



# Contextual Harm and Adolescent Safeguarding Protocol

Children's Social Care and Youth Inclusion

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# 1.Introduction:

This protocol is to support Merton’s Children’s Social Care to understand and implement the processes and procedures for identifying and responding to Contextual Harm to ensure timely and robust safeguarding of adolescents.

This protocol introduces an integrated approach to child protection responses to children and young people at risk of contextual harm.

The principles of this protocol:

- Children’s Social Care practitioners (Social Workers, Team Managers, IROs) see extra-familial harm and contextual harm as safeguarding concerns
- We recognise that adolescents facing significant harm outside the home require a response similar to those where the significant harm is occurring in the home
- We have systems in place to receive referrals about peer groups or extra- familial contexts in which young people encounter significant harm
- We ensure assessments of contextual harm are robust, holistic and consider both the presenting needs and the contexts where harm may be occurring or most influential
- We see an assessment is an intervention in its own right
- We implement plans that enhance safeguarding of adolescents at risk of contextual harm, which will be embedded within existing planning processes.
- Reduce duplication and misunderstanding of responses to contextual harm

This protocol draws from the London Child Protection Procedures relevant to contextual harm

- [Children Missing from Home and Care](#)
- [Child Sexual Exploitation](#)
- [Organised or Complex abuse](#)
- [Trafficked children:](#)
- [Sexually active children](#)
- [Children harming others](#)
- [Children at risk of gang activity](#)
- [Risk management of offenders](#)

**Please note** – this protocol sets out specific actions in relation to Contextual Harm Assessment or Planning at the set points of activity in line with the London Child Protection procedures – for full details on how to manage referrals, strategy meetings, assessments and planning please refer back to the London procedures or Merton’s local policies and procedures on TriX

## 2. Definitions:

### Concept of Significant Harm

The Children Act 1989 introduced Significant Harm as the threshold that justifies compulsory intervention in family life in the best interests of children. Physical Abuse, Sexual Abuse, Emotional Abuse and Neglect are all categories of Significant Harm

Harm is defined as the ill treatment or impairment of health and development. This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include, "for example, impairment suffered from seeing or hearing the ill treatment of another"

In line with the London Child Protection Procedures, sometimes '**significant harm**' refers to harm caused by one child to another (which may be a single event or a range of ill treatment) and which is generally referred to as 'peer on peer abuse.'

### Definitions of Child Abuse and Neglect for Adolescents

**Emotional Abuse includes:** Exploiting and corrupting children.

**Controlling behaviour is:** a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

**Coercive behaviour is:** an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

In addition Working Together to Safeguard Children has introduced the concept of Contextual Safeguarding which recognises that as well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation.

### Contextual Safeguarding

This has been taken from University of Bedfordshire's Contextual Safeguarding Network: Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse<sup>1</sup> can undermine parent-child relationships.

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<sup>1</sup> Experiences of harm are beyond their home, family or carers.

Therefore children’s social care practitioners need to engage with individuals and sectors who do have influence over/within extra-familial contexts, and recognise that assessment of, and intervention with, these spaces are a critical part of safeguarding practices. Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts.

#### Contextual Harm

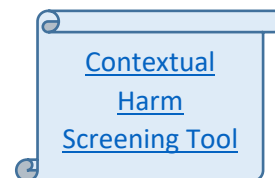
Is recognising that abuse, violence or harm can occur in all contexts and can overlap and/or compound the risk, including in or by the family or due to the child’s vulnerability, identity / diverse needs and due to the influence of the peer group, culture or support of the education setting and risks within or exacerbated by the spaces or places that the young person (and their friends) spend the most time.

## 3. Response to Referrals

*Our principle is that we see extra-familial harm and contextual harm as safeguarding concerns. We recognise that adolescents facing significant harm outside the home require a response similar to those where the significant harm is occurring in the home. We will have systems in place to receive referrals about peer groups or extra- familial contexts in which young people encounter significant harm.*

The MASH is to use the Contextual Harm Screening Tool ([Appendix A](#)) where concerns are identified in regard to:

- coercion/control (exploitation)
- missing from home or care
- violence or offending
- sexual health or harmful sexual behavior
- social media / online risks



Children that present with multiple emerging needs may be the most complex and difficult to screen risk – score each presenting need and context to ensure a holistic overview of all risk which may mean that the compounding emerging risks is moderate and may require a social work assessment.

#### Peer group referral

If the referral outlines safeguarding concerns and risk of significant harm about a number of young people then MASH will need to create contacts for each child where this is apparent. Under relationships the other young people in the peer group are to be identified as ‘in contact with’ and date of the referral (unless an earlier date of association is recorded in the referral). A process for developing a Peer profile to link young people to is being developed; which should be done by the specialist team manager overseeing the peer assessment to ensure consistent recording approach and reduce potential duplication of peer groups.

#### Location referral

To ensure that mapping can occur against current or potential locations of concern a request should be made for a new organisation to be created by the IT team if the location is not already identifiable ([use this form](#)). The new organisation should include the most accurate description of the location (e.g. café / business address / hotel name) and its postcode. Then the organisation relationship can be created against all relevant young people.

## Checks and information gathering

In addition to the core information required, the following checks would support the identification of all information pertaining to potential extra familial harm for the child and whether harm is relevant to that context. The following table can be included within the contact record:

| Professional to be Contacted | Context for Safeguarding/ Influence | Relevant (Y/N) |
|------------------------------|-------------------------------------|----------------|
| Health                       | Child                               |                |
| Family Wellbeing Service     | Child/family/ peer group            |                |
| Youth Justice                | Child/ family/ peer group           |                |
| School/ SEN Co-ordinator     | School                              |                |
| Youth Services               | Community/Neighbourhood/Peer Group  |                |
| Police                       | Community/Neighbourhood             |                |
| Housing                      | Community/Neighbourhood             |                |
| ASB Team                     | Neighbourhood/peer group/ child     |                |

## Decision

*For all referrals to LA children's social care, the child should be regarded as potentially a child in need. A decision must be made within one working day (London CP procedures)*

The Contextual Harm Guidance provides a summary of how the overall contextual harm scoring would result in different levels of response based on the overall risk of harm:

|                      |           |                                 |
|----------------------|-----------|---------------------------------|
| Little to no concern | 0 - 9     | <i>Advice and guidance</i>      |
| EMERGING             | 10 – 32   | <i>Early Help</i>               |
| MODERATE             | 33 – 64   | <i>Assessment</i>               |
| SIGNIFICANT          | 65 – 100+ | <i>Strategy and Safety Plan</i> |

**\* Please note that if any area on its own scores 10 or more this will require a strategy discussion**

The Screening Tool includes a summary of the next steps for addressing contextual harm, ranging from Prevention to Protection. This can assist in identifying the actions at each stage.

## Type of assessment

If the decision is for an assessment this should also outline if the Contextual Harm Risk Matrix is to be completed alongside an otherwise brief Child and Family Assessment. This decision will need to take into account the presenting needs, contexts of harm and other children living in the home.

