



Practice Guidance: risk management and extra familial abuse

1. Introduction

Children can face a range of safeguarding issues outside the family, in particular related to criminality and exploitation including (but not limited to) child sexual exploitation, child criminal exploitation, county lines drug dealing, modern slavery including trafficking, and peer-on-peer abuse/serious youth violence.

This guidance is intended as an aid for Children and Families practitioners working with children in care who may be at risk of significant harm from extra-familial factors.

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 can undermine parent/carer-child relationships.

Working Together 2018 and a range of statutory guidance sets out the expectation that social workers coordinate a multi-agency plan to safeguard children affected by extra-familial abuse. Some of the actions agreed in these plans may take a contextual approach for example disrupting perpetrators of exploitation or making changes to locations where abuse is occurring.

This practice guidance references **Bristol's multi-agency procedures, protocols and guidance** that should be used when working with children in care at risk of extra-familial harm or abuse.

Practitioners must ensure that they are familiar with the following:

- Guidance for management of strategy discussions
<https://bristolsafeguarding.org/media/1185/strategy-discussions-2017.pdf>
- Child Sexual Exploitation
https://www.proceduresonline.com/swcpp/bristol/p_ch_sexual_exploit.html

<https://bristolsafeguarding.org/children-home/professionals-and-people-who-work-with-children-young-adults/policies/#ChildSexualExploitation>

- Criminal Exploitation
<https://bristolsafeguarding.org/media/31968/ce-briefing.pdf>
- Children Missing from Care, Home and Education
<https://bristolsafeguarding.org/policies-and-guidance/missing-children/>
- Safeguarding children and young people against radicalization and violent extremism
https://www.proceduresonline.com/swcpp/bristol/p_sg_ch_extremism.html
- Organised and Complex Abuse Procedures
https://www.proceduresonline.com/swcpp/bristol/p_org_complex_abuse.html

2. Individual versus Contextual Risk Management Approaches

In line with national guidance and legislation we expect all children open to Children and Families Services at risk from, or experiencing, Extra-Familial harm to have their assessment and support planning managed through an individual multi-agency assessment and planning process lead by a Lead Professional. Responding to the most complex forms of extra-familial harm (exploitation and radicalisation for example) requires a complex multi-agency network including non-traditional safeguarding partners such as licensing, a high level of coordination from the lead practitioner and excellent dynamic risk assessment

This process will differ depending on the legal status of services involvement with children. For most individual children where there is current exploitation, multi-agency planning meetings are likely to be needed a minimum of 6-weekly, reducing as risk reduces. In situations where there is organized exploitation, a continued imminent risk of harm, changing perpetrators meeting frequency may need to be increased to weekly, bi-weekly or monthly depending on the professional assessment of harm. Multi-agency partners should contribute to this decision.

A child should not be subject to more than one individual support and planning process at any time unless they have a concurrent YOT order and allocated Child and Families Practitioner in which case there should be explicit agreement on how risk management meetings will be arranged, chaired and structured. This should be recorded on the child's LCS/EHM record and YOT record.

2.1 Individual Approaches

Child's status	Lead Professional	Assessment	Meetings
Not open to social care but some early emerging concerns	Agency other than Bristol City Council Children and Families Services as defined through the Lead Professional Protocol	Signs of Safety mapping through Team around the child	Team around the Child multi-agency meetings.
Open to YOT but not to other Children and Families Services	YOT Practitioner	ASSET	YOT Risk Management meetings
Open Referral – any legal status significant harm suspected in the community	Consultant Social Worker/Practice Lead/Team Manager		Child Protection Strategy
Child in Need	Area/DCSS/PDT Social Worker	Child and Family Assessment	Child in Need meetings a minimum of 6-8 weekly
Child Protection	Area/DCSS Social Worker	Joint S47 and Child and Family Assessment	Child Protection Conference and Core Group meetings minimum within 6 weeks of ICPC and 8 weeks of RCPC
Child in Care	Area/DCSS/Through Care Social Worker	<ol style="list-style-type: none"> 1. Care Plan 2. Joint S47 and Child and Family Assessment 	<ol style="list-style-type: none"> 1. Child in Care Reviews 2. Risk Management Meetings if sig. harm threshold met

2.2 Contextual Approaches

Individual support planning should run in parallel to contextual risk management approaches which focus on identifying and responding to places, people, and peer groups experiencing harm and preventing others

experiencing harm in these contexts. In Bristol there are two multi-agency contextual management and planning processes – Safer Options meetings and Complex Strategy meetings. Assessments can support these processes are currently being trialed and include Neighbourhood/Place Assessments and Peer Group Assessments.

