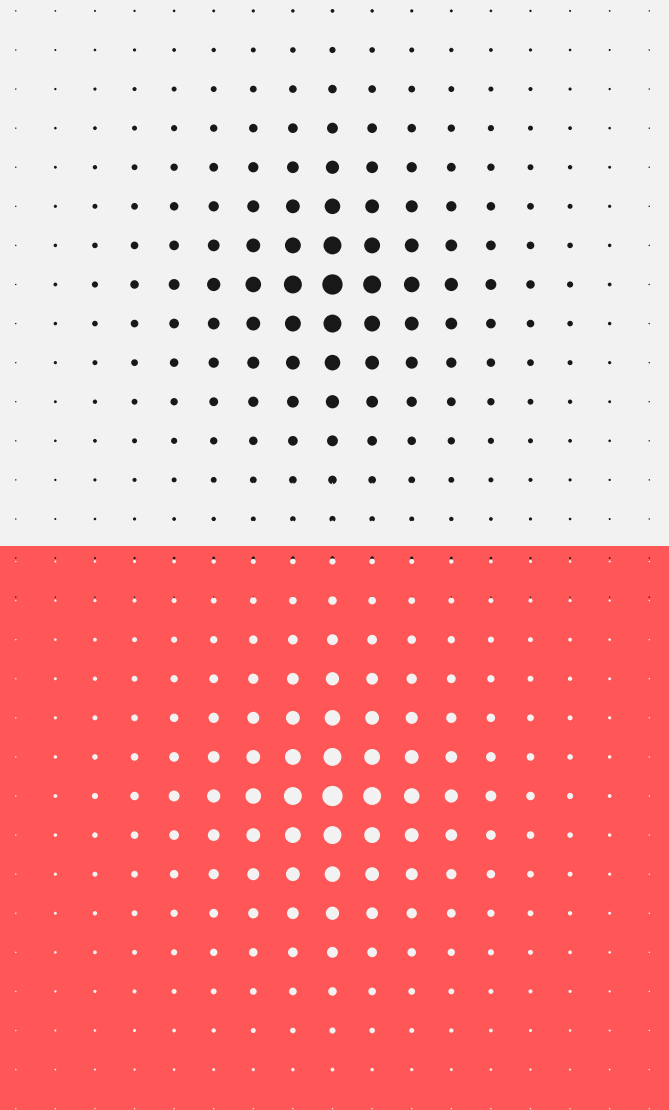# Risk Outside of the Home Child Protection Pathway Pilot Phase 3: Learning Report

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Introduction

When young people are at risk of significant harm in peer, school or community contexts, and that harm isn't attributable to their parent or caregiver, how should social workers coordinate plans that keep them safe?

When harm in these situations is 'significant' they are in theory child protection issues – as defined by child protection legislation. But in practice, and reflected in previous iterations of statutory guidance, child protection procedures often focus on changing the behaviour of parents/caregivers to keep young people safe. Information is shared about young people and their parents to assess needs against which to develop support (child protection) plans; the harm a young person experiences is often categorised in relation to parenting; and plans require parents/caregivers to undertake actions that increase safety for their young person.

Therefore, in situations where a young person is at risk of, or experiences, significant harm that is not principally associated to what a parent/caregiver is doing, or not doing, people have debated the suitability of child protection procedures to coordinate support. On one hand these procedures often focus on changing the actions of parents as a source of protection instead of changing peer, school, and community contexts where this type of harm occurs, and as such are not appropriate. On the other hand, child protection procedures offer a point of escalation and increased oversight, communicating to partner agencies, young people, and families that the harm a young person is facing is significant, and that a plan must be resourced/implemented in response. This dilemma is a key feature of an increasing evidence-base about the challenges of safeguarding young people from extra-familial harm within systems not designed for this purpose (Billingham & L., Irwin-Rogers, 2022; Firmin, Lefevre, Langhoff, & Ruch, 2024; Hood, et al., 2023; McAllister, 2022)

In response to this dilemma, since 2019 the Contextual Safeguarding team has co-designed and tracked the implementation of 'Risk Outside of the Home' child protection pathways in partnership with pilot sites. The research team and participating sites have explored whether ROTH pathways sufficiently resolve three challenges of using either traditional child protection or child in need processes in response to significant extra-familial harm:

- *Challenge 1: Engagement:* young people and families seem to engage better with more flexible, and non-parent focused, child in need plans whereas professionals tend to engage better with the statutory requirements of child protection processes.
- *Challenge 2: Significance of harm:* the legislative basis for child protection processes suggests these issues should be managed through a child protection process, and the idea of significant harm is widely understood. But labelling these cases using 'significant harm' may have resource implications that areas can't manage.
- *Challenge 3: Structures:* the structures of child protection pathways are not well-suited to extra-familial harm. The categories or definitions of harm that are used don't always apply, the types of reports partners are asked to write (about children and parents) do not surface information about extra-familial contexts, and the timescales for the review process do not reflect the dynamic and quick-changing nature of extra-familial harm.