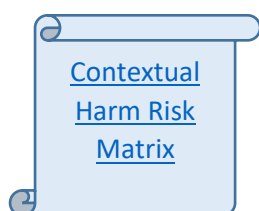
## Other children in the home

Where there are significant safeguarding concerns in the home for all the children, then a Child and Family Assessment that refers to the Contextual Harm guidance for the relevant children may be more appropriate. However, where there may be an older child where extra-familial harm is the primary significant presenting need and this is impacting on the younger brothers and sisters then it may be more appropriate for the focus to be on the Contextual Harm Risk Matrix for the older child and the Child and Family Assessment completed for the younger children and uploading the Matrix.

## Already allocated to Early Help

If the child or young person involved in the referral are allocated to the Family Wellbeing Service or Youth Justice Team the MASH should contact these services to inform the decision. If the referral is being made by these services MASH should ask for them to complete the Contextual Harm Screening Tool to ensure that all safeguarding needs and safety or harm within contexts are clearly outlined.

If the outcome of the referral is not to allocate for Social Work assessment then the Contextual Harm Risk Matrix ([Appendix B](#)) should still be completed by the relevant Early Help service to inform planning. If the Youth Justice Team has assessed, using AssetPlus, that the young person is High risk of harm to others or has High safety and wellbeing concerns, then the Contextual Harm matrix must be completed.



If the Contextual Harm Risk Matrix completed by other services identifies overall Significant harm then the Matrix should be referred to MASH for review and to the Multiagency Risk Vulnerability and Exploitation (MARVE) panel to ensure appropriate strategic partnership oversight of contextual actions (see [Chapter 7](#) for governance oversight arrangements)

## Decision to step down to Early Help

The Contextual Harm Screening tool should accompany and follow the Step-Down process and the Contextual Harm Risk Matrix should inform the Team Around the Family meeting and planning.

## Managing consent

It is important to outline to parents that contextual safeguarding is focused primarily on the harm present outside the home. Acknowledge that extra-familial abuse involves external factors that can have more influence on children than the parents. This will help parents / carers understand that the focus of the assessment and any subsequent plans is not solely on them. They are a valuable safeguarding partner alongside professionals.

If there are any concerns with the family or home these will need to be addressed alongside contextual risks but to support engagement and consent for an assessment this is not the primary focus. A contextual safeguarding approach will also increase the consent to share and seek information with partners to ensure the contextual risks are met.

If the referral information and/or screening scores identify overall Moderate or Significant and parents do not consent to ongoing assessment or child in need plan then consideration must be given to whether the child is safe enough without further intervention and if the parents' lack of consent (or acknowledgement of risk) affects the risk.

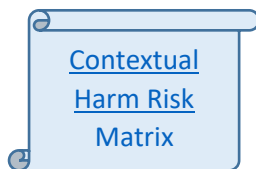
Audits have shown that it is important to ask 'have I got the balance right between a child's right to safety and protection and a parent's right to privacy?'

## 4. When threshold is met

### i. Already allocated when referral / new information received

If concerns arise or new incidents occur for a child or young person that has an allocated social worker, then the social worker should discuss the new information with their Team Manager and decide if a strategy discussion is required in line with child protection procedures – also see [chapter below](#) on s47 Strategy / Multiagency Adolescent Risk meeting for contextual harm elements to consider as part of that meeting.

If other young people are identified at significant risk due to being closely associated with the incident or peer group ensure that each young person is referred to MASH if they are not already allocated to a social worker. All allocated social workers will need to liaise closely about any potential peer assessment (see chapter below on [Context Specific assessments](#))



If the Contextual Harm Risk Matrix completed by the allocated social worker identifies overall Significant harm then the Matrix should be referred to the Multiagency Risk Vulnerability and Exploitation (MARVE) panel to ensure strategic partnership oversight of contextual actions (see [Chapter 7](#))

### ii. Threshold met for s17 Assessment

In order to assess contextual harm risks, the allocated worker will need to call a multiagency adolescent risk meeting because risks are present outside the home and a home visit will not be sufficient to fully assess the presenting risks, safety and harm in all the contexts.

The meeting should be held with the child and parents/carer and consider the presenting needs and risks of the child or young person and determine the safeguarding and support strategies in each context. The Screening Tool can aid the multiagency adolescent risk meeting initial decision on risk and levels of response. This should be entered on Mosaic as a Child in Need Meeting.

The Contextual Harm Risk Matrix is to be used as the primary tool to inform the Child and Family assessment. Reference the matrix in your assessment and upload this as a document on to Mosaic.

### iii. Threshold met for Strategy Discussion

The allocated social worker must complete an 87a Form to be sent to the Police Child Abuse Investigation Team (CAIT). The Police will then determine which internal section in the Police this will be sent to – CAIT (Familial sexual abuse), CSE/CCE (child sexual or criminal exploitation) or IOM (Integrated Offender Management for Gangs / Serious Youth Violence).

The strategy discussion will need to decide on the required next steps and whether a Child and Family Assessment or s47 Enquiry is required. Where Moderate risks are identified this would most likely be Child and Family Assessment and where there are significant risks this should be s47 Enquiry. The decision must also outline whether the Contextual Harm Risk Matrix will be used as the primary tool to inform the assessment to ensure all contexts of harm are assessed / investigated and planned against.



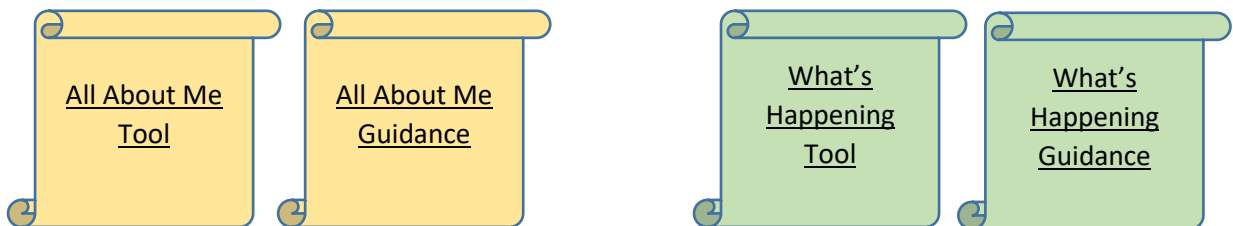
#### iv. Section 47 Strategy meeting / Multiagency Adolescent Risk Meeting

Safeguarding concerns regarding child criminal or sexual exploitation, serious youth violence or weapons, harmful sexual behaviour and peer on peer abuse that meet Section 47 threshold should be the subject of a multi-agency statutory meeting. This is because the investigation and immediate safeguarding intervention will need to be a **multi-agency approach** to ensure that all identified contexts with significant risk have robust oversight and increased safety.

Where it is not possible to hold a full meeting within 24 hours of the referral, a strategy discussion should take place between social care, police and relevant agencies to agree any immediate investigatory and safeguarding actions, including the date for a multi-agency meeting.

As a general principle all persons who may hold significant information, or can contribute to safeguarding the young person, should be invited or contribute relevant information.

Consider inviting the child/young person and family where appropriate. If they do not wish to attend then complete the All About Me Tool (see below) with the young person to gather their views about each of the contexts where harm or safeguarding may be present. For parents the 'What's Happening Tool' tool (see below) is helpful to inform the assessment.