Individual assessment and planning should take a contextual approach to considering the places, peers and people around children outside the family home when assessing and planning. For example CP strategy may take actions such as pursuing closure order on a business where abuse is occurring for an individual child with the community safety team.

Assessment of risk from/for Peer Group, Place, Person(s) of Concern	Meeting type	Lead	Frequency
Preventative, emerging and “in need”	Safer Options Meeting	Area Deputy Service Manager and FIF Area Manager	Weekly in each locality
Significant harm/organised abuse	Complex Abuse Strategy	Deputy Service Manager/Service Manager	Minimum 6-weekly

3. CONTEXTUAL APPROACHES - Safer Options Meetings

Safer Options refers to a system-wide approach to identifying and reducing the impact of knife crime, child criminal exploitation, child sexual exploitation from organised networks and county lines drug dealing. Safer Options includes many preventative approaches such as early intervention response to children taking bladed articles in to schools and critical moment responses to children presenting with knife injuries in acute care. Safer Options is a dynamic response to children affected by familial harm and supports professionals across the system to recognise extra-familial harm as a safeguarding issues, and work with communities to develop community led solutions to contextual concerns.

As Safer Options takes a public health approach meetings should consider:

- All children who are referred to Children and Families Services due to knife or weapon carrying but there is no other known history of harm
- Children who are siblings of children who are known to be being criminally or sexually exploited where there are opportunities for preventative responses through group intervention

- Children who are part of peer groups where there are significant concerns about sexual or criminal exploitation and/or serious youth violence which is being managed through individual support services

By organised child sexual exploitation we are referring to children who are believed to be at risk due to the connections with a peer group also experiencing child sexual exploitation or perpetrators who are connected. Safer Options meetings **do not** provide a public health preventative response to all elements of child sexual exploitation and child sexual abuse in adolescence eg sexual exploitation on line; peer-on-peer sexual harm; sexual exploitation by a single perpetrator are excluded and should be managed through individual assessment and care planning in the normal pathways.

Safer Options meetings are part of the system-wide response to this harm. They take a multi-agency locality approach to identifying and responding to children in the area where their concerns about the risk they face in their communities. Safer Options meetings do not replace multi-agency joint investigation planning and response to serious organised exploitation and crime (done through Complex Strategies). Safer Options meetings recognize that children can be seriously harmed outside of organised abuse. The purpose of the meetings are to provide preventative approaches which reduce the risk of children being targeted for exploitation, children being drawn into serious youth violence and build safety and resilience in communities.

Safer Options meetings are supported by local intelligence information package to enable a targeted response to prevention harm in the area. Children who are not open to Children and Families Services will be discussed at Safer Options meetings as part of a Contextual Response to Risk.

Children are discussed in Safer Options meeting when:

- Data from the Think Family Safer Options data set, police intelligence, incidents or arrests or information from a professional or family referral to First Response identifies that they are not currently known to Children and Families Services and there is evidence to suspect significant extra-familial harm (known as the Tier 1 on the Think Family Database Safer Options model).
- Where the discussion is about an individual child is held in the area who has responsibility for them – ie the area they live in
- When the discussion is about a peer group or place in the locality they are discussed in the area the harm is happening.
- They are part of a group of children for whom a preventative response is needed in that there is information to suggest they are siblings or peers of children experiencing significant extra-familial harm, or are regularly in or part of a place where extra-familial harm happens, or have links to an individual of concern in the locality area.
- Where harm crosses boundaries a decision will be made between the Safer Options Manager and Deputy Service Manager about which area will lead on these discussions and they will make delegated decisions on behalf of the other locality.

