to engage with them to emphasise the importance of community safe spaces to promote safety and broaden this beyond the confines of the family home. More work to build on this for example with education settings will further enhance this concept.

Question: What have Leicestershire learnt about responding to extra familial harm through the projects, and whether these findings differed from what was initially expected – e.g., the children affected; the type of harms; the engagement from schools/families; effective multi-agency working.

Initially the girls project hoped that we could intervene to reduce missing episodes; what we achieved went far beyond as it was delivered within the child's context, we entered their world to see it through their eyes instead of continually talking about lifestyle choices and risk-taking behaviours. We understand there is not a choice in being exploited. The use of language and creative resources built through a relational approach demonstrated that we needed a child led integrated approach and can achieve much more than traditional measures of success for example reduction of missing to achieve longer lasting impact beyond current behaviour – looking beyond the most tangible issue.

A key learning was to build opportunities for the team working on the projects to attend multi agency Contextual Safeguarding training – this is an asset. Understanding that the risks that come with Extra Familial Harm are complex, driven by coercion, grooming and debt bondage. Disruption of risky adults remains a priority, and if possible, extricate the child from abuse at the earliest opportunity this further supports our focus on early identification and responses being the foundation of our approach. We recognised this intervention needed to be timely and driven by raising awareness and offering choices to the child; by collectively holding the risk across the partnership and including a multiagency approach to identify and respond to young people.

Communication and flexibility to develop trusted relationships has been key to all the work but the new approaches we have applied showed that looking beyond individual casework – considering peer groups and creating wider concept of safety is important and can be key to engaging with both young people and parents more positively.

St Giles trust (stgilestrust.org.uk), an established national organisation who help young people exploited through gangs, serious violence, and offending; estimate that for a professional to truly engage and develop trust with a child this would require 400 hours of work to engage a child. We are proud to say that over the six-month period in girls group project the girls attended every Tuesday for four hours so approximately 120 hours. This was also supported by home visits, support and advocacy with involved agencies, face to face negotiation with health, magistrates court and education. Most importantly several activity trips and meals out.

We found the Education sector hard to engage, due to competing challenges in school, inclusion of vulnerable at times disruptive pupils, drug use, knife carrying and the subsequent use of alternative provision. Head teachers were hard to convince without additional resources being offered that school offered both prevention and safety.

In respect of engagement with Headteachers and school leaders we learnt that it is important to put together learning and support in schools which speaks to that environment, it needs to be relevant. Teachers have little time for research and need resources which can be rolled out with minimal effort and sit alongside of curriculum. It is also important to have a continual relationship with headteachers and we are using our partnership with the **VRN (Violence Reduction Network)** to help enable collaboration with education providers, we are also providing statistical data specific to the school's community to start the conversation around individual school assessments and how the local area partnership can reflect and navigate challenges alongside them. We welcome the tools and resources developed in other project we have coordinated with our colleagues in Lincolnshire and Nottinghamshire to strengthen the role of education partners who we identify as key to developing the early identification and responses proactively.

We have found success with our health partnership, working together to put a new Prompt question sheet – see Appendix 5. This will be invaluable to health professionals and teachers and will prompt them to start a difficult conversation with a child around exploitation, supporting reachable moments and corridor conversations in schools. Thanks to our health care partners this question sheet will be embedded into emergency healthcare and GP consultation diagnostic systems.

Question: Implications of the project for policy and practice - sustainability of the work going forwards, changes because of the project.

We are fortunate in Leicestershire, Leicester City and Rutland that we have strategic support to continue to strengthen our response to adolescent serious violence and harm outside the home. We have a dedicated vulnerability hub dedicated to this work. The projects have provided us with evidential data that multi agency collaboration and getting alongside communities is offering safeguarding opportunities to engage with complexities.

A recommendation from the Leicestershire Project is to review the Risk Assessment Tool (RAT) See appendix 3 and the Gang Association Tool (GAT) See appendix 4, as this is incident led after actual harm has occurred, leaving little opportunity for earlier identification and prevention.

The regional Child Exploitation Leads Group, Leicestershire Contextual Safeguarding Champions, the VRN will be supported by the Strategic Partnership Board (LLR) to take this work forward. It is essential that we prevent harm to young people through community-based prevention. We will continue to build on our well-established communication networks, across the professional partnership to launch and promote the Contextual Safeguarding peer assessment, the roll out of the Professional checklist, primary recipients' health, and education partnership. This will also offer peer support between practitioners as well as continued professional development through virtual and in person opportunities for practitioners to connect.

In Leicestershire we plan to work across our LLR partnership and our individual safeguarding units to develop a new Child Protection Pathway for children who are exposed to a primary risk outside the home.

To maintain the impact of the project we have continued to offer partnership workshops that can be tailored for each region with localised data and resource directories. The exchange of good practice and resources that enable the partnership across the East Midlands network to coordinate a whole strategic response to implement the learning from all three projects.

For Leicestershire we need to consider the sustainability of our bespoke group work offer. Ideally, we would recommend a CE worker to identify through mapping and multi-agency information sharing, targeted cohorts of young people to safely bring them together to offer an extensive support package. Sufficiency across the CSC workforce inclusive of CFWS and Youth Justice would support this strength based relational work; and continue to embed our whole offer approach of trauma informed practice.

We are already jointly planning the roll out of the tool kits and resources attributed to education for Leicestershire DSL's, we hope to complete the same offer for Lincolnshire and Nottinghamshire.

Leicestershire will continue to contribute to the ongoing development of the practice principles to support a shared pathway to tackle Extra Familial Harm supported by the TCE and funded by the DFE.



Nottinghamshire County Council

Nottinghamshire Strand 1: Harm outside the Home Toolkit

What we did

Coproduced a toolkit for schools and education providers to use to improve how they address risks posed to children in their local community, online, in schools and in other contexts away from the family home. The toolkit supports schools to increase their support to pupils at risk if harm outside of the home and will be available across the region hosted on the project website.

Effectiveness of the approach and wider factors impacting success

The appointment of a toolkit project co-ordinator was key in ensuring:

- the organisation of meetings
- initial shaping of the toolkit and allocation of tasks
- adherence to deadlines
- regular communication with regional and local authority co-ordinators
- raising of concerns such as the negative impact of the original timeline
- writing and submitting progress reports and attending progress meetings
- collating toolkit content
- co-ordinating presentations to focus groups and
- collating seminar presentation
- collating learning report

Given the original tight timeframe the initial sharing of links and proposed resources by the Co-ordinator facilitated targeted discussions around the toolkit content and agreed protocols regarding the sharing of existing NCC resources. This expedited the process of allocating key areas of content to teams from a across a range of NCC services.

Despite the demands of their core role, all colleagues involved prioritised the project and worked diligently on:

- identifying national links to ensure accessibility for all regardless of geographical location across the region
- producing toolkit content.