This work has been undertaken in three phases:

Phase 1: From September 2019 three local authorities in England worked with the Contextual Safeguarding programme to develop various alternative social work pathways for coordinating responses to significant extra-familial harm. Following a pilot period from September 2021 – March 2022, of the three versions that were trialled a 'Risk Outside of the Home' (ROTH) Pathway designed by Wiltshire showed the most promise.

Phase 2: From October 2022 a further three areas (Southampton, Redcar and Cleveland and Leeds) were recruited to design and pilot their own versions of Wiltshire's ROTH pathway. The Contextual Safeguarding team documented the pilot process, identifying features of ROTH pathways that were shared across pilot sites, the opportunities and challenges with their use, the local and national conditions necessary for ROTH pathways to be sustained (impact on capacity, resources, wider partners), and their initial impact on safety for young people involved, including how they were experienced by young people and their families. In addition to professionals, young people and parents/carers with experience of ROTH pathways spoke to the research team during this phase. Along with a findings report (Firmin, 2024), the research team produced a policy template document that was reflective of those developed pilot sites and could be used as a basis for a local ROTH pathway policy, in other areas that were wishing to introduce the approach.

Phase 3: From February 2024 the Contextual Safeguarding team commenced phase 3 of the pilot process. Working with the same four pilot sites, researchers built on phase 2 knowledge by undertaking focused data collection and analysis to understand: a) how extra-familial contexts/factors identified through ROTH pathways were being addressed; b) the extent to which ICPC processes could consider extra-familial contexts while also discussing challenges within families; c) if and how local areas/partnerships embedded ROTH principles in wider structures within and external to children's social care processes. Data was also collected in respect of more procedural matters such as data recording, categorisation of need/harm-types, numbers of young people supported via ROTH pathways, and timescales.

This briefing summarises the results from the Phase 3 pilots; answering specific questions posed by the research team, as well as offering wider reflections on what this phase of data collection suggests about the usefulness, and sustainability, of ROTH pathways as a response to significant extra-familial harm. We contextualise the findings with reference to wider interest in the ROTH process that we have captured through event invitations and surveys of our practice networks, as they give an indication as to the policy implications of the work going forward.

Risk Outside of the Home Pathways:

An Overview

ROTH pathways are intended for young people at risk of significant harm, where the primary source of harm is 'extra-familial', such as exploitation by adults or peers unconnected to a young person's parent/carer, or physical violence from a young person's intimate partner or peer/s. In these scenarios the harm in question does not occur between a young person and their parent/caregiver, and professionals need to target their response at whichever extra-familial contexts or relationships warrant intervention.

A ROTH pathway (as found in Phase 2 of the pilot process):

- provides an alternative child protection structure through which to organise a professional response/support plan on the basis of s.47 of the Children Act 1989, when a young person is at risk of significant harm due to harm outside the home
- is reserved for situations in which the principal risks faced by a young person are extra-familial. A standard child protection pathway is used for young people where the primary concern is intra-familial harm and/or associated primarily to parenting (including for young people who were also at risk of extra-familial harm).
- situates parents/carers as partners in child protection processes, alongside representatives from professional organisations, rather than the subject of those processes
- features meetings/conferenced chaired independently by a social care professional, who may also chair traditional child protection conferences but does not always do so
- is outlined in, and facilitated by, supportive paperwork to guide/frame the approach, including: an overall guide detailing the process for the pathway, as well as templates for assessments, plans, conference reports and minutes
- features context weighting to assess a young person's needs and/or formulating plans to increase safety. In short, this means discussing which contexts are ones in which a young person is experiencing significant harm; which contexts are ones in which a young person is experiencing safety/protection; and the influence of each context on each other and a young person's overall well-being and safety.
- is supported via the use of a temporary 'category' of harm termed 'risk outside of the home' (ROTH). For example, professionals and parents/carers might conclude that a young person is at risk of physical harm, emotional harm or sexual harm, and then state that this harm was outside of the home (or not) when reaching conclusions at the end of conferences.