- Planning or mapping a response to a serious incident beyond the immediate risk management (which should happen in a child protection strategy or complex strategy meeting).
- Escalated by a Lead Professional from Children and Families Services because individual assessment and support planning is not affecting the change required (this should only be after consultation with the Safer Options Hub where other resources and advice can be tried).

Safer Options meetings are chaired by Area Deputy Service Managers with collaboration with Area FIF Managers recognising the balance between preventative and safeguarding responses. Area Deputy Service Managers are responsible for any threshold decisions within Safer Options meetings for example the decision to open a new Referral, step-up a child to a statutory service or step up a peer group or location to a complex strategy. These decisions should not wait for Safer Options meetings and existing pathways should be used however Safer Options meetings have the ability to make these decisions where needed to reduce duplication and delay for children.

Safer Options meetings should include multi-agency partners who will contribute multi-agency responses and resources to contextual approaches. As these meetings main focus is not on individual children partners should predominantly be represented by Team Manager decision-makers who can allocate work and agree resources.

Information and action agreed should be recorded on individual children's records. For children who are being discussed at Safer Options meeting because of an EHM referral from First Response this will be on the EHM Contact. For all over children this will be on the Safer Options casenote in EHM General Notes.

Decisions made in Safer Options should be informed by a dynamic analysis of the information known about the current risk, harm and protective factors in the locality and peer group as known by the group. Use of the contextual assessment triangles in the meeting may support this.

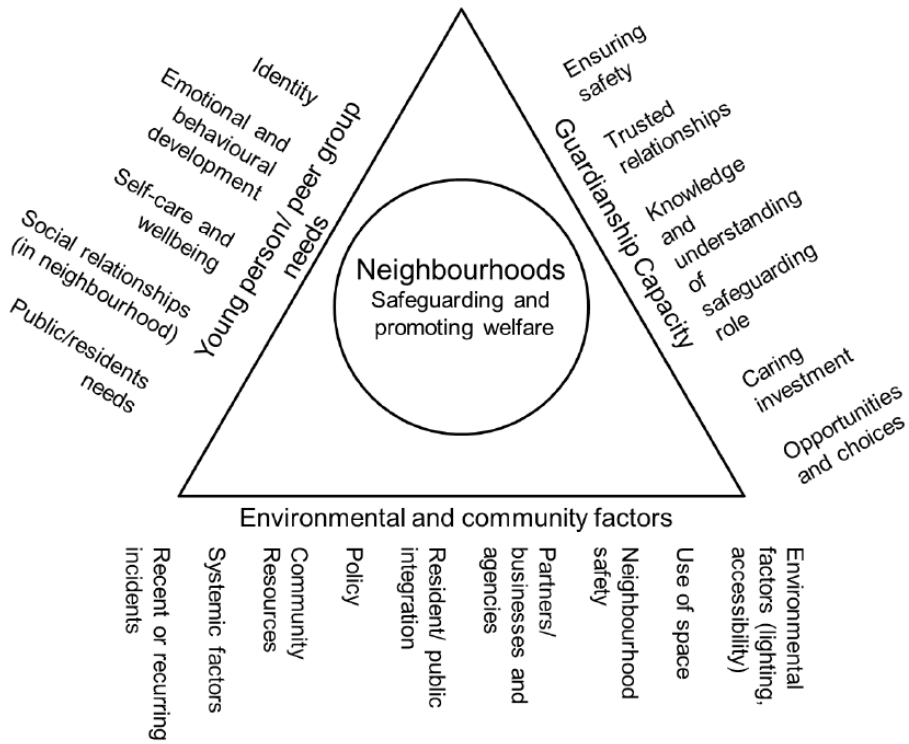


Figure three: Neighbourhood assessment triangle (Lloyd, Owens and Firmin, 2019)