A protean approach proved successful in addressing the gaps in skills and knowledge identified by the core group and led to multi-agency working with the involvement of key personnel from other teams such as Family and Early Help Services who offered a range of perspectives and areas of

expertise with which to populate the principles. Most importantly, it led to the involvement of a Senior Educational Psychologist.

This proved timely as she drew 6 guiding principles from the agreed content and drawing an existing EPS toolkit proposed the use of CANVA to create the toolkit in an accessible format using a multi-layered approach. The skills and expertise of the Assistant EP in using CANVA to create the toolkit, together with the designated time of Asst and Senior EP proved a key enabling factor in meeting toolkit deadlines.

Attendance at the local VRU TIS workshops over the Spring Term assisted the Co-ordinator in ensuring language and practice reflected that of other agencies when collating the toolkit content, as did the designated time made available.

Given the enormity of the task, the initial timeline of 31st March proved unrealistic in supporting the production of a high-quality product creating undue pressure for those involved. Had this remained in place it would have severely restricted the range of content and the quality of the toolkit. The extension to the deadline was therefore an enabling factor. However, despite the extension, the limited time available for this project prevented the running of a true consultation process. Rather, focus groups were arranged to capture initial thoughts resulting in:

- Very positive feedback from education providers across the region in terms of how they would use with schools/settings to support the concept of increasing their protective capacity
- Very positive feedback from across a range of Senior Post holders within NCC.

Whilst there was generally a positive working relationship between all parties there were at times some tensions between the co-ordinating authority and Nottinghamshire colleagues particularly about the format of the final Toolkit. In future regional work it would be helpful if the relationship between the partner local authorities could be more clearly defined.

How we measured success

The evolution of the toolkit is grounded in the voice of children through the Nottinghamshire's Pupil Voice Project which influenced the identification of the 6 guiding principles with relationships as the key element underpinning all protective factors in Harm Outside the Home, alongside communication, safe spaces, and places.

Qualitative data was collected electronically using Padlet through focus group meetings thematic reviews and subsequently included in presentation slides

Reachable moments, education as a protective factor, parental engagement

The 6 guiding principles are influenced by all 3 areas. Enhancing education as a protective factor is the fundamental purpose of the toolkit with reachable moments and parental engagement incorporated into the guiding principles.

The toolkit will enhance existing resources and be used as an essential part of ongoing professional development to develop understanding of protecting children at risk of Harm Outside the Home with educational settings and children's services. Plans are in place to roll out workshops across the autumn term and for the toolkit to be uploaded onto the em-ed website.

Reflections on multi-agency working

The commitment of colleagues participating in the series of VRU workshops in protecting children at risk of harm outside the home was inspiring and an example of effective strength based, multi-agency working, as was the commitment to co-production across NCC teams in creating the content of the toolkit drawing on their knowledge and expertise across the 6 guiding principles. A key enabling factor in the production of such a high-quality toolkit was the reliability of colleagues in prioritising the project ensuring tasks were completed within the agreed timelines.

What we have learnt about responding to extra familial harm through this strand

At the initial stage of the project, it quickly became apparent that there is so much information out there it is sometimes difficult to know how best to present it without becoming overwhelmed

The capacity of CANVA in creating a multi-layered approach to conveying a wealth of materials and resources in an accessible and usable way for busy professionals across a range of fields proved a significant learning experience. Whilst not anticipated at the outset of the project, it will certainly influence future practice.

Furthermore, the language of 'Harms Outside the Home' was considered to be more accessible than the terms 'contextual safeguarding' or 'extra familial harm' to wider communities and will be adopted forward.

The commitment of educational settings and other services to sharing their knowledge, skills and understanding in supporting children at risk of Harm Outside the Home was apparent through the involvement of a range of services across the Local Authority who gave freely of their time. Similarly, the commitment of senior leaders in a variety of educational settings to developing their understanding of Harm Outside the Home was evidenced through focus group sessions, particularly as attendance was required out of school hours.

However, there was also an awareness that much of the practice described we do when we are at our best and it is essential to make ourselves consciously competent i.e., doing it all the time on purpose.

Implications of the project for policy and practice - sustainability of the work going forwards

Nottinghamshire Local Authority has demonstrated its commitment to the longevity of the project through the following planned activities

- Raising awareness of the toolkit - agenda item on NCC Trust Board meetings over the summer term.
- Toolkit workshops planned for educational settings and NCC services across the Autumn term
- Toolkit is included in ongoing safeguarding CPD for schools and services and uploaded onto the em-ed website.
- Inclusion in NCC's Autumn Term Director's Report to Governors
- Involvement of NCC Govs. in monitoring adoption of toolkit across educational settings from Spring term onwards.

Nottinghamshire Strand 2: Developing Relational-Based Practice and Being Restorative and Trauma Informed: Training for AP provision

What we did

We designed and delivered training on “Relational-Based Practice” and “Being Restorative and Trauma Informed” and targeted this training to alternative providers of education across Nottinghamshire where we know many young people at risk of Harms outside the Home are often receiving their education.

Effectiveness of the approach and wider factors impacting success

The approach was effective in helping AP staff to understand the theoretical foundations of Trauma-Informed and Restorative Practice and to learn about and practice:

- Using Restorative Practice Tools including Restorative Questions and Circles.
- Using the Responding in the Moment model to support restorative and trauma-informed conversations.

A key enabling factor is adding to the growing network of relational schools, colleges, alternative provisions, and children’s homes trained through partnership work between NCC EPS and Virtual School.

However, a key challenge was the availability of alternative provision staff to attend training during the school day, particularly smaller providers.

How we measured success

The project was measured through a questionnaire to training attendees, with very positive feedback:

- How would you rate the quality of today’s training? Average response – 4.25 / 5
- How much has the training developed your confidence in supporting young people in your provision? Average response - 4.38 / 5

Reflections on multi-agency working

There was great value in running the project as a partnership between NCC EPS and the Virtual School. The collaborative learning approach was valued by A P staff in the training. We found there is a wealth of knowledge and experience within our alternative provisions we can build on.

Feedback was very positive, with one training attendee reporting- *‘Very informative and I enjoyed going to the small discussion groups and finding out how others support young people and sharing experiences.’*

Implications of the project for policy and practice - sustainability of the work going forwards, changes as a result of the project

The survey of training attendees would indicate the sustainability of the project going forwards:

What difference do you think today’s training will make in the lives of young people you work with?

- *‘Ensuring I am always more aware of possible trauma that has been experienced and the impact it could be having on the child.’*
- *‘We feel supported to bring this way of working into the school and other settings that our young people attend.’*

Nottinghamshire Strand 3: The improved communication pathways between Police, Social Care and Education Providers about children who are at risk of violence and exploitation.

What we did

We reviewed and improved two innovative information sharing processes between Police and Social Care (PPNs) and Education Providers (EPAS).