While current versions of the pathway mirror some features of traditional child protection processes (e.g., assessment coordinated by children's social care, a multi-agency meeting to the discuss assessment and agree a plan of support/intervention, and a core group to review progress of the plan), these features have a different target (extra-familial contexts rather than parents/caregivers), and as such produce different partnerships, knowledge, and plans for support.

Dataset and Analysis

Phase 3 data collection ran from 01 February 2024 – 31 October 2024, the research team, led by Professor Carlene Firmin, collected data to monitor the pilots using the following methods/data sources:
- Observations: of ROTH conferences, of child protection conferences, and of context conferences/panels
- Assessments and plans produced prior to/following ROTH conferences
- Focus groups with exploitation/young people's service and ROTH chairs
- Interviews with individual professionals including strategic/operational lead for the pilot, lead social worker for extra-familial harm, and school engagement lead

Table 1 summarises the data collected via those methods/sources during this period:

Method/data source	Total
Observation of ROTH conferences	8
Observation of child protection conferences	6
Observation of context panels/conferences	8
Plans produced from a ROTH conference	12
Assessments produced prior to a ROTH conference	12
Paperwork related to a context assessment	4
Focus group practitioners (exploitation/young people team)	4
Focus group practitioners (ROTH chairs)	1
Interview: Strategic/operational lead	4
Interview: School engagement lead	1
Interview: Lead social worker	1
Demographic data on young people supported via pilot period – redacted and sent by site strategic lead via email to project lead	4

All focus groups and interviews were transcribed. Observations were documented via an observation log template.

Approach to analysis

For the purposes of this briefing, a combined narrative analysis was produced for the four sites. Each research team member reviewed data for which they held responsibility to consider the questions below. At a narrative analysis meeting, exemplar pieces of data were submitted and read by other members of the research team (2 x focus groups, 4 x observations, 2 x plans) to further aid discussion. The principal investigator used a series of questions to guide the narrative analysis discussion, during which time all members of the research team drew upon their preparatory work, and in-session reading, to discuss the following questions:

1. What general reflections are we left with from this phase of data collection in respect of whether/how ROTH pathways can be used to generate a welfare-orientated response to extra-familial harm?
2. What are consistent successes and challenges with the use of ROTH pathways, and are these attributable to any features of ROTH pathways or their delivery?
3. How are the extra-familial contexts/factors that are identified through ROTH pathway being addressed?

4. To what extent do ICPC processes consider extra-familial contexts while also discussing challenges within a family?
5. If and how local areas/partnerships are able to embed principles of ROTH alongside wider structures within and external to children's social care processes?

The results for each question were supported with quotes or case studies from the dataset both during and after the discussion. In addition, the principal investigator reviewed interview/focus group transcripts to identify:

1. The local data recording, reporting and categorisation methods that sites use when implementing a ROTH pathway and the benefits and limitations of this
2. The timescales sites are applying in their ROTH pathway: where this may deviate from ICPC timelines as set out in statutory guidance and their rationale for this
3. If sites have been able to extend provision beyond 18 (where ROTH pathway used and plan in place but child not in care or SEND), and what this has meant for the plans and support in place when young person turns 18
4. The numbers of young people supported via ROTH pathways from 1 September 23 – 31 August 24 and the nature of the harm they were experiencing. Follow-up questions were asked of sites in respect of the age, ethnicity and gender of young people supported via the ROTH process during the same time period.

The whole dataset was also thematically analysed to understand what young people and families supported via ROTH pathways needed from services.

Preliminary results of the narrative and thematic analysis were discussed with site representatives at a cross-site meeting, to sense-check, reach a consensus and make amendments to this final report where site practices had further developed after data-collection had ceased. Through these discussions the research team and site representatives reached agreement on where children's social care and wider partnerships may require support to sustain or scale ROTH pathways.

Limitations

There are two key limitations to the pilot and study.

Firstly, the research team did not have capacity to review all plans/assessments produced and/or observe all conferences undertaken during the pilot period. As such, it is possible that some practise in sites differed from that which was subject to analysis. Monthly cross-site meetings held with sites, focus groups with professionals, and an interim debrief between each site and the principal investigator, mitigated this limitation to a degree; providing professionals an opportunity to contextualise, and share any perspectives/experiences that diverged from, what was identified through analysis of plans/assessments and observations.