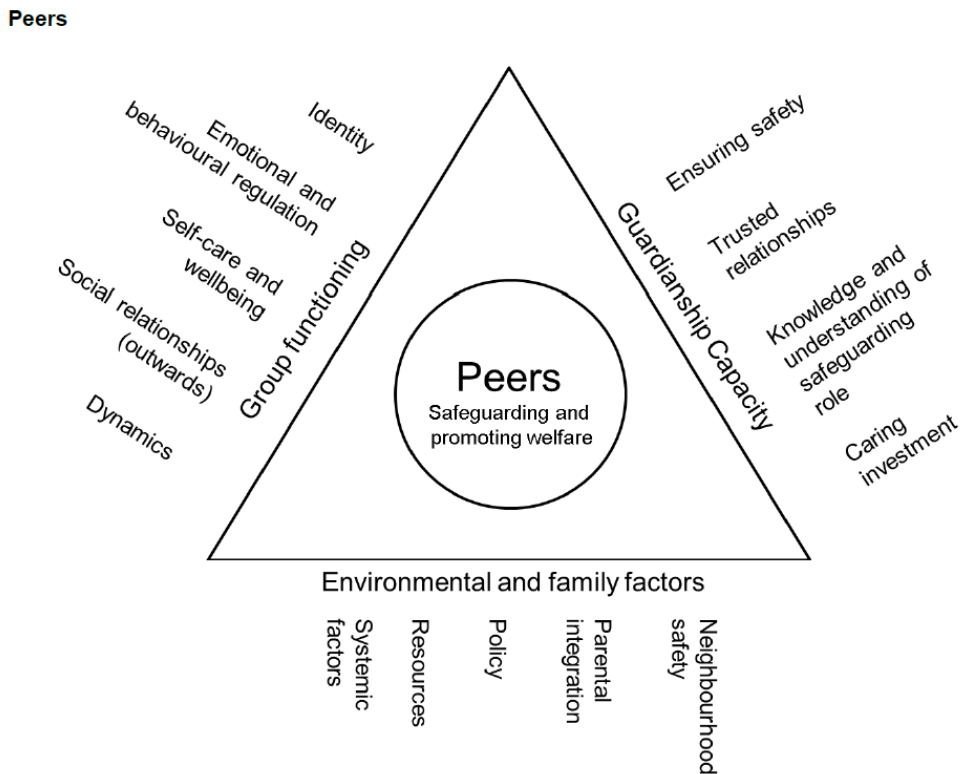


Figure three: Peer assessment triangle (Lloyd, Balci, Firmin and Owens, 2019)

Information used to inform Safer Options Decisions (eg dynamic assessment and planning):

- Summary of First Response contacts regarding EFH concerns
- Intelligence summary of current concerns in the locality including crime reports; missing person patterns and information from Police Prevention Interviews and Return Home Interventions; summary of 'soft' intelligence to police from professionals and families; places of concern
- Ecomaps of known peer and perpetrator networks
- Ecomaps of sibling groups linked to 'Tier 1' young people
- Outcomes of recent neighbourhood assessment or peer group assessments

Primary decisions to be made in Safer Options:

- To agree targeted neighbourhood and peer group assessments as part of Scale-Up Pilot (can also be requested through Complex Strategy)
- To agree peer group and place interventions such as youth participation interventions; targeted group youth support; family and parent support models for groups of parents; school interventions for peer groups in multiple settings
- To agree community/neighbourhood/school engagement and community guardianship approach to prevention
- To agree comms and preventative work requests to lead professionals with individual children in response to emerging or significant events
- To agree intelligence and information gathering opportunities and coordination for key adult individuals of concern
- To refer into and link with Call-in Programme

Decisions that can be made within Safer Options Meetings about Individual Children which can also be done in Individual Support and Planning:

- To open a contact and referral for a child within the locality (done by emailing First Response with a summary of discussions and decision and they will open a new Contact including case record history)
- To open a FIF referral for a child within the locality (done by emailing First Response with a summary of discussions and decision and they will open a new Contact including case record history)
- To open a contact for a child in another locality for further enquiries (done by emailing First Response with a summary of discussions and decision and they will open a new Contact including case record history)
- To step-up or step-down a child between FIF and Social Care
- To trigger a complex strategy meeting because complex/organised abuse has been identified (only with the agreement of the Deputy Service Manager or Service Manager)
- To commission additional resources such as mentoring, education inclusion officers or youth justice prevention officers through FIF Safer Options resources (this can also be accessed outside of Safer Options meetings for children who are currently open to Children and Families Services)

Where possible we work openly and transparently with children and families. The Safer Options meetings should aim to agree to share as much

information as is possible with children and families when approaching them to offer a service or intervention as a result of discussion at Safer Options. It is likely to impact the effectiveness of the intervention if that is not possible. This should be agreed alongside any actions for any agencies to reach out to offer a service.