A Public Protection Notification (PPN) is the tool used by police when making a safeguarding referral, traditionally used to highlight risks posed to children by adults - Domestic Violence or Substance Misuse for example. Nottinghamshire have widened its’ use to Youth Violence meaning that officers now consider it safeguarding risk if a child involved is involved in a knife related incident (either as a victim, alleged perpetrator or as a witness) and complete a notification into the Multi Agency Safeguarding Hub.

The Early Police Alert to Schools (EPAS) was based on the existing safeguarding process [Operation Encompass](#) whereby Schools are notified after Police have been called out to an incident of domestic violence in a household where children were present.

Through EPAS, the Designated Safeguarding Leads in Schools (including colleagues and alternative providers where possible) receive daily alerts from police if a young person attending their school has been named as connected to a knife related or serious violence incident in the previous 24 hours.

Effectiveness of the approach and wider factors impacting success

PPN’s following an incident of Knife Crime, Youth Violence or evidence of criminal exploitation are now part of business as usual in Nottinghamshire. The increase in identification of young people at risk of harm from outside the home has allowed the local authority and its partners to adapt and develop processes for managing and reducing risk for young people who they previously may not have even been aware of.

Changes in police staffing, and in recruiting additional resource to support the project, have impacted Nottinghamshire’s ability to get the EPAS processes fully embedded. A review will be undertaken over the summer and event held in September to share findings and learning with schools. The review will focus on school’s experience of receiving a notification (how timely was it, did they feel confident with how to respond, what steps did they take) and the outcome for the child (did they receive support as a result of the notification, has that impacted their risk level?)

Education as a Protective Factor

The work to improve the communication between Police, Social Care and Education Providers about children who are at risk of violence and exploitation was inspired by the prompt “education as a protective factor”. This is an existing strand of work within Nottinghamshire’s VRU and so the work funded by the DFE will continue to compliment the ongoing work around improving education settings’ understanding of risks, contextual safeguarding and of how they can best protect young people by keeping them in education.

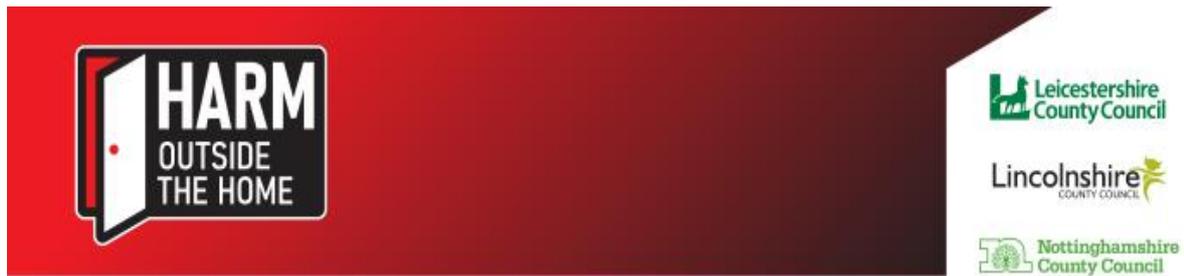
Implications of the project for policy and practice - sustainability of the work going forwards, changes as a result of the project.

The DfE funds were used to support project management and development of tools and templates. The work to improve the communication between Police, Social Care and Education Providers about children who are at risk of violence and exploitation is now embedded as business as usual, utilising existing resource.

To support the region in their consideration of adopting similar processes two blogs have been written with embedded process, pathway, and template documents. These can be found as appendices 6 and 7 and will be included on the project website when officially launched.

Reflections on multi-agency working.

Multi Agency Collaboration has been the key to the work in improving communication between Police, Social Care and Education Providers. The PPN and EPAS systems are both Police owned initiatives, which the local authority has supported them to develop and deliver.



Combined Project Legacy & Dissemination of Learning

Each regional project has provided its own reflections in their respective reports and has considered its own dissemination of their internal implementation and learning based on the project work.

The 3 projects have however had some common themes emerging. These have focused on the important roles for schools to create both early recognition of vulnerability but also in providing responses creating a safe space for children. Additionally, the theme of trauma as an element contributing to vulnerability, how this can assist the professional approach to formulate responses and the importance of relationships to engage young people and parents in ways that create opportunities for engagement. These seem to link with the overarching objectives tested in the wider project: -

- Parental engagement
- Education as a protective factor
- Reachable moments

The coordination of the project has not always been easy with recognition of the demands on all project participants and the tight timescale that have been in place. The focus has remained on each LA owning their own strand of work, being able to develop and deliver outcomes from that work internally but also to allow dissemination both within the timescale of the project and as a legacy of the project in future months. This includes developing a method to share information beyond the 3 Local Authorities and for future information emerging from the wider project to be pulled together to be useful for enhancing practice in the region.

Project Legacy

Regional Seminar

A key aim has been to provide dissemination of learning from the project within the timescale set by DFE. The Projects concluded with a regional Seminar held on 6th July 2022, to highlight learning from Lincolnshire, Leicestershire, and Nottinghamshire project workstreams. This targeted strategic leaders from across the region to provide the context of this work – the importance for multiagency partnerships and to provide a taster for what can be achieved when working creatively and innovatively. The event was attended by over 200 strategic leaders from across the regional partnership. Amongst them, we were joined by representatives from the DFE the NWG Network, Barnardo's, and representatives from the Youth Endowment Fund.

The seminar shared highlights, promoting both collaboration and investment from all our regional strategic partners and was aimed to inspire further development of ideas and sharing of resources within the region.

The site will host bitesize training videos to help with continuing professional development for all universal partners involved in keeping children safe and opportunities for training. We hope this will become the “go to” site for child exploitation and extra familial harm in the face of escalating need in this area. Whilst the site up has been funded from coordination monies, Leicestershire County council have agreed to fund and maintain this going forwards and again will link to the regional CCE leadership group to coordinate content and how the site can be further developed. Key information from the other projects nationally will be uploaded once made available and all Local Authorities represented in the regional group will be invited to share any of their local resources to the site, so this is becoming wider than the project itself.

