**Single Assessment Prompts HOH**

**Due to the inherent nature of Harm outside the Home (HOH)**, it is incredibly difficult to capture and evidence impact and level of risk in the current assessment framework as you would for familial harm such as DV and physical abuse. Familial harm may still be a factor for HOH assessments however, HOH can be invisible and unknown throughout the time the child is open to CSC therefore, HOH assessments need to include analysis of historical vulnerabilities, professional curiosity, and the concept of ‘unanswered questions’.

**Historical vulnerabilities** such as parent death, parental mental health, educational exclusion are possible precursors of the potential vulnerability of a child to being harmed outside the home. Please see LBTH research report which looked at common themes of historical vulnerabilities and links to serious youth violence. As part of the HOH assessment, case files need to be audited for historical vulnerabilities which then need to be recorded, analysed and taken into consideration not only in the assessment but also as part of the intervention plan. I.e., have the child’s emotional needs been addressed with regards to parental imprisonment? If not, how can the network support this child now?

**It is clear from the multi-agency Exploitation audit** that ‘professional curiosity’ needs to be improved on for children where harm outside the home is a significant factor. If this is not done effectively it results in poor planning and intervention plans that are not individualised and effective in reducing risk and harm. The use of ‘professional curiosity’ is crucial to HOH assessments as this may be the only way to determine the impact of the risk and how to manage this. ‘Professional curiosity’ allows you to develop ‘unanswered questions’, providing a context to:

* what information is missing?
* how can the network help?
* what else do I need to know?
* Where should my focus be?

‘Unanswered questions’ also provide professionals direction which regards to next steps, especially crucial in HOH assessments which can include high volumes of information, large professional networks and unknown significant risk.

**Section 7 – Children /Young Person’s developmental needs**

* Health
* Overall health needs.
* Risk of exploitation on health needs e.g. ingesting substances, missing, routines, SYV.
* Education
* Attendance and punctuality.
* Parent-school engagement to safeguard any missing episodes, stability, behaviours.
* Mentor/Link at school to build relationship to safeguard, engage etc.
* Is there any harm at school – travelling alone, peers/associates/exploiters/escalating behaviours.
* Do parents promote and support education at school and home.
* Emotional & Behavioural Development
* Emotional regulation, maturity.
* Impact of trauma from family/HOH on emotional/behavioural development.
* Self-worth, self-esteem, confidence, aspirations, motivation.
* Identity
* Peers/associates, who are they, check with school, check Merlins and Mosaic.
* Have you liaised with other social workers/boroughs to share information around risks, harm, chronology, associates, and exploiters.
* Protective factors or concerns regarding peers/associates and child’s vulnerability
* Locations/areas known to frequent
* Family identity/heritage etc
* Family and Social Relationships
* Relationship and communication with parents/siblings/household
* Relationships with school staff, the network.
* Healthy/unhealthy relationship with peers and romantic relationships.
* Exploitative/abusive relationships
* Social Presentation
* Understanding of the way in which appearance, behaviour, and any impairment are perceived by the outside world and the impression being created.
* Appropriateness or sudden change to the way they dress, hygiene, cleanliness, behaviour, religious beliefs/practice.
* Missing episodes and what this pattern likely tells you.
* Unexplained/unaccounted for items or money.
* Self-care Skills
* Age-appropriate practical, emotional and communication skills.
* Age-appropriate independence.
* Impairment/vulnerabilities.

**Section 8 – Parent/Carers Capacity**

* Basic Care
* Meeting all needs; physical, medical, emotional, cleanliness/hygiene, food/shelter etc.
* Is there any harm inside the home; DVA, mental health, substance misuse?
* Are there push factors in the home?
* Ensuring Safety
* How involved do the parents/carer try to be in child’s life?
* What have they tried/currently doing to create safety inside and outside the home?
* Do they effectively work with professional/family network openly and transparently?
* Emotional Warmth
* How do they respond to conflict/challenging behaviours from the child?
* Are they able to reflect on any harm inside the home and how this may be a contributing factor to the risk of exploitation or harm from exploitation?
* Stimulation
* Do the parents spend quality time with the child and make efforts to take interest in their life/hobbies/interests?
* Do they try to disrupt harm outside the home?
* Guidance and Boundaries
* Can parents support the child in regulating their emotions and behaviours? Do they positively model these themselves?
* Are parents able to be consistent in their approach around boundaries and guidance, remaining nurturing, supportive, and calm in their approach?
* Do the parents have an understanding and knowledge of exploitation and the trauma the child may be facing from harm outside the home and how this will impact family/social relationships?
* Stability
* Is the home environment stable, nurturing, consistent/predictable parenting approaches or relationships with significant others?

**Section 9 – Family and Environmental Factors**

* Family history and functioning
* Historical/current harm inside the home and impact on the family and child
* Family relationships and impact on the child
* Positive and protective factors that could promote pull factors from the family and provide safety.
* Consider chronology/significant life events and changes
* Wider family
* Significant relationships that can provide protective factors
* Housing
* Is it overcrowded, creating push factor for exploiters?
* Is it neglectful, leading to child wanting to be out of the family home?
* Employment
* Who works within the family, positive role models?
* Does anyone’s employment hours negatively impact the family/child?
* Income
* Are the family struggling financially, how does this impact the child?
* How do the family manage their finances?
* Are the children exposed to any negative money management or relied upon to manage the finances on behalf of their parent?
* Family’s social integration
* Impact of local neighbourhood and community on child and family.
* Are the family/child integrated or isolated in the community, is there stigma attached?
* How important is their integration or isolation in relation to their peer groups and social networks?
* Risks of travelling within the local area due to exploitation or conflict.
* Community resources
* Services and facilities available locally and any risks/harm from these. E.g., Concerns about centres/clubs the child attends, who they attend with, or exploiters knowing they attend.

**Section 10 – Current Analytical understanding of case**

* What is the child’s experience inside and outside of the home and the impact of harm inside and outside the home? Consider what the child is saying or demonstrating through their behaviours.
* How can we support the parents/wider family create safety and build resilience within the home and sustain changes?
* How do parents reduce push factors from harm inside the home?
* How do parents reduce pull factors from harm outside the home?
* What services does the family/child need to support long term change? Is there a worker with an established relationship that can be used to support all key areas of support? If not, are you able to identify someone for the child?
* Does the family, child and professional network have insight and understanding into the exploitation risks/harm? If not, how can this be supported so the child’s needs are met?
* Consider Exploitation Risk and Harm Assessment (ERA) factors and what this is likely telling us?

**Section 11 – Risk assessment**

* ERA to be completed and included as part of the assessment

**Section 12 – Recommendations and Plan**

* ERA and single assessment should inform your recommendations and plan. The plan and risk and harm assessment should reflect each other.
* Do not create a tick box plan with multiple professionals. Tailor the plan to the child and family’s wishes and needs with specific and meaningful professionals supporting.
* Consult with the exploitation team (Coordinators in the service will support this)