Children and families should also be able to find out more about Safer Options on the Bristol City Council website for example on the Privacy Impact Notice.

As Safer Options is a developing model the Safer Options meeting should also track and consider the impact of interventions made with peer groups and places to information future decision and resourcing.

4. CONTEXTUAL APPROACHES - Complex strategy meetings¹

Some children may become victims of **complex and organised abuse** involving one or more abusers and a number of related or non-related abused children. The adults concerned may be coordinating their actions to abuse children, sometimes acting in isolation or may be using an institutional framework or position of authority to recruit children for abuse. Such abuse can occur both as part of a network of abuse across a family or community and within institutions such as residential settings, boarding schools, in day care and in other provisions such as youth services, sports clubs, faith groups and voluntary groups. There will also be cases of children being abused via the use of electronic devices, such as mobile phones, computers, games consoles etcetera which all access the Internet. For some peer groups of children this harm will present as serious peer on peer abuse, for example through behaviour which is seen as gang-related knife crime between young people. More often than not, this behaviour is in the context of exploitation of children through drug-selling and county lines although the adult perpetrators in these networks may be at a distance or very difficult to identify.

Organised exploitation of children can cross local authority boundaries and protection children can be a complex multi-agency investigation. Other local authorities and police forces should be included in its response.

Where complex or organised abuse is suspected a **Complex Strategy Meeting** should be held to agree the immediate action required to safeguard the child, the investigation/disruption approach and the response to the abuse. **Complex Strategy Meetings must be chaired by a Service Manager or Deputy Service Manager.**

The Safer Options Manager and Strategic Safeguarding and Quality Assurance Service Manager must be informed of all Complex Strategy meetings and will identify resources to support the response to concerns from

¹ <https://bristolsafeguarding.org/media/1185/strategy-discussions-2017.pdf>

the Safer Options hub.

South West Child Protection Procedures set out the multi-agency procedure for complex strategy meetings.

- https://www.proceduresonline.com/swcpp/bristol/p_org_complex_abuse.html

A complex strategy is required when more than one unrelated child is suspected or known to be experiencing significant or serious harm from the same source. This may be from a single perpetrator or a group of perpetrators. Occasionally complex strategy meetings may be required to respond to the most serious peer-on-peer abuse in a defined group, for example a group where there is a high risk of serious harm or death because of violence.

Complex strategy meetings nearly always correlate with the need for a complex abuse investigation by the police. They should be used to manage and respond to the most serious harm or harm involving multiple children and perpetrators.

If a child is believed to be experiencing harm from organised abuse where a complex strategy is required and is referred to First Response, the contact should be progressed straight to a unit for further enquiries and decision about threshold for assessment or support. The unit can be provided with a brief about the complex investigation by the relevant Service Manager or the Safer Options Manager.

Police should always be represented by the Investigations team at a Complex Strategy. Where the complex strategy is in respect of an open investigation this should be the Officer in Charge (this is likely to be Operation Topaz where the concerns relate to CSE or CCE).

In addition to Investigations other police teams have important information and resources to contribute to responding to complex and organised abuse. Where the complex strategy is in respect of a specific place or locality the relevant Neighbourhoods beat officer should attend; where the complex strategy is in respect of child criminal exploitation/serious youth violence and/or knife crime the Violence Reduction Unit police team should also be involved. Invites to complex strategy meetings by social care should set out the requested police teams to be involved, however it is the responsibility of the Lighthouse or Investigations team to coordinate and make the final decision on the most appropriate police investigation. Invitations should always be coordinated by the Lighthouse or Investigations team not by the Safer Options or Neighbourhood officers in line with the force procedure for safeguarding.

Health should be represented by an experienced community paediatrician. Best practice is that the same paediatrician should attend all these meetings.

The pediatrician should be in a position to both speak to the health needs of individual children and identify, and coordinate and actions required for additional resourcing for the peer group as a whole. If there are children in care involved then the named nurse for children in care from BNSSG Clinical Commissioning Group should be invited to represent their health interests and identify additional resources.