Conclusion

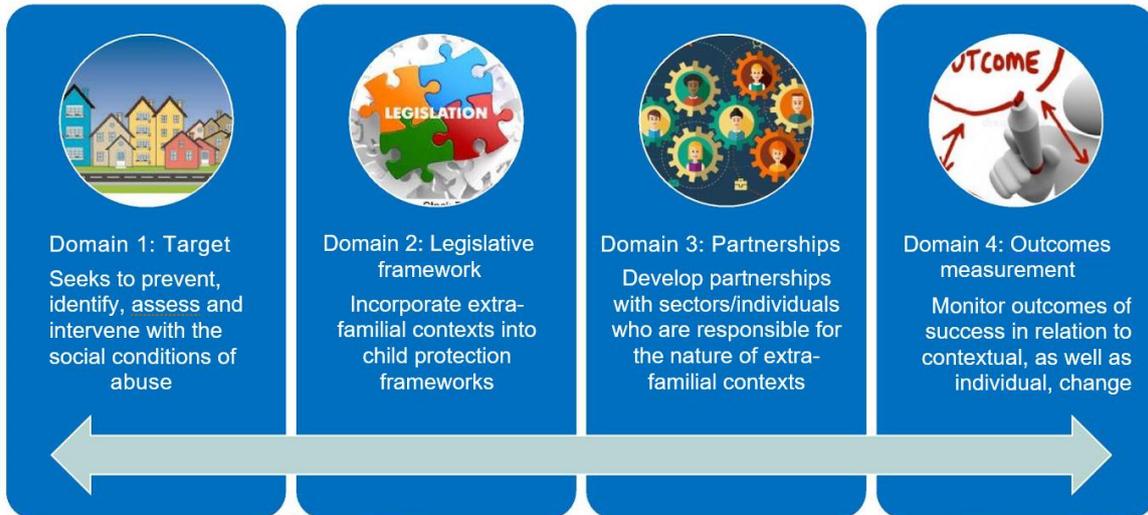
This dissemination of learning sits alongside of the Care Review’s final report was published on 23 May 2022 and key recommendations on extra-familial harms include:

- The introduction of a new child protection pathway for harms outside the home. This would be a new plan with the same underpinning as section 47, that would make clear that the primary harm is not attributed to the home and emphasise a proactive approach from partners to keep the child safe and address the contexts where harm happens.
- Setting out the features and capabilities of an effective multi-agency response to extra familial harms in *Working Together*.
- Investment in Family Help will provide resources investment in early help for multidisciplinary responses to extra familial harms.
- Integrating funding from Government aimed at preventing different harm types into a single local response to extra-familial harms.

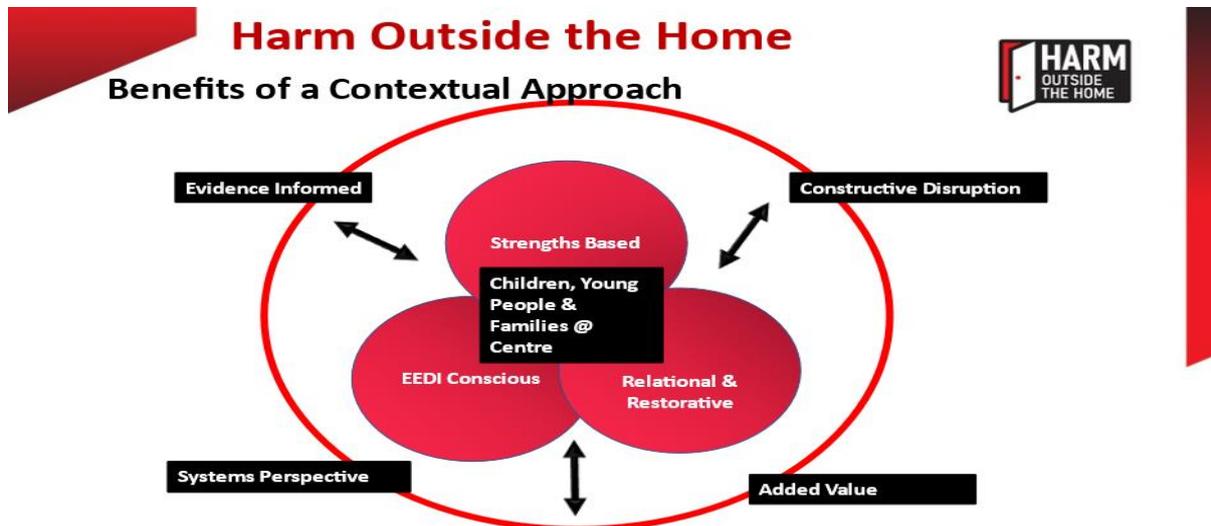
We hope that the findings of the projects emphasise the need for understanding how supporting adolescents exposed to extra familial harm requires a particular lens. Without understanding the complexity of adolescents seeing their experiences needs and challenges, also accepting their exposure to harm leaves them feeling they are viewed as insensitive and contributing to their own anxiety anger and self-blame. To get this right, and to help young people achieve the best possible outcomes, we need to see their experiences needs and challenges through their eyes.

APPENDIX 1: CONTEXTUAL SAFEGUARDING FRAMEWORK & INTERVENTION

This work by Professor Carlene Firmin formed the basis of the Contextual Safeguarding (CS) framework. The framework comprises of four domains.



Intervention uses a strength based contextual framework approach



APPENDIX 2 – PEER ASSESSMENT TOOL



Section 1: Your personal information

Your Details			
Childs Name:		Address:	
Alternative Names:			
Parents/Carers details:		School/College:	
Date of Birth:			
Children's Services database no:		Sexuality:	
Gender:		Language:	
Ethnicity:		Disability:	
Religion:		Legal Status:	
Other Relevant Information e.g., details of other agency involvement			

Your worker's information and when they started this assessment			
Name:		Assessment start date:	

The reason we have been asked to work with you

Describe the concerns raised in the GAT and any current concerns that has led to

you working with the child. This should be a brief introduction to the concerns and set the scene for why we are working with the child (could be written as a danger statement)

About me

This is a pen picture of the child. Identity of the child i.e., age race, ethnicity, sexuality, language and if there are any SEN needs. Family information, where they live, who they live with. Any relevant background information to be described in this section, i.e., summary of how long they have been known to children's services, trauma, and ACES, consider vulnerabilities MH/ substance misuse. Consider using 'tree of life activity', genogram, etc.

Section 2: Context – factors that keep you safe or increase your risk

Family/ home

Areas to consider; relationship/ attachment with carer and quality of relationship with siblings. Are carers available physically, emotionally? Are carers nurturing, supportive, meeting basic needs, are boundaries in place, are siblings involved in criminality or have a history of exploitation. Parents previous involvement with Police/ prison. History of abuse/ trauma in the home such as neglect, MH, domestic abuse? Support network, trusted adults.

Your friends and who you hang around with

Areas to consider; YP's peer group, what is the nature of this relationships, how did they meet, are there links through offending? Are the friendships protective or is their Peer-on-peer abuse? What is the YP's role in the group, who has leadership/ influence? How does the YP view themselves in their group, consider if they are part of a peer group, USG, or connected to an OCG. Consider HSB

Where you learn - school/ college/ other provision

Areas to consider; YP's attendance, engagement and attainment in school, positive/ negative relationships, school's ability to meet the child's needs, bullying, racism, EHCP. Child's aspiration/ motivation. How do school respond to concerns about relationships? Are there themes/ issues such as sexting with a particular cohort in the school.