Specific persons to invite for a contextual harm strategy meeting:

- Contextual Safeguarding Lead (email [MarveReferrals@merton.gov.uk](mailto:MarveReferrals@merton.gov.uk))
- Police (via s87a referral) – either Exploitation, CAIT or IOM (email [SWMailbox.SafeguardingCAITReferrals@met.police.uk](mailto:SWMailbox.SafeguardingCAITReferrals@met.police.uk))
- Youth Justice service (email [YOS\\_TEAM@merton.gov.uk](mailto:YOS_TEAM@merton.gov.uk))
- Education Welfare Service (email [Education.Welfare@merton.gov.uk](mailto:Education.Welfare@merton.gov.uk))
- If allocated
  - Adolescent specialist worker(s) (via [MarveReferrals@merton.gov.uk](mailto:MarveReferrals@merton.gov.uk))
  - Catch22 Risk and Resilience service ([msm@catch-22.org.uk](mailto:msm@catch-22.org.uk) or [Sarah.Bell@catch22.org.uk](mailto:Sarah.Bell@catch22.org.uk))
  - Family Wellbeing Service ([fsd@merton.gov.uk](mailto:fsd@merton.gov.uk))
  - Social workers for other young people that the child is influenced by or may hold significant relevant information (for out of borough young people see [LSCB website](#) for contact details of neighboring boroughs' MASH referral inboxes).

The team manager chairing the meeting will consider the need for a Section 47 investigation or allocate for a Child and Family assessment or review of assessment. The manager could allocate for the Contextual Harm Risk Matrix to be completed in lieu of updating the Child and Family assessment if appropriate. The manager will determine whether a review strategy meeting or professional's meeting is required or whether the next review should take place as part of a Child In Need review meeting or Core Group. The initial level of risk should be confirmed by the meeting (Emerging, Moderate or Significant) as per the Contextual Harm Practice Guidance.

#### v. Complex Strategy meeting – organised, serious and complex matters

This section is from the London Child Protection Procedures chapter [Organised or Complex abuse](#)

Complex and organised abuse may be defined as abuse involving one or more abusers and a number of related or non-related abused children and may take place in any setting. The adults concerned may be acting in concert to abuse children, sometimes acting in isolation or may be using an institutional framework or position of authority to access and recruit children for abuse (London CP procedures)

Although in most cases of complex and organised abuse the abuser(s) is an adult, it is also possible for children / young people to be the perpetrators of such harm, with or without adult abusers.

The Strategy meeting, chaired by a senior manager of children's social care, must take place within **one** working day of the receipt of the referral and be formally recorded. The chair of the safeguarding partnership must be notified 'for information only' at this stage.

The meeting will involve senior staff from health, education and other agencies as required and, where necessary, must ensure coordination across local authority boundaries.

A strategic decision will need to be made by senior managers from the involved agencies as to whether the social work input into the enquiries/investigation can be managed in the conventional way or whether a specialist approach is required for example from a dedicated team outside the service.

This will usually depend on the number, geographical spread and age range of potential interviewees, as well as whether those implicated are foster carers or employees of any member agency.

If the threshold for complex strategy is not met but the Peer group and the incidents involving that peer group are seen as the priority context of harm then a Context Conference should be undertaken, chaired by a Team Manager. See the section on [Context Specific assessment](#) for links to the relevant guidance for how a Peer Group assessment and plan would be conducted.

#### vi. Section 47 Enquiry decision

The decisions from a s47 Enquiry could be:

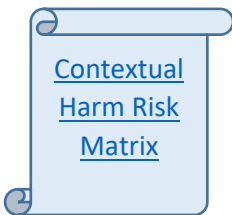
- Child / Young person are judged to be at continued risk of significant harm
- Concerned substantiated and the child / young persons are not judged to be at risk of significant harm
- Concerns not substantiated

Please note that if the Contextual Harm is moderate or significant risk this will require ongoing planning under either Child in Need or Child Protection processes or within the Care Plan and Looked After reviews (there is no separate CSE/CCE or MARVE meeting process).

*An **initial child protection conference** must be convened when the outcome of the s47 enquiry confirms that the child is suffering, or is likely to suffer, significant harm. The social care manager is responsible for making the decision on the completion of the s47 enquiry.*

## 5. Assessment – Contextual Harm Risk

We ensure that specialist expertise, support and help is available from the beginning and throughout an **assessment as we believe an assessment is an intervention in its own right**. We believe that an assessment provides an opportunity to build trust and relationships so that decisions are made swiftly with strong analysis. We aim to inspire confidence in the families we support and in our partners. During the assessment process, if we identify that parents or children have needs that we should take measures to address or if we identify needs within an extra-familial environment, we will refer them for a specialist assessment or a service as soon as possible, with parental agreement and/or trigger a multi-agency response to address needs within a particular context.



### Contextual Harm Risk Matrix

The social worker should consult with their manager and the other agencies involved with the child and family. They should also consult with the systems/contexts they engage with (eg peers, schools, neighbourhood) to carefully plan the assessment actions and steps for who is doing what by when. This is best agreed in the multiagency adolescent risk meeting. Engagement of specialist workers to jointly assess contexts (such as peer groups, locations and schools) is encouraged (see below for more guidance on these)

Assessment tasks to inform the Contextual Harm Risk Matrix to be agreed:

- √ Mapping of peers, relationships, places (including online), cars and routines.
- √ Direct work to understand and assess different behaviours, contexts and perspectives / understanding.
- √ Timetables / calendars / diaries of behaviour or triggers or access to spaces / harm
- √ Time lines / chronologies. Genograms / ecomaps
- √ Case Discussion – hypothesis, unpick trauma
- √ Consider specialist assessments
- √ Complex strategies when multiple people involved or cross borough.
- √ Seek and share information with each other

Complete the Contextual Harm Risk Matrix to conclude a final contextual harm rating for each of the presenting needs and contexts – and to then have a final concluding rating of risk.

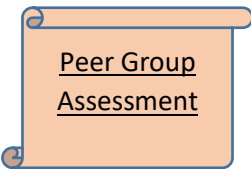
- **Emerging** – child / young person is vulnerable to experiencing harm, including outside the family home: *Some evidence that the child or young person is at risk of exploitation. Some concerns that the child/ young person is at risk of being targeted or groomed, but there are positive protective factors in the child's life. The child / young person may require a referral to targeted early intervention services for education / intervention.*
- **Moderate** – child / young person may be experiencing harm, including outside the family home: *The child may be experiencing exploitation or violence. There is evidence the child / young person may experience protective factors, but circumstances and / or behaviours place him/her at risk of exploitation or violence. An assessment and plan may be required to support the child and family in managing the experiences or disrupt the contexts where further escalations in risk is identified.*
- **Significant** – child / young person is experiencing harm, including outside the family home: *Evidence / disclosure suggests that the child is at immediate and / or continuing risk of exploitation or harm. The child / young person is being drawn or pushed into high risk situations / relationships / risk taking behaviour. Evidence / assessments suggests that the child is experiencing harm / exploitation (they may not recognise this). Coercion / control is explicit.*

## Context Specific Assessments

The Contextual Harm Risk Matrix allows for all the contexts to be assessed and weighted together within the same tool. However, there may be occasions when more specialist or detailed assessments are required within the contexts presenting the most harm or when complex needs require separate 'specialist' assessments. This could be seen as the same process when a young person presents with substance misuse or mental health concerns, which would be considered within a social care assessment but when more complex or dynamic risks are presented a specialist assessment or consultation can be sought. Context tools and guidance can be found on the [Contextual Safeguarding Network](#) (referred to as Tier 2 pieces of work)

### i. Peer Group Assessments

The Child Protection Chair or Team Manager may decide, with the consent from the parents of young people in a peer group, that a peer group assessment is required to specifically assess risks relating to more than one young person.