The meeting will also involve senior staff education, specialist VCSE groups and other agencies as required and, where necessary, must ensure coordination across local authority boundaries. Often in extra-familial harm this may include local VCSE services, community mentoring providers, probation services, regulatory services such as licensing. The Safer Options Manager or Strategic Safeguarding and Quality Assurance Service Manager can provide advice to Service Managers on the most appropriate people to be invited to complex strategy meetings depending on the concerns and will identify specialist practitioners from the Safer Options hub to support the work depending on the nature of the concerns.

Complex/organised abuse does not respect local authority boundaries and coordination with other statutory agencies in other local authorities is often needed. Complex strategies should be led by the local authority and locality area where the harm is primarily occurring and should be agreed between agencies and localities including ongoing coordination.

The Complex Strategy meeting must carefully consider:

- An assessment of the information known to date;
- The scale of the concerns including the identification of the scale of the harm:
 - The children who may be in current contact with possible abusers;
 - Children who were, but no longer are, in contact with possible abusers;
 - Children who are at risk of harm but not currently believed to be being harmed;
 - Possible victims who are now adults;
- The dynamics and functioning of any peer groups;
- The dynamics and functioning of any place;
- What is known about individuals believed to be harming multiple unrelated children;
- Decide what further information is required at this stage and arrange for the information to be gathered;
- Establish if and to what extent complex abuse has been uncovered;
- Undertake an initial exercise to determine the scale of the investigation and possible individuals implicated;
- Consider which witnesses to be interviewed prior to any interviews of children;
- Multiple and simultaneous interviews;
- Consider a plan including resource implications, for investigation to be presented to the management and resources strategy group;
- Consider any immediate protective action required such as disruption of perpetrators or places of concern

(<https://www.gov.uk/government/publications/child-exploitation-disruption-toolkit>); dispersed youth work response; community engagement; family group work; peer group interventions etcetera.

- Agree communications to children, families and professionals involved about the harm and steps needed to protect children.

Complex strategy meetings should not replace individual assessment and support planning processes for individual children and any agenda and action plan should focus primarily on interventions with places, persons of concern and peer groups and on coordinating complex investigations approaches. A complex strategy may identify children on the periphery or children who have not previously been identified as being at risk and may agree the need for an assessment for that child.

The minutes of complex strategy meetings should be recorded in full on the individual child record of every child discussed using the LCS Strategy Form. Where the child is not got an open referral this should be recorded as a contact and the minutes stored in documents. Should a subject access request be requested by a child of family member these would need to be redacted appropriately.

Sometimes there may be significant harm between two unrelated children as a result of peer-on-peer abuse. These do not require a complex strategy and can be managed by a team manager using the Harmful Sexual Behavior Protocol <https://bristolsafeguarding.org/media/njmplgl/kbsp-hsb-protocol.pdf>

Strategy meetings and Complex Strategy meetings supersede the risk management process and must take place at any time where there is a high risk incident, concerns escalate or new information comes to light that there may be complex or organised abuse.

5. CONTEXTUAL APPROACHES - Place/Peer Groups “in Need”

There may be times when there is a group of children or a place where there are lots of concerns but there is no evidence of significant harm. For example a location where children are reporting being fearful of being assaulted and there has been a pattern of anti-social behavior or a location when there is a period of significant but unrelated incidents and so there is no evidence of organised harm, or a peer group where there has been a pattern of incidents where there is increased vulnerability to significant harm as a group for example there has been a significant increase in offending. We might consider these places and peer groups “in need”.

Where possible plans for these peers and places should be identified and addressed through Safer Options meetings as part of a public health approach. When the issue requires more time to address than is available within the timeframe of the Safer Options meeting then an approach should be agreed, a lead for the work identified and a timeframe to report back to Safer Options agreed. These approaches will differ depending on the issue.

The terms of reference for Safer Options meetings and same recording approach should be followed.

When setting up these Safer Options extraordinary meetings the group should consider whether a contextual safeguarding or youth work approach is most appropriate and should liaise with community safety to ensure that any response is coordinated. The lead professional for the response could be from any agency represented within Safer Options.

The University of Bedfordshire will evaluate these approaches until March 2021 and they will inform our systems review and service development.