Neighbourhood/ community/ areas and locations you visit

Areas to consider; are their location the child is frequenting, where do they usually hang out, are there areas they go to when missing, are there any areas of concern in the community they live (hotspots), how do they get around i.e., taxi, trains etc, localised patterns of offending. Assets/ resources in the community?

Section 3: Voice

These are the reasons professionals are worried about you and information that they know

What are the views of school, health, YOS, police, local community, housing, third sector what information do they hold that indicates vulnerability? Are they engaging, trusted relationships? If there have been concerns previously what worked to reduce the concerns?

On a scale of 1-10, where 10 is this young person is safe and 0 is you do not feel they are safe at all where would you scale the situation today and why? What would need to happen for you to move up the scale?

This is what your parents/ carers think

Carer's level of understanding? Are there proactive/ realistic measures put in place i.e., level of supervision, reporting missing, sharing information with the police, level of influence over the child? Their hopes for the future? Own support network? If there have been concerns previously what worked to reduce the concerns?

On a scale of 1-10, where 10 is you feel your child is safe and 0 is you do not feel they are safe at all where would you scale the situation today and why? What would need to happen for you to move up the scale?

What you think about the concerns? What is your understanding of why people are worried?

What is the YP's attitude towards the behaviour, what do they understand about grooming process, do they see drug use/ criminality as problematic, are their things they will and won't do, do they have their own safety plan.

On a scale of 1-10, where 10 is you feel safe and 0 is you do not feel safe at all where would you scale your situation today and why? What would need to happen to go up the scale?

Section 4: What is your CCE worker understands of your situation based on what they have been told, and what they recommend should happen next?

Worker's judgement based on this information			
<p>Analysis and professional judgment</p> <p><i>What are the key areas which are a concern and what needs to be built upon to reduce the concerns? What is the impact on the young person if nothing changes? Impact of push/ pull and desistance against risk. What are the areas the need intervention for us to be less worried?</i></p>			
Intervention Plan			
Action	When and or how often?	By whom?	What will we see to know it has worked?
A mapping meeting needs to be arranged to understand more about Shellie's relationships with her associates	This meeting needs to be arranged in a month by 3/10/21	The CCE worker will contact the agencies and this meeting will be chaired by the manager.	We will have a better understanding of the connections and have a plan in place to disrupt the exploitation.
Sessions need to be held with Sarah substance misuse	The worker will complete three sessions one to one in the next 3 weeks, starting 6/09/21	The CCE worker	Sarah will drink less
Sarah to attend college	The school will complete a transition plan by 7/9/21. Sarah will attend a college interview	Mr Lane from Lutterworth school YOS worker will take Sarah	Sarah will be going to college 2 days a week

APPENDIX 3 CSE ASSESSMENT TOOL



CSE RISK ASSESSMENT TOOL (CSE 1)

Child's Details					
Child's Name:			Address:		
Alternative Names:					
Parents/Carers details:			School/College :		
Date of Birth:					
Children's Services database no:			NHS no:		
Gender:			Religion		
Ethnicity:			Language:		
Sexuality:	Bisexual	<input type="checkbox"/>	Disability:	Learning disability or difficulty	<input type="checkbox"/>
	Gay or Lesbian	<input type="checkbox"/>		LD and other disability	<input type="checkbox"/>
	Heterosexual	<input type="checkbox"/>		Other disability	<input type="checkbox"/>
	Questioning	<input type="checkbox"/>		None	<input type="checkbox"/>
	Not known	<input type="checkbox"/>		Not known	<input type="checkbox"/>
Local Authority:			Legal Status:	LAC	<input type="checkbox"/>
				Out of County LAC	<input type="checkbox"/>
				Living with family	<input type="checkbox"/>
Other Relevant Information e.g., details of other agency involvement					

Referrer's Details			
Name:		Agency:	
Contact number/email:		Date of Risk Assessment:	

Vulnerability Factors	Indicate as appropriate
History of child protection involvement - neglect, physical or emotional abuse	
History of sexual abuse	
Family history of domestic abuse and/or substance misuse and/or mental health difficulties	
Breakdown of family relationships	
Lack of positive relationships with a protective nurturing adult	
Isolated from peers/family/social networks	
Unsuitable or inappropriate accommodation/sofa surfing	
History of local authority care	
Goes missing from home or care	
Excluded from mainstream education	
Social or learning difficulties	
Low self-esteem/self-harm/eating disorders/emotional health issues	
Bereavement or loss	
History of being bullied or being a bully	
Drug and alcohol misuse	
Migrant/refugee/unaccompanied asylum seeker	
Involvement in criminal activities	
Gang association or risk of gang involvement	

At Risk Indicators	Indicate as appropriate	
	Current	Historic
Those living in placements where they may be exposed to CSE		
Reduced contact with family and friends and other support networks		
School absences/exclusion or not engaged in school/college/training/work		
Going missing for periods of time or regularly returning home late		
Unaccounted for monies or goods		
Involvement in exploitative situations or association with risky adults		
Increased/unusual/unsafe/unrestricted use of the internet/mobile technology		
Evidence of risky and/or inappropriate sexual behaviour		
Inconsistent use of contraception therefore at risk of STIs		
Regular and/or concerning access of sexual health services		
Evidence of drug/alcohol/substance use		
Presentation at A&E due to drug/alcohol/substance use		
Self-harming/challenging behaviour/suicide attempts/eating disorders		
Change in behaviour/presentation/demeanour		
Changes in appearance		
Getting involved in petty crime such as shoplifting or stealing		
Frequenting areas known for sex work		
Having unexplained contact with hotels/taxis/fast food outlets		

Medium Risk Indicators	Indicate as appropriate	
	Current	Historic
Seen entering or leaving vehicles driven by unknown adults		
Whereabouts unclear/unknown whether day or night		
Groomed or abused via internet or mobile technology		
Physical injuries without plausible explanation then refusing to make or the withdrawal of a complaint		

Older 'boyfriend/girlfriend'/controlling adult		
Displaying inappropriate sexualised behaviours		
Peers involved in CSE/risky and or anti-social behaviours		
Living independently and failing to keep in touch with workers		
Being accompanied to appointments by an unknown person that causes concern		
Non school attendance or excluded due to behaviour		
Staying out overnight with no explanation		
Breakdown of living arrangements or placement due to behaviour		
Unaccounted for money or goods including mobile phones, drugs, and alcohol		
Multiple STI's/pregnancies/terminations		
Self-harming that requires medical treatment/suicidal thoughts		
Problematic substance misuse		
Repeat offending		
Gang member or association		
Aggressive behaviour towards others		

High Risk Indicators	Indicate as appropriate	
	Current	Historic
Street homelessness/exchanging sexual activity for accommodation		
Child u16 meeting different adults and participating or selling sexual activity		
Removed from known risky locations due to suspected CSE		
Being taken to clubs and hotels by adults and engaging in sexual activity		
Disclosure of serious sexual assault and then withdrawal of statement		
Abduction and forced imprisonment		
Being moved around for sexual activity		
Disappearing from the 'system' with no contact or support		
Being bought/sold/trafficked		

Multiple pregnancies, miscarriages, or terminations		
Indicators of CSE in conjunction with chronic alcohol and drug use		
Indicators of CSE alongside serious self-harming		
Receiving money or goods for recruiting peers into CSE		
Association with gang members that suggests CSE is a possibility		
Adults loitering outside the child's usual place of residence or school/college		
Facilitating others into CSE		

Professional Assessment

Please provide any information that you feel is relevant e.g., association with other children where there is a concern in relation to CSE, or a relationship of concern (male or female) and previous concerns etc. A 'child' is any person under the age of 18, male and female, older children can be equally as vulnerable.