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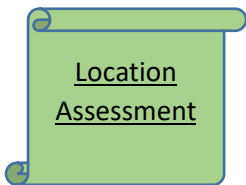
#### Peer Group Assessment

Together with the social worker, an adolescent worker should be co-allocated to complete this assessment (either from the Tackling Exploitation Team, Catch22 or Youth Justice Team). The network should agree who the best person is to jointly undertake this piece of work with the social worker(s).

Additional guidance will be provided about recording a peer group on their own Mosaic profile. Adult Persons of Concern should be referred to MARVE for oversight and recording.

### ii. Location Assessments

The Child Protection Chair or Team Manager may decide that a specific location requires more proactive assessment and planning.

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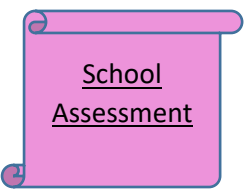
#### Location Assessment

A referral should also be made to the Locations Board via the ASB team inbox ([ASBU@merton.gov.uk](mailto:ASBU@merton.gov.uk)) and a request can be made within this referral for a joint assessment or Police led Design Out Crime assessment. The design out crime report requires authorization of the Locations Board to ensure oversight of the recommendations in the Design Out Crime assessment.

A Stakeholder meeting of businesses, community providers and services can be a helpful means of informing the Location Assessment and subsequent plan, which can be chaired by a Child Protection Chair or Team Manager with the support of Safer Merton's Antisocial Behaviour team

### iii. School Based Assessments

The Child Protection Chair or Team Manager may decide that a school or cluster of schools require more proactive engagement and planning. This could be due to a number of children being referred from the same school, or due to feedback from children/young people or parents/carers during the social work assessment.

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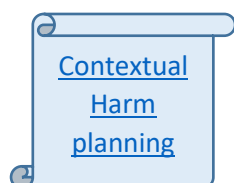
#### School Assessment

A referral should be made to the School Improvement Team (via Education Welfare [email](#)) and a request can be made within this referral for focus groups or surveys to be undertaken. This would require the authorization of the Head Teacher, Education Inclusion and School Improvement Team to ensure oversight of the recommendations in the assessments and from the surveys.

## 6. Planning – Contextual Harm

London CP procedures state that local authorities might find it appropriate to use child in need processes to protect children at risk of [contextual harm] where there are no or very limited concerns relating to the family home and use child protection procedures where there are safeguarding concerns relating to the family. However, as part of the recognition of significant harm that children and young people can experience outside the home, the use of child protection conferences should be considered where the assessment concludes overall significant contextual harm.

The Contextual Harm Risk Matrix includes a Planning template to support practitioners in responding to extra-familial harm and in formulating a plan of intervention. Any actions should be incorporated into the relevant social care plans, depending on the level of risk, i.e. Child Protection Plan, Child In Need Plan, Child in Care Plan or Pathway Plan, and Early Help Plan.



The Contextual Harm Planning Tool should be used to identify specific actions to prevent escalation, support the young person, family and network, identify ongoing risks not already captured in the assessment, disrupt harm and protect against further harm.

### Child (Young Person) in Need and Core Group Meetings

Ensure that relevant partners are invited to maintain the multiagency oversight of contexts of harm.

### Child (Young Person) Protection meeting

Those who have responsibility or oversight of the primary contexts of harm should be invited and have actions to improve the safeguarding and safety in those contexts. Similar to a family being invited to support a Child Protection Plan, with extra-familial harm there will be agencies or guardians that will be invited to support a Young Person's protection plan.

### Frequency of Meetings:

|                      |           |   |
|----------------------|-----------|---|
| Little to no concern | 0 - 9     | <i>Under management supervision</i>   |
| EMERGING             | 10 – 32   | <i>Review meetings as usual – either through Early Help or existing social care processes.</i>  |
| MODERATE             | 33 – 64   | <i>Initial meeting to occur within 2 weeks of completing screening tool and follow-up within 4 weeks in order to build into safeguarding and children in care processes. <b>Minimum 3 monthly.</b></i>  |
| SIGNIFICANT          | 65 – 100+ | <i>Initial strategy meeting to be held as per timescales, that meeting to agree any follow up. Existing safeguarding and children in care review meetings to confirm level of risk to inform frequency of ongoing professional or core group meetings. <b>Minimum 6 weekly.</b></i> |

*The contextual harm risk matrix and planning tool should be reviewed at each meeting ensuring that any shifts in risk are captured and responded to appropriately.*

## 7. Leadership and Governance

The existing mechanisms will remain in place to ensure oversight of processes and combat potential gaps in the system. These are summarised below:

### Weekly meetings

#### Missing

Weekly missing meetings will monitor missing episodes for all young people living in the Merton area and Merton young people who are placed outside of the borough. If concerns are raised during this meeting, escalation will be passed back to the holding team, or referred into MASH. This is in line with the Children Missing from Home and Care Policy and the Terms of Reference for the missing meeting.

Regular or lengthy missing episodes is often an indicator of contextual harm and therefore the meeting will seek updates from the Return Home Interview (RHI) and identify young people that require a contextual harm assessment.

Representation list for meeting:

Merton (South West BCU) Missing Police  
MASH  
Safeguarding and Care Planning Team Manager  
14+ Team Manager  
Permanency Team Manager  
Looked After Children Allocated Nurse Practitioner  
Education Welfare  
IRO Team manager

Tackling Exploitation Team Manager  
Contextual Safeguarding Team Manager  
Catch22 RHI worker

#### Merlin tracking meeting

This will monitor police reports for young people with identified 'enhanced concerned' flagged by police to track responses from Police and MASH. These include youth violence and exploitation. It is expected that as Contextual Safeguarding is scaled up within the borough, these meetings may combine with the missing meeting. At present, representation is:

ART and CSE (South West BCU) Team- Police  
Manager from MASH  
Contextual Safeguarding Manager  
Tackling Exploitation Manager

## Monthly Meetings

The Multiagency Risk, Vulnerability and Exploitation (MARVE) panel is responsible for coordinating information sharing and multi-agency interventions to disrupt and respond to missing, child sexual exploitation, criminal exploitation, harmful sexual behaviour and serious youth violence. The MARVE Panel Meeting has been established to provide a comprehensive approach to tackling issues of exploitation and extra-familial harm of or by children and young people across the Merton area. It will also review data from Police missing reports and act as overall governance for multi-agency responses regarding extra-familial harm for young people, including oversight of peer group and location based interventions. The MARVE Panel Meeting is the key mechanism for agreeing how relevant organisations will co-operate and work together to safeguard and promote the welfare of children and young people in effectively tackling exploitation, vulnerability and risk. It is co-chaired by the DCI for Safeguarding, South West BCU Police and the Head of Service with the lead for contextual harm within Children's Social Care.