Secondly, the data represents ROTH pathways as they have been developed and practiced in four local areas. As there is no national guidance for ROTH pathways there are features of variation, and no central standard against which to measure success. It is possible that other areas are implementing ROTH pathways in ways that differ from the participating pilot sites, and/or encountering different challenges/opportunities. Our focus on features/opportunities/ challenges shared across four geographically different areas mitigates this limitation.

Findings

At this third phase of testing, our findings articulate common structural features of ROTH pathways as well as communicate factors that enable or undermine the efficacy of that structure. In short, we can say both what people do with ROTH pathways and how they do it. In this phase we have also built a clearer understanding of the needs of young people supported via ROTH pathways, the harms they are facing, and the extent to which these matters can be addressed using traditional child protection processes. To communicate this rich body of learning, we have organised the findings in relation to:

- Shared structural features of ROTH Pathways (beyond those identified in Phase 2)
- Young people and families supported via ROTH pathways
- Six Cs of Efficacy on a ROTH pathway
- Factors that undermine the success of ROTH Pathways
- The ability of traditional child protection processes to address extra-familial harm

Taken collectively these findings allow us to both identify key messages for the ethical use of ROTH Pathways in response to extra-familial harm, and make recommendations to national policymakers and local service leaders to create the conditions in which such ethical adoption might be possible.

Shared features of the pilots sites and of a ROTH pathway

The four pilot sites varied in terms of their local geography/demographics, the scale of extra-familial harm in the area, and the nature of the services to which they had access. Despite these variances it is important to note the following shared features:

- All sites used a ROTH pathway in parallel to a traditional child protection pathway. At various points in their systems, for example at a strategy discussion, decisions were made as to whether to utilise a ROTH pathway (when significant harm was primarily extra-familial) or a traditional child protection pathway (when significant harm was primarily familial). A family could be supported via a traditional child protection pathway and then, as risks within their home reduced, may be transferred to a ROTH pathway if significant harm persisted/escalated in extra-familial contexts, and vice versa.
- All sites had exploitation or young people's teams. These teams were comprised of different professionals including social workers, youth workers, family support workers, in one site a schools worker and so on. These teams provided support to young people experiencing varying levels of harm (in some cases only in situations of exploitation and in others more broadly), including that which was significant. As a result they supported some young people or families whose wider plans were being coordinated via ROTH pathways, as well as those who were not at risk of significant harm but may be have been supported via Child in Need or Early Help plans, or were open to a Youth Justice service, for example.
- All sites had a strategic lead for extra-familial harm, risk outside of the home, or exploitation; and these individuals were the single point of contact for the research team.

- All sites had panels that provided wider monitoring/oversight of responses to exploitation, missing children and in some cases extra-familial harm more broadly (sometimes referred to as MACE panels). These panels did not provide in-depth assessment of the needs/welfare of young people at risk of significant extra-familial harm; they were task focused, were often chaired/co-chaired by policing, and served purposes more closely aligned with crime prevention and risk monitoring than the purpose of the ROTH pathway. As such information from ROTH pathways was, where relevant and ethical, shared at these panel meetings, and information from these meetings informed ROTH plans and assessments; they were distinct rather than duplicate processes.

Across all four pilot sites, ROTH pathways now provide a structure through which children's social care have a consistent approach to, and oversight of, children at risk of or experiencing significant extra-familial harm. Two of the four have had Ofsted inspections during the pilot period, and both inspections noted the value of a ROTH structure in coordinating support. All four sites have maintained their pathway over a year after pilot funding ended.

The shared features of ROTH pathways identified in Phase 2 remain in all sites in Phase 3. These were:

a A s.47 legislative basis

b A focus on extra-familial forms of harm (including sexual and criminal child exploitation, intimate partner abuse, peer-abuse, online abuse, and serious physical violence between young people) and the interpersonal, contextual, structural and system causes/facilitators of that harm

c The use of a 'ROTH' category as an alternative means of categorising plans produced on a ROTH pathway

d ROTH conferences/meetings chaired by a social care professional independent to the young person/family. A specified group of chairs were reserved for ROTH conferences in each site as they developed local knowledge of extra-familial harm, contextual factors, connections between young people supported on plans, and locally available services, as well as gradually building skills to chair meetings focused on contexts which was a considerable task

e Context weighting activities in assessments and planning activities: context weighting involves professionals/parents/young people discussing which contexts are most influential to a young person's safety, which contexts impact each other, and what this means for where a plan should be focused. For example if the school context is most influential for a young person's safety, as they are being harassed by peers who are there, then the school (and associated peers) are the target of the plan; if harm within the home means the young person is spending more time in public spaces to avoid home is and groomed while they are there then home may be the target of the plan. Context weighting is a dynamic process, used during assessments, meetings and reviews of plans, to assess changes to where young people are safe/unsafe, and to act accordingly.