What do you think is working well?

What are you worried about?

Professional judgment

Please use your professional judgement to reflect upon the indicators you have ticked above and consider the health, welfare, and safety of the child in question.

What do you think needs to happen next?

Leicester – If you have concerns about Child Sexual Exploitation impacting on the wellbeing of a child and your family, contact the Duty and Advice Service on [0116 454 1004](tel:01164541004). Or das.team@leicester.gov.uk CSE-team@leicester.gov.uk before sending the completed risk assessment tool along with the completed MARF

Leicestershire - First Response Children's Duty (immediate safeguarding concerns) on 0116 3050005. childrensduty@leics.gov.uk

If this child is a closed case or unknown to Leicestershire Children's Social Care, please send this Risk Assessment Tool to childrensduty@leics.gov.uk and cfs.cse.team@leics.gov.uk

If this child's case is open to any service in Leicestershire Children's Social Care, please send this Risk Assessment Tool to cfs.cse.team@leics.gov.uk

Rutland - If you have concerns about Child Sexual Exploitation, in the first instance call the 'Single Front Door' on 01572 758407 to discuss the concern, before sending the completed risk assessment form along with the completed MARF to childrensreferrals@rutland.gov.uk

APPENDIX 4 - Signs of Gang Involvement Screening Tool



Signs of Gang Involvement Screening Tool

Child's Details					
Child's Name:			Address:		
Alternative Names:					
Parents/Carers details:			School/College:		
Date of Birth:					
Children's Services database no:			NHS no:		
Gender:			Religion:		
Ethnicity:			Language:		
Sexuality:	Bisexual		Disability:	Learning disability or difficulty	
	Gay or Lesbian			LD and other disability	
	Heterosexual			Other disability	
	Questioning			None	
	Not known			Not known	
Local Authority:			Legal Status:	LAC	
				Out of County LAC	

		Living with family	
Other Relevant Information e.g., details of other agency involvement			

Referrer's Details			
Name:		Agency:	
Contact number/email:		Date of Risk Assessment:	

Signs of Gang Involvement Screening Tool	
Strong signs/indicators of possible gang involvement	Comments
1. Possession with intent to supply Class A drugs	
2. Possession with intent to supply Cannabis	
3. Unexplained physical injuries and/or refusal to seek/receive medical treatment.	
4. Associating with pro-criminal peers who are involved in gang activity	
5. Started adopting certain codes of group behaviour (e.g., ways of talking and hand signs)	
6. Refuses/scared to enter certain geographical areas	
7. Expressing aggressive or intimidating views towards other groups of young people, some of whom may have been friends in the past	
8. Multiple mobiles/changing phones frequently	
Moderate signs / indicators of possible gang involvement	Comments
1. Sudden change in appearance	
2. New nickname	
3. Using new/unknown slang words	
4. Increase in aggressive behaviour / use of intimidation or threats	
5. Unexplained money or possessions	
6. Seems withdrawn / emotionally 'switched off' – from family	
7. Interest in music which glorifies weapons/gang culture	
8. Changed friendship groups and no contact with old friends	
9. Stays out unusually late without reason or consistently breaking	

parental rules	
10. Robbery offences – used as test of loyalty/initiation	
11. Concerned by the presence of unknown youths in their neighbourhoods	
12. Loss of interest in school, decline in attendance or achievement	
13. Possession of knife or other weapon – to protect/threaten	
14. Constantly talking about someone who seems to have a lot of influence over them	
15. Dropped out of positive activities	
16. Increased episodes of going missing and / or absconding	
17. Drug misuse – to encourage selling to users	
18. Increased use of social networking sites	
19. Starting to adopt codes of group behaviour e.g., ways of talking and hand signs	

	Risk levels – Please use the below as a guide exercising your professional judgement as necessary.	Comments
	<p>Low risk A child or young person who is at low risk of being involved in a gang / gang activity (None of the strong signs are present less than 5 of the moderate signs are present. There are few risk factors present).</p>	
	<p>Medium risk A child or young person who is likely to be linked to others known to be involved in gang activity and is at risk of being drawn into the behaviours. (1-3 of the strong signs and some moderate signs are present. There are a number of risk factors present).</p>	
	<p>High risk A child or young person who is likely to be involved with a gang and the behaviour could already be entrenched. A level of control / coercion will be present, and a change of lifestyle could be difficult (More than 3 of the strong signs and more than 5 of the moderate signs are present. A high number of risk factors are also present.)</p>	

Additional comments



Leicester – If you have concerns about Child Criminal Exploitation impacting on the wellbeing of a child and your family, contact the Duty and Advice Service on [0116 454 1004](tel:01164541004). Or das.team@leicester.gov.uk CSE-team@leicester.gov.uk before sending the completed risk assessment tool along with the completed MARF

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Rutland - If you have concerns about Child Criminal Exploitation, in the first instance call the ‘Single Front Door’ on 01572 758407 to discuss the concern, before sending the completed risk assessment form along with the completed MARF to childrensreferrals@rutland.gov.uk

APPENDIX 5i– PROMPT QUESTIONS FOR HEALTH PROFESSIONALS (see also Appendix 5ii)



Encouraging child disclosure of involvement with Serious Violence Child Sexual Exploitation, Child Criminal Exploitation and Harm Outside the Home

Prompt questions to support professional curiosity

Introduction – prevalence for LLR

Front line practitioners are encouraged to exercise professional curiosity to identify serious violence which can include knife and gun crime, gang violence/exploitation, Child Sexual Exploitation and Child Criminal Exploitation.

The following prompts and information aim to support practitioners where the consultation or discussion is likely to be time limited (for example, practitioners working in Unscheduled Health Care settings, Emergency Departments and Primary Care), to maximise the opportunity to engage in direct questioning to support a child to disclose their involvement with, or as a victim of, serious crime.

Practitioners are encouraged to use professional curiosity and consider:

‘Is this child a victim/witness of serious crime? Has this child been trafficked into the area? Have the Police picked this child up intoxicated and/or with suicidal thoughts? Is this child being exploited?’