Oversight will be for any child (under the age 18) and, where appropriate, Care Leavers or those on an Education, Health and Care Plan (up to age 25) where there are significant concerns or a strategy meeting has been held and risk concerns are identified in regard to:

- Sexual Exploitation (CSE)
- Criminal Exploitation (CCE)
- Trafficking
- Harmful sexual behaviour (HSB)
- Exploitative behaviour
- Serious youth violence (SYV)
- Gangs
- Locations of concern
- Peer groups of concern

The MARVE panel will review all young people who are deemed at overall significant risk of contextual harm, while young people with moderate or emerging risk will be dip sampled to ensure that assessments and planning are consistent and involve a partnership response to contexts.

The panel will also discuss any adults who pose a risk of exploitation on children who have been sexually or criminally exploited (under agenda item 'Persons of Concern'). The MARVE panel require the Lead Professional, Key Agency, Social Worker and/ or Team Manager to attend the Panel and provide information on the following:

- √ Summary – including significant incidents and facts of case
- √ Child Protection Concerns
- √ Peer group and Locations specific concerns
- √ The effectiveness of the multi-agency team around

As per the London CP Procedures, in this case in regard to child sexual exploitation but should be considered for all exploitation or harm:

*It may be appropriate to discuss some individual cases at strategic meetings such as the [MARVE panel] but these meetings should not 'hold' the cases - they should continue to be managed by children's social care.*



## **Governance and Accountabilities of MARVE**

The MARVE panel chairs will report to the Promote and Protect Young People (PPYP) Sub-Group of the Multi-agency Safeguarding Children Partnership. Strategic oversight of young people at risk of offending / causing harm to others will also come under the Youth Crime Prevention Executive board (YCPEB).

The administrator for the MARVE panel will provide the monthly tracker to the Performance and Policy team to support a Dashboard with the following information:

- Number of referrals with overall Significant Risk
- The most prevalent presenting needs
- The most prevalent contexts with high concerns
- Contexts that present most frequently with 'no concern'
- Serious Youth Violence incidents and locations (provided by exploitation manager)
- Return Home Interview performance (provided by Catch22)
- Children Missing Education data and overlap (provided by CME panel)

A chair's report will be provided on at least an annual basis outlining the following trends:

- The most concerning and complex presenting needs
- Successes and barriers of creating safety in contexts
- Profiles of those who are perpetrating exploitation or harm
- Activity against perpetrators. E.g. Number and type of disruptions e.g. civil orders, charging of offenders, closure of premises etc.
- Information about effective interventions
- Communities effected, to allow awareness raising and targeted intervention
- Multiagency best practice examples
- Attendance at panel meetings by partner agencies

## **Governance and Accountabilities of Contextual Safeguarding in CSC**

Children's Social Care Management Team (CSMT) is the steering group for the Contextual Safeguarding Scale up in Merton. They will oversee the development and implementation of the practice guidance and tools to be used by social workers and team managers.

The monthly CSC audit cycle will be used to include contextual safeguarding, as planned by the QAPD team. The other themes in regard to assessment, planning and intervention will also touch referrals for contextual harm and oversee the use of appropriate child protection procedures.

The Scale Up project will also provide opportunities for learning and review of the documents and processes to ensure that Contextual Safeguarding, in particular assessment and interventions with contexts outside the home, are fully embedded.



## A. Contextual Harm Screening Tool

### Guidance

This tool is to support MASH or currently allocated social work teams when reviewing referrals / incident reports for young people with presenting needs or experiences of contextual harm and to review the level of safety or risk present for the young person and in the contexts in which they spend their time.

This screening tool is a summary from the full guidance for completing the contextual harm risk matrix and planning tool. Separated into two sections:

### Presenting Needs and Experiences of harm

- Coercion or Control (exploitation)
- Running Away or going missing
- Sexual health, inappropriate or harmful sexual behaviour
- Weapons, criminal behaviour or antisocial behaviour
- Concerns about use of social media or technology
- Substance misuse
- Physical and emotional health

### Contexts of safety or harm :

- Within the professional network (engagement)
- Places / Spaces (locations of concern)
- Peer groups / external relationships
- Family relationships / accommodation
- Education
- Self / identify / social isolation

Each area has a summary of factors to determine the level of risk (no concern, emerging, moderate or significant), with scores. To ensure that cumulative harm and compounding needs are recognised **all areas** should be considered to inform the response. The total scores when all accumulated would result in:

|                      |           |                                 |
|----------------------|-----------|---------------------------------|
| Little to no concern | 0 - 9     | <i>Advice and guidance</i>      |
| EMERGING             | 10 – 32   | <i>Early Help</i>               |
| MODERATE             | 33 – 64   | <i>Assessment</i>               |
| SIGNIFICANT          | 65 – 100+ | <i>Strategy and Safety Plan</i> |

Please note that substance misuse and mental health are scored lower than other areas as these, on their own, do not represent extra-familial harm but do complicate and compound risk. Where there is significant risk in these areas consultation must occur with Catch22 (substance misuse) or CAMHS.

The context of the young person’s identity and social inclusion also has the lowest scores because the focus should be on the people and spaces providing safety or causing harm. Where there are significant concerns in regard to inclusion / social isolation this will certainly complicate and compound risk.

Please always consider the historical context of incidents and the young person’s experience of harm over their lifetime.

The summaries on the next two pages would also be helpful for any subsequent strategy, professionals meeting, conference or review to support identification of overall risk. However, the practice guidance must be referred to when completing the Contextual Harm Risk Matrix and Planning.