The types of question to encourage disclosure are detailed below. The examples given will be interchangeable depending upon the situation.

Child Sexual Exploitation

- Who do you live with? (Connection to Missing Children?)
- How are things at home?
- Are you having sex with anyone, how old are they?
- Do you feel you can say no to sex?
- Have you ever been made to feel uncomfortable or been scared by anyone you have had sex with?
- Has anyone else been present when you have had sex?
- Has anyone given you gifts/cigarettes/drugs or protection for sex?
- Do you take or have you been encouraged to take drugs or alcohol before having sex?

Child Criminal Exploitation and Harm Outside the Home

Presentation with Injury (especially to Emergency Departments and unscheduled health care settings)

Professionals to be aware of

Knife injury/human bite injury/stabbing including into buttocks

Questions

Tell me how you got here?

Ask direct questions:

- Is this a knife/glass/weapon injury?
- Is this a bite injury? (Ask where appropriate as this can be linked to sexually motivated crime)
- How did it happen?
- Where did it happen? (Identify a location, e.g., the name of a venue/park/street if possible/leisure centre/snooker club)
- Who else was there? (Names if possible)
- Who helped you to get here? (e.g., Who rang for the ambulance?)

Is there anything else you want to tell me about what's happening to you?

Is there anyone else you're worried about?

If you tell me what's happening to you are you worried it could put someone else at risk?

Child's presentation may include:

Personal Appearance

Dirty, offensive smelling, unkempt
Intoxicated

Emotional presentation

Withdrawn
Anxious
Tearful

Practitioners are to identify support for aftercare

Do you have a parent/carer/trusted adult – do you want to phone them to let them know you're here?
How will you get home?
Who can collect you?
Do you feel safe with them?
Who can take you to follow-up health appointments?
Who can collect medication for you?

Risk to other children

Professionals are to report disclosures made by the child that indicate risk to other children.

Further exploratory questions and explanations underpinning questions asked

CCE QUESTIONS

Where do you live? Who lives with you?

This builds a picture of stability and support available for the young person and their level of vulnerability to exploitation.

What school/college do you attend? Do you attend all day, every day?

Some vulnerable learners may have a reduced timetable but still be considered 'on role'. Figures suggest a high number of children involved in CCE have a learning need or disability and may not be in education all day every day, making them more vulnerable.

How are things at home and school? Have you ever been missing from home or school?

The young person may be aware of any teacher or parental concern expressed to them. What is the child's voice around home and school life? Episodes of missing may be indicative of CCE. The child may be being isolated from friends, family, and society.

How much money do you receive each week – who from?

Young people may be receiving a large amount of money to entice them and others into CCE. Older adults involved in CCE may be giving money in return for sexual acts or create dependency.

Do you use drugs – how do you fund this?

Many children and young people may be expected to pay back debts from drug dealers by working county lines and CCE. It may open discussions on their

involvement in drug manufacture or delivery.

Have you ever been threatened, blackmailed, or physically attacked?

Those involved in serious crime are often physically and emotionally abused. Humiliation is extremely common, and this may be reflected in personal injuries being presented. Threats can be made to harm children themselves or their families, so they are compliant. Physical and violent attacks, including involving knives and gun crime, are made by own or rival gangs. Often false 'muggings' take place, so the young person is in debt further, and is told they need to 'repay' this, thus trapping the child in CCE.

Have you ever been arrested or warned by the police – what for?

Does the response indicate concern?

Has anyone given you gifts, money, a phone, clothes, or designer trainers in exchange for you keeping watch and or carrying packages for anyone?

The young person may not realise they are being exploited and may feel they have a sense of belonging and protection within a gang.

APPENDIX 5ii 7 Minute Briefing

Leicester Leicestershire and Rutland: 7 Minute Briefing: Questions for Practitioners to Encourage Disclosure of Serious Violence & Child Exploitation (CE)

1

Information for Health Staff

Safeguarding Alerts on SystmOne health records

- Triangle – The child is the subject of a child protection plan
- Faded Triangle - Child protection plan ended
- LAC - The child is a looked after child
- 'Lego' Child - There are safeguarding concerns without a child protection plan

White Glove The appearance of the white glove on SystmOne indicates that the **child is at risk of harm from child criminal or sexual exploitation** or risks outside the home known as contextual risks or contextual safeguarding. This can include knife and gun crime and the child could be at risk of, or involved in serious crime

The white glove is applied to children whose vulnerable circumstances have been discussed and are supported by the Leicester Leicestershire, and Rutland Child Exploitation Hub. Health is represented at the CE Hub by the ICB Named Nurse Children's Safeguarding who ensures visibility of the white glove on SystmOne

It is important to recognise that for many of these children the contact with your service may be the **first health contact they have accessed in a long time, if ever**. Children may present as **dirty, unkempt, intoxicated, withdrawn, angry, aggressive, tearful...**

Health consultations with all children aged 10 plus: Quickly review the records for information that indicates a risk of harm e.g. check for any safeguarding alert flags and high-risk reminders.

2

All Practitioners: To Take a Trauma Informed Approach

The child's behaviour should be seen in the context of wider vulnerabilities. Unresolved behaviours such as anger, self-harm, substance misuse, anxiety or depression may be the consequence of unresolved trauma.

Exploited children find it difficult to build trusting relationships with adults and may prefer to see the same health professional where possible; they may not want to discuss their experience, or they may want you to provide an opportunity for them to be seen alone to talk.



3

Questions to Encourage Disclosure of Serious Violence

Presentation with injury (especially to Emergency Departments and unscheduled health care settings). **Professionals to be alert for assault-related injuries** (i.e. stab wounds, bites, lacerations etc)

Questions

- Tell me how you got here?
- Ask direct questions: Is this a knife injury? Bite injury?
- How did it happen?
- Where did it happen (identify location- e.g.name of venue/park/street if possible/leisure centre/snooker club)
- Who else was there?
- Who helped you to get here? (e.g. who rang the ambulance/taxi/gave you a lift)
- Is there anything else you want to tell me about what's happening to you?
- Is there anyone else you're worried about?
- If you tell me what's happening to you are you worried it could put someone else at risk?
- Do you want to phone a parent/carer/trusted adult?

4

Questions to encourage disclosure of Child Exploitation (CE)

- Who do you live with? (Connection to Missing Children)
- What school or college do you go to?
- Are you having sex with anyone, how old are they?
- Do you feel you can say no to sex?
- Have you ever been made to feel uncomfortable or scared by anyone you have had sex with?
- Is anyone else present when you are your partner are having sex?
- Has anyone given you gifts / cigarettes / drugs or protection for sex, or for carrying packages/keeping watch?
- Do you take or have been encouraged to take drugs or alcohol before having sex?
- Have you been threatened, blackmailed, or physically attacked?
- Have you ever been/part of a gang?

6

Referrals to Children's Social Care, including disclosures that indicate risk to other children

www.lrsb.org.uk/policiesandprocedures

7

Child Exploitation Risk Assessment to accompany referral of CE concerns:

www.lrsb.proceduresonline.com/p_ch_exp_context.html

5

Questions to identify support for the child's aftercare:

- How will you get home?
- Do you feel safe, at home /with friends?
- Can a safe trusted adult collect you?
- Who will take you to your follow up appointments/collect medication?

Produced with thanks to the young people, the LLR Violence Reduction Network (VRN) and ICB Safeguarding Team



Appendix 6 – Public Protection Notifications for Youth Violence Blog

Police Public Protection Notifications (PPN) for Youth Violence and Child Criminal Exploitation

Background

Nottinghamshire Safeguarding Children Board conducted a Multi-Agency Audit of the case files of Young People who had committed or been the victim of a serious violent offence. Colleagues from Police, Health, Youth Justice, Youth Service, Education and Children’s Social Care all examined their work with a child in the year preceding the incident, including what they knew about any risk of violence. The findings were stark, and in many cases there had been multiple missed opportunities to intervene early because information on indicators of risk had not been shared.

If you want to undertake a similar audit in your area, here’s a draft audit tool which will get you started:



NSCB audit tool -
knife crime.docx

What are PPN’s for YVCCE?

Following the audit, the Knife Crime PPN was introduced. A PPN is the tool used by police when making a safeguarding referral, traditionally used to highlight risks posed to children by adults - Domestic Violence or Substance Misuse for example. Widening its use to Youth Violence meant that officers needed to consider it safeguarding risk if a child involved was involved in a knife related incident (either as a victim, alleged perpetrator or as a witness) and complete a notification into the Multi Agency Safeguarding Hub. Later on, serious drugs related offending was added to the scope, given this is a key indicator of exploitation.

“Seeing violence as an indicator of vulnerability, and agreeing it was relevant for Children’s Services to be made aware of it, was a turning point in being able to identify and support children at risk of violence and exploitation.”

Since its introduction, an audit was completed on a sample of the PPNs from 2021, which highlighted good practice as well as opportunities to reduce duplication and ensure appropriate and consistent action is taken upon notification of risk at all levels (not just at Tier 4 safeguarding threshold). New policy and guidance were produced and a flowchart developed which may be helpful when considering implementation in your local area:



PPN Guidance May
2022.pdf



PPN flowchart.pdf

Key lessons:

- *OIC's need receive consistent messages about the circumstances in which a PPN should be completed. In Nottinghamshire the YJS supported the co-delivery of training to frontline officers.*
- *Local Authority Social Care need to have reached a decision about factors which mean a violent or drug related incident is an indicator of harm which would warrant a Social Care Assessment – and this needs to be communicated to Social Workers and Managers in the relevant teams.*
- *YJS should be invited to be included in S47 Strategy Discussions relating to incidents of violent crime as they are likely to hold additional information/insights.*
- *There needs to be a pathway for those children who do not meet threshold for a CSC assessment – in Nottinghamshire we have established a Youth Support Panel which considers PPN referrals alongside other referrals for early intervention, and allocates to youth workers, Early Help Family Services, Education support or Schools Officers and Crime Prevention Services according to need.*

Appendix 7 – Early Police Alert to Schools for Knife Crime Blog

Early Police Alert to Schools (EPAS) - Building on PPN success

Background

Nottinghamshire Safeguarding Children’s Board completed a Knife Crime Audit which showed that school were not routinely made aware of incidents where a child had been involved in a violent incident until well after the event. A PPN process was introduced which allowed officers to alert the local authority children’s services of incidents, which included a blank space for the officer to record which school a child attended, this field was commonly left blank, and that officers were not routinely considering the school a child attended as a relevant factor. Frequently young people were arrested and there was either a “No Further Action” decision or they were “Released Under Investigation”, and they would be attending school the next day with no one knowing the situation they had gone through. Around the same time as PPNs were being considered, a serious case review of a young person from Nottinghamshire who was murdered showed that police and school both held information about the child, which if put together would have shown a pattern of escalating risk. This was motivation for improved information sharing between Police and Education Providers.

What is EPAS?

The Early Police Alert to Schools (EPAS) was based on the existing safeguarding process [Operation Encompass](#) whereby Schools are notified after Police have been called out to an incident of domestic violence in a household where children were present.

Through EPAS, the Designated Safeguarding Leads in Schools (including colleagues and alternative providers where possible) receive daily alerts from police if a young person attending their school has been named as connected to a knife related or serious violence incident in the previous 24 hours. This was whether they were a victim, alleged perpetrator, or a witness. A copy of the EPAS form can be found here:



Early Police Alert -
BLANK TEMPLATE (CC)

Why EPAS?

- Schools are often the first professionals to have contact with a young person after their involvement in an incident. Whether victim or offender the young people will be in need support and safeguarding.
- Schools often know the young person better than any other professional – knowing about an incident could be the missing piece of a puzzle which means they can make appropriate onwards referral for support from Social Care, Early Help or Youth Justice.
- Sometimes repercussions and reprisals that spill over into schools that need to be managed
- Schools should be given the opportunity to share information and intelligence relevant to police investigations

Key Lesson’s from Nottinghamshire’s implementation of EPAS

- Significant communication with schools is needed in advance of starting to send them police notifications. They need as much information as possible about the purpose of the project, and what steps they can take when they have been notified of an incident involving one of their pupils. Step by Step guidance for school was produced, which may be helpful when considering implementation in your local area:



Step by Step Guide to
EPAS.pdf

- EPAS needs to sit within a wider system of early intervention and prevention – there needs to be a good offer of family support and youth diversion (from the local authority, VRU's, School's and the third sector) so that young people identified as at risk of exploitation and violence can have their needs assessed and met.
- EPAS should complement but not replace the existing relationships and information sharing between police, schools and the local authority.
- EPAS needs to be owned by Police (the information being shared is owned by them), with Children's Services supporting communications with schools, the development of step-by-step guidance, identifying training needs for school staff and developing a pathway for those young people needing additional support.

Next Steps for Nottinghamshire

EPAS originally launched in Nottinghamshire in 2020 with an event for designated safeguarding leads. Since then there has been significant staff turnover, improvements to the process, a 6 month gap where EPAS was paused due to staffing shortages and a change in which Police team delivers the service. Having just relaunched the process with improvements to the template and a more robust step by step guidance for schools, we are now entering a reflective phase. A record will be kept of all EPAS's completed, allowing us to scrutinise the impact of the process by contacting a sample of schools each month to gather case studies of good practice, to ask about impact, to check any issues and gather feedback on improvements to the system.

In September Police and Children's Services will collaborate on an event for DSLs which will bring everyone up to date – including sharing the findings from case studies, good practice examples and Frequently Asked Questions. Materials from this session will be made available on the Harm outside the Home website for use across the region.