| NEED        | Coercion / Control  | Missing / Running away   | Sexual health / behaviour  | Weapons / Offending   | Social Media / Tech   | Substance misuse  | Mental Health  |
|-------------|---|--|--|---|---|---|--|
| No Concern  | Relationships protective and supportive.  | Comes home on time. Let's carers know whereabouts. Answers phone.  | Good knowledge of healthy relationships and sexual health.   | Young person has no involvement with crime or anti-social behaviour.  | Has appropriate access and use of social media and internet   | Young person has a healthy approach to alcohol and drugs.   | Emotional outburst but no concerns for long term impact on wellbeing.  |
| EMERGING    | Reduced contact with family/friends. Excessive contact with someone. Early grooming. <b>3</b>   | Regularly coming home late. Absent without permission, Returning late to care home. Absent from school. Whereabouts often unknown. Single incident of overnight missing <b>3</b> | Sexually transmitted infections (STI's). Consent issues may be unclear. Verbal or non-contact sexualised behaviour. Historic referrals in regard concerning sexual behaviour. <b>3</b>                 | Attention of ASB team or police. Talks about carrying a weapon. Reports from others that involved in named gang. Glamorises criminal or violent behaviour. <b>3</b>             | Approached and communicating online by unknown adults/peers. Lack of awareness of online safety (and parents/carers). Use of social media and behaviour changed. <b>2</b>           | Experimenting with alcohol/cannabis. Posting images with paraphernalia. <b>1</b>  | Low self-esteem. Some or reduced concerns of self-harm and/or eating disorders. Difficulty in making or maintaining friendships with peers. <b>1</b>                                   |
| MODERATE    | New or expensive possessions unaccounted for. Unexplained access to cash/money. Secretive. Changes in behaviour or habits. Experiencing poverty or debt. <b>6</b>     | Number of episodes of running away, missing from home or missing from school / education or placement. Unable to give explanations for whereabouts. <b>6</b>                     | Multiple / untreated sexually transmitted infections (STI's). Concerning sexual activity (behaviour that is upsetting to others). Allegations of non-penetrative abuse. <b>6</b>                       | Excluded for weapon in school. Arrested for possession of offensive weapon, drugs, multiple thefts / going equipped / motoring offences. Non-compliance of conditions. <b>6</b> | Coerced to share inappropriate or sexual images. Meeting in person after online contact. Evidence of sexual material being shared without consent. Multiple SIMs or phones <b>4</b> | Regular use of substances. Use of drugs with alcohol. Ability to access drugs easily. Intoxication / 'black out' from use. Change in appearance / mood due to use. <b>2</b> | Increased concerns of self-harm. Violent or emotional outbursts. May be exposed to violence / experiences of psychological trauma. Noticeable changes in hygiene <b>2</b>              |
| SIGNIFICANT | Evidence of organised online activity / coercive adult contact / county lines / gang activity involvement. No contact with family/friends/support systems. <b>12.</b> | Missing for more than 48 hours. Persistently running away. Missing from home / care and concern about safety or welfare. Pattern of sofa surfing. Whereabouts unknown. <b>10</b> | Harmful sexual behaviour. Child exploited to recruit others into sexual activity. Repeated pregnancy, miscarriages and/or terminations. Increase in severity of concerning sexual behaviour. <b>10</b> | Charged or convicted of Aggravated Robbery/ <u>Use</u> of offensive weapon/ possession of large quantities of Class A drugs. Intentional harm of others / animals. <b>10</b>    | Regularly coerced to send / receive indecent images. Coerced to meet in person for sexual activity. Devices need to be removed and access restricted at all times. <b>8</b>         | Evidence of dependency. Using opiates (e.g. heroin, crack). Injecting. Supply of substances to others. Dependency putting others at risk. <b>4</b>                          | Chronic low self-esteem. Suicidal ideation. Evidence of emotional abuse; domestic /sexual / physical violence, as witness or victim. Psychological trauma. Frequently at A&E. <b>4</b> |

| Context     | Places / Spaces  | Peer group / external relationships  | Professional engagement  | Education   | Family / accommodation   | Self / identify / social isolation   |
|-------------|--|--|--|---|--|--|
| No Concern  | Good services in area <b>and</b> young person is aware / engaging positively. Guardians in area ensure physical and psychological wellbeing of young people.   | Peer group engage in positive activities / clubs / communities. The group understands risk and harm. Age appropriate and safe. Peers that have 'turned around' in their journey.   | Trusted adult in professional network. Impactful engagement. Curious and flexible.   | Attending and engaging. School provides a safe space with trusted adults. Behaviour issues are managed by the school.   | Positive relationships. Family members understand the risks and implement strategies for those risks. Place of safety for young person.  | Young person is positively engaging with services. Has awareness of the risks and grooming processes. Motivated and positive outlook.  |
| EMERGING    | Spending time in areas known for antisocial behaviour or where more vulnerable. Child/ young person identifies and informs professionals of unsafe locations and reason for this. <b>3</b>                                     | <u>Some</u> indications that unknown adults and/or other exploited children have contact with the child/young person. <u>Some</u> indications of negatively influential peers. <b>3</b>  | Limited referral history with services. Lack of confidence in worker / service to manage risk or work with adolescents. Multiple workers confused or disagreeing on risk. <b>3</b>         | Mainly engaged in ETE but attendance /behaviour/attainment issues. Some conflict with school. Reports of bullying but responded to appropriately. Peer concerns managed by the school. <b>3</b> | Overcrowding. Decline in relationship and/or communication. History of abuse. Family struggle to recognise and respond to risks. Family's response not having an impact. <b>3</b>  | Perceived inability or reluctance to access more mainstream support. Reduced access due to their ethnicity / cultural background / being in care / Identifying as LGBTQ / Educational Needs (SEN). <b>2</b>  |
| MODERATE    | The neighbourhood or locality is having a negative impact on the child. Frequently spending time in locations, including online, where they can be anonymous or at risk of experience harm / violence / exploitation. <b>6</b> | Unknown adults and/or other exploited children/young people associating with the child/young person. Escalation in behaviour of peer group. Accompanied by an adult who is not a legal guardian. Arrested with individuals who at risk of exploitation / violence. <b>6</b>                | Services previously involved and closed; new referral received for similar concerns. Worker(s) believes the problem is in the child. Several services involved but little change. <b>6</b> | Irregular/poor attendance (below 80%). Fixed term exclusion(s). Reduced timetable. SLC difficulties and/or EHCP. 'Culture' of inappropriate behaviour not managed. <b>6</b>                     | Parent/carer(s) expressing sense of hopelessness. External factors have more influence / family not having an impact on the child's risks. Clear 'push factors'. <b>6</b>  | Isolated and refuses to participate in activities. Experiencing bullying or social isolation that may be exacerbated by personal, cultural, sexual identity or education needs. Targeted by groups or individuals due to their vulnerability or perceived reputation. <b>4</b> |
| SIGNIFICANT | Found in areas/properties known for exploitation / violence. Taken to hotel / B&B / property with intention of being harmed or harming others. Area having profoundly negative effect on the child. <b>12</b>                  | Staying with someone believed to be exploiting them. Person with significant relationship is coercing child / young person to meet and child is sexually or physically abused. Found with adults / high risk individuals out of borough. Is being exploited to 'recruit' others. <b>12</b> | History of multiple services / referrals with little change or escalation in risk. Worker makes derogatory statements of young person. Services report unable to keep safe. <b>8</b>       | NEET. Regular breakdown of school placements. Lack of trust in education system (young person or parents/carers). Repeated concerns about school's management of behaviour. <b>8</b>            | Homeless or sofa surfing. Multiple moves or broken attachments across family. Family not supporting child, fail to acknowledge risks. Child blamed. Family involved in exploitation / violence. Parent abusive physically or emotionally. <b>8</b> | Negative sense of self and abilities that risk of causing harm. Completely isolated, refusing activities. High levels of social isolation that may be exacerbated by personal, cultural, sexual identity or education needs. <b>6</b>  |

**Crib sheet for scoring referral**

Child's name:

Date of referral:

| <b>Area of presenting needs / harm</b>     | No Concern |  | Emerging |  | Moderate |  | Significant |  | Total |
|--|------------|--|----------|--|----------|--|-------------|--|-------|
| Coercion / Control                         | 0          |  | 3        |  | 6        |  | 12          |  |       |
| Running Away / Going Missing               | 0          |  | 3        |  | 6        |  | 10          |  |       |
| Sexual health / harmful sexual behaviour   | 0          |  | 3        |  | 6        |  | 10          |  |       |
| Weapons / Criminal Activity / ASB          | 0          |  | 3        |  | 6        |  | 10          |  |       |
| Use of Social Media / technology           | 0          |  | 2        |  | 4        |  | 8           |  |       |
| Substance Misuse                           | 0          |  | 1        |  | 2        |  | 4           |  |       |
| Physical and Emotional health              | 0          |  | 1        |  | 2        |  | 4           |  |       |
| <b>Contexts of Harm</b>                    | No Concern |  | Emerging |  | Moderate |  | Significant |  | Total |
| Places / Spaces                            | 0          |  | 3        |  | 6        |  | 12          |  |       |
| Peer groups / external relationships       | 0          |  | 3        |  | 6        |  | 12          |  |       |
| Ability of Professionals to engage         | 0          |  | 3        |  | 6        |  | 8           |  |       |
| Education                                  | 0          |  | 3        |  | 6        |  | 8           |  |       |
| Family relationships / accommodation       | 0          |  | 3        |  | 6        |  | 8           |  |       |
| Self / identity / social isolation factors | 0          |  | 2        |  | 4        |  | 6           |  |       |

|                      |           |                                 |  |
|----------------------|-----------|---------------------------------|--|
| Little to no concern | 0 - 9     | <i>Advice and guidance</i>      |  |
| <b>EMERGING</b>      | 10 – 32 * | <i>Early Help</i>               |  |
| <b>MODERATE</b>      | 33 – 64   | <i>Assessment</i>               |  |
| <b>SIGNIFICANT</b>   | 65 – 100+ | <i>Strategy and Safety Plan</i> |  |

\* If an area on its own scores 10 or more this should result in a strategy or multiagency adolescent risk meeting.

## Planning next steps

The Guidance has detailed ideas for each section – below is a summary for each of the levels of response from Prevent to Protect.

**NB: An assessment is an intervention in its own right**

|          |   |
|----------|---|
| Prevent  | <ul style="list-style-type: none"> <li>√ Access to services – sexual, youth activities, sports and clubs, education / SALT, physical and mental health services, faith / diversity and identity forums,</li> <li>√ Education of bullying, peer pressure, push &amp; pull factors, online safety, substance misuse, emotional and mental health, diet and sleep, citizenship</li> <li>√ Professional awareness and knowledge – e.g. language guide and good practice guidance</li> <li>√ Restrictions to prevent escalation (curfew / online use / friend's details)</li> <li>√ Pre-incident contracts and planning with young person knowing what would happen if...</li> <li>√ Practical support (bedding, food, clothes) to prevent push factors</li> </ul>   |
| Support  | <ul style="list-style-type: none"> <li>√ Referrals to services that can support presenting need or underlying reasons for these</li> <li>√ Identify trusted professionals and network to support – including community guardians</li> <li>√ Direct work of assessment as part of intervention – how can needs be met elsewhere?</li> <li>√ Information and training – parents / carers and professionals</li> <li>√ Access to positive activities and mainstream services – support self-esteem, confidence, sense of identity and belonging</li> </ul>   |
| Identify | <ul style="list-style-type: none"> <li>√ Mapping of peers, relationships, places (including online), cars and routines.</li> <li>√ Direct work to understand and assess behaviours, contexts and perspectives / understanding.</li> <li>√ Timetables / calendars / diaries of behaviour or triggers or access to spaces / harm</li> <li>√ Time lines / chronologies. Genograms / ecomaps</li> <li>√ Case Discussion – hypothesis, unpick trauma</li> <li>√ Complex strategies when multiple people involved or cross borough.</li> <li>√ Seek and share information with each other. Consider specialist assessments.</li> </ul>  |
| Disrupt  | <ul style="list-style-type: none"> <li>√ Police actions – visit young person, locations or people of concern; deliver Child Abduction Warning Notice (CAWN), track travel</li> <li>√ Work with network to co-ordinate responses and disrupt activity if necessary. Monitoring.</li> <li>√ Restrictions to pocket money, travel or access to devices / online.</li> <li>√ Youth Justice / Police restrictions – bail / court order requirements.</li> <li>√ Share information – complex strategies, escalations</li> <li>√ Implement changes to contexts – physical changes to home, school or spaces (lighting / removal of bushes etc) and challenges to stereotypes and negative perceptions</li> <li>√ Young person to self-monitor in order to identify and disrupt behaviours / thoughts.</li> </ul> |
| Protect  | <ul style="list-style-type: none"> <li>√ Safety planning and contracts – find my phone, agreed curfew, safety words, trigger planning, online access, safe locations, monitoring and supervision.</li> <li>√ Involve network and ensure all information shared and aware of their role in the safety plan</li> <li>√ Safety measures – panic alarms, CCTV, PNC marker, sanctuary scheme. CCTV / changes to access in spaces. Numbers for young person or family to call</li> <li>√ Specialist interventions (sexual, forensic, substance misuse, offending, exploitation, violence) and alternative strategies, family support and group work</li> </ul>  |

## B. Contextual Harm Risk Matrix Assessment and Safety Planning Tool

- This tool can help you focus on the specific indicators of risk, vulnerability and exploitation and determine whether further advice and/or support is needed. The assessment should support and inform core professionals' assessments.
- Professionals need to exercise their own judgement when completing the tool. This includes capturing concerns about which they have some evidence **AND** concerns based on their "gut feelings". Staff should differentiate between the two and explain this in the notes section.
- Where risk or exploitation is suspected the worker should discuss their concerns with their manager and should also inform their agency's lead professional who will be monitoring the bigger picture for any emerging patterns.
- Professionals should feel free to use the tool creatively, including as part of awareness raising work with children or in engaging parents and carers in understanding the issues.
- **Please refer to the guidance** for more information about each section and each presenting need and context of risk. This includes guidance on how to undertake a contextual weighting of risk and safety planning to help identify, prevent, protect, disrupt and support against contextual harm.

|  |  |  |   |            |                      |
|--|--|--|---|------------|----------------------|
| <b>Name/Role of Person Completing this Assessment</b>                  |  |  |   |            |                      |
| <b>Date</b>  |  |  |   |            |                      |
| <b>Child or young person's name</b>                                    |  |  |   |            |                      |
| <b>Gender</b>  |  | <b>DOB</b>   |   | <b>AGE</b> |                      |
| <b>Ethnicity</b> (note language / need for interpreter)                |  |  |   |            |                      |
| <b>MOSAIC ID</b>   |  |  | <b>YOS Involvement</b> (Yes / No / Previous)  |            |                      |
| <b>Legal Status</b><br>(i.e. S17, S47 CP Plan, S31, Targeted services) |  |  | <b>Known to Police</b> (Yes / No)   |            |                      |
| <b>Home Address</b><br>(Address / Postcode)                            |  |  | <b>Accommodation Type</b> (i.e. Home, Residential, Foster Care, Friends & Family, Supported Lodgings) |            |                      |
| <b>Education Placement</b> (Name of School)                            |  |  | <b>Current Attendance</b> (%)   |            | <b>SEND</b> (Yes/No) |
| <b>Known to Catch22 Risk and Resilience</b> (Yes / No / Previous)      |  | (Note if Catch22 allocated for Substance Misuse, Missing or Exploitation)              |   |            |                      |
| <b>CAMHS</b> (Yes / No / Previous)                                     |  | (Note if diagnoses or assessment underway)   |   |            |                      |
| <b>Physical Health needs</b> (Yes / No / Previous)                     |  | Outline any diagnoses / allergies / disabilities                                       |   |            |                      |
| <b>NRM Referral made</b> (Yes / No / Previous)                         |  | (Note if made, initial confirmation or final conclusive and the date of last activity) |   |            |                      |

### Historical Incidents / Story of the Young Person

|   |  |
|---|--|
| Consider cumulative harm and escalating behaviour.<br>Child response to previous parent/carers boundaries or safety plan. Long term history of abuse or harm. | Summary of historical incidents / story of the young person: |
|---|--|

| Area of presenting needs / harm          | No Concern | Emerging | Moderate | Significant | Total |
|--|------------|----------|----------|-------------|-------|
| Coercion / Control                       | 0          | 3        | 6        | 12          |       |
| Running Away / Going Missing             | 0          | 3        | 6        | 10          |       |
| Sexual health / harmful sexual behaviour | 0          | 3        | 6        | 10          |       |
| Weapons / Criminal Activity / ASB        | 0          | 3        | 6        | 10          |       |
| Use of Social Media / technology         | 0          | 2        | 4        | 8           |       |
| Substance Misuse                         | 0          | 1        | 2        | 4           |       |
| Physical and Emotional health            | 0          | 1        | 2        | 4           |       |

Add up the weighted scores totals above to achieve a risk rating for this sub-section:

|                      |          |  |
|----------------------|----------|--|
| Little to no concern | 0 – 4    |  |
| EMERGING             | 5 – 16   |  |
| MODERATE             | 17 – 32  |  |
| SIGNIFICANT          | 33 – 50+ |  |

Presenting needs and experiences of harm

**What are we most worried about?** Consider frequency, prevalence, severity and impact of presenting needs and experiences of harm. What is the impact on the child's development and opportunities? Are there overlapping needs that compound the risk?

**What's working well?** What are the areas that present no concern and provide opportunities for safety, support and positive outlook?

Grey areas?

What needs to happen next?

What are the child/young person's views and wishes?

| Contexts of Harm                           | No Concern | Emerging | Moderate | Significant | Total |
|--|------------|----------|----------|-------------|-------|
| Places / Spaces                            | 0          | 3        | 6        | 12          |       |
| Peer groups / external relationships       | 0          | 3        | 6        | 12          |       |
| Ability of Professionals to engage         | 0          | 3        | 6        | 8           |       |
| Education                                  | 0          | 3        | 6        | 8           |       |
| Family relationships / accommodation       | 0          | 3        | 6        | 8           |       |
| Self / identity / social isolation factors | 0          | 2        | 4        | 6           |       |

Add up the weighted scores totals above to achieve a risk rating for this sub-section:

|                      |          |  |
|----------------------|----------|--|
| Little to no concern | 0 – 5    |  |
| EMERGING             | 6 – 16   |  |
| MODERATE             | 17 – 32  |  |
| SIGNIFICANT          | 33 – 50+ |  |

#### Contexts of harm assessment

**What are the most worrying contexts of harm?** Which have the most influence on the risk to the young person? Who is causing the most risk / concern? Which should have protective factors but are not / unable to provide this? What are the dynamics and complicating factors that increase risk? Any changes that increase concern (in the child / family / education etc)?

**What are the safest contexts to protect the young person against harm?** How are these contexts providing safeguarding, supervision, safety and support? Who are the trusted adults and positive relationships? How are contexts providing value to the young person? Do the parents of a peer group know each other and provide a safety network? What resources and guardianship are available in the areas where most time is spent?

Grey areas – what do we still need to find out?

What needs to happen next?

#### Other members of the household

Who are the other children in the home? What is the impact, concerns and safety for them?



## Final assessment

**Add up** the sub-totals from the presenting needs and context of harm above to achieve a total:

|                      |           |  |
|----------------------|-----------|--|
| Little to no concern | 0 – 9     |  |
| EMERGING             | 10 – 32   |  |
| MODERATE             | 33 – 64   |  |
| SIGNIFICANT          | 65 – 100+ |  |

### **Emerging – child / young person is vulnerable to experiencing harm, including outside the family home**

*Some evidence that the child or young person's behaviour may have changed and/or is coming to the attention of multiple services. Some evidence that the child or young person is at risk of harm when in the community, school or from their peers but there are protective influences in these spaces. Some concerns that the child/young person is at risk of being targeted or groomed, but there are positive protective factors in the child's life. The child / young person may require a referral to targeted early intervention services for education / intervention.*

### **Moderate – child / young person may be experiencing harm, including outside the family home**

*There is evidence the child / young person may experience protective factors, but circumstances and / or behaviours place him/her at risk of harm, exploitation or violence. A plan is likely to be required to support the child and family in managing the experiences and disrupt the contexts where further escalations in risk is identified.*

### **Significant – child / young person is experiencing harm, including outside the family home**

*Evidence / disclosure suggests that the child is at immediate and / or continuing risk of exploitation or harm. The child / young person is being drawn or pushed into high risk situations / locations / relationships. Evidence / assessments suggests that the child is experiencing harm / exploitation / violence (they may not recognise this). Coercion / control is explicit.*

## C. Next steps and planning

- Please refer to the guidance to review the level of involvement required from early help or statutory services and the potential child protection pathway
- The planning is to support further identification of risk (the need for separate assessments or direct work that is yet to be completed), prevention activities (including partner activities), protection and disruptions for higher risk concerns and support options.
- The guidance outlines potential next steps for each of the presenting needs / experiences of harm and each of the contexts – and these are outlined in line with the sections of the plan
- The assessment and plan is designed to support existing assessment and planning processes focused on assessing contextual harm and increasing adolescent safeguarding.

**Danger statement:**

**Safety Goal:**

|   |   |                 |           |
|---|---|-----------------|-----------|
| <p><b>Next Steps –</b></p> <p>On completion of the Risk Assessment and Management Tool, please make a professional judgement about the level of risk of child sexual or criminal exploitation to the young person (below). Consider priority actions here based on a context weighting decision.</p> <p>Discuss with your line manager around appropriate next steps.</p> | <b>Identify – what direct work needs to occur to help identify risks and perceptions of risk?</b>                 |                 |           |
|   | What needs to happen  | Agency / Person | Timescale |
|   |   |                 |           |
|   |   |                 |           |
|   |   |                 |           |
|   | <b>Prevent – what measures can be put in place to prevent escalation of risk?</b>                                 |                 |           |
|   | What needs to happen  | Agency/Person   | Timescale |
|   |   |                 |           |
|   |   |                 |           |
|   |   |                 |           |
|   | <b>Support – what is needed to support the child, parents/carers, trusted adults / peers, school / community?</b> |                 |           |
|   | What needs to happen  | Agency / Person | Timescale |
|   |   |                 |           |
|   |   |                 |           |
|   |   |                 |           |
|   | <b>Disrupt – what measures are required to monitor / locate / stop risk</b>                                       |                 |           |
|   | What needs to happen  | Agency / Person | Timescale |
|   |   |                 |           |
|   |   |                 |           |
|   |   |                 |           |
| <b>Protect- what immediate measures need to be put in place to protect the young person?</b>  |   |                 |           |
| What needs to happen  | Agency / Person   | Timescale       |           |
|   |   |                 |           |
|   |   |                 |           |
|   |   |                 |           |