f Positioning of parents/carers as partners in, rather than the subject of, the process

g Supporting documentation (in part due to absence of national guidance) including a guidance document outlining the pathway and the structure of a ROTH conference, reporting templates, assessment and plan templates, and consent forms.

During Phase 3 researchers identified four additional shared features, some of which reflect system challenges that could be addressed by consistent infrastructure or policy reform:

Adherence to, and variability in, timescales

ROTH pathways in many ways reflected the No Delay principle of the Children Act. Post strategy discussion, this meant maintaining the 15-day time limit to get to conference. However, some sites reflected that this created undue pressure, and that some situations were so complex that the necessary information (particularly about extra-familial contexts) could not be gathered in the 15-day window. This led some sites to question whether an interim review could be required at the 15-day threshold to avoid delay, with some flexibility in the time-limit for holding an initial ROTH conference.

Post-conference, a number of sites reviewed plans on a six-weekly basis, rather than every three months (although again there were exceptions to this), and all increased social work contact with young people; some expecting weekly contact. These shorter timescales reflected the dynamic nature of many situations of extra-familial harm, in which social workers needed to be both more responsive and more proactive in their approach.

Limited and manual data recording and reporting mechanisms

All participating sites currently use manual systems to record ROTH specific data, often via a spreadsheet template. This is because case management systems, and DfE reporting requirements, do not allow for specific recording/reporting against a ROTH category, and therefore knowledge on the specific nature of EFH and the young people impacted would be lost in standardised systems.

There are some challenges with this approach:

- ROTH CP plans are reported to central government in the same dataset as all CP plans, when the actual planning process and rationale for the use of ROTH is distinct from traditional CP Pathways.
- Local data sharing arrangements are also unable to distinguish CP ROTH from other CP status. When young people present at A&E for example, health professionals only see that they are on a CP plan for physical abuse, not for physical abuse that is outside of the homes. This has the potential to impact how services engage with a young person and their parent/carer, as well as how they understand the needs of, and risks faced by, the young person in their care.

Use and limitations with transitions and children in care

All sites use their ROTH CP pathways to support young people up to their 18th birthday, and will commence support to a young person using a ROTH plan when they are 17 years old if they are at risk of significant extra-familial harm.

All sites recognised a need to apply ROTH principles to both young people aged 18-25-years-old and young people in care. However, all also agreed that work is required to translate ROTH principles and key features of ROTH pathways into the respective parts of the system where support is organised for 18-25-year-olds and young people in care. This could form a future phase of ROTH development, particularly in sites that have established a structure for coordinating a response to extra-familial contexts; given that those contexts often impact the welfare of young people in care as well as young people under-18.

Foregrounding context in assessment and conference discussions

All ROTH pathways introduced design features that would foreground contexts in the way social workers approached the assessment of extra-familial harm, or discussions about it during ROTH conferences. This included specifically asking 'where are you unsafe, where are you safe', structuring assessments/conferences to explicitly consider various extra-familial contexts, as well as using context weighting (asking which context is most influential for a young person's safety) as noted previously. Specific prompts around extra-familial contexts distinguished a ROTH pathway from a traditional CP pathway, and invited professionals to consider whether the family/home was a greater/lesser influence on a young person's safety than extra-familial contexts.

Young people and families supported via ROTH pathways

Numbers

From 01 September 2023 – 31 August 2024, a total of 82 young people were supported via a ROTH pathway across the pilot four sites. This reflects a range by site of between 9 and 35 young people over a 12-month period. For pilot sites this represented between 3.8%, 6.5%, 9.8% and 37% of all CP plans produced for young people aged-10 and over during that time period – with proportions varying between sites. More broadly we know that of the 250,000 social work assessments undertaken across England between 2014-2021, approx. 6.5 % were completed as a result of 'risks outside of the family' (Hood, et al., 2023); coming only third to referrals for domestic abuse and parental mental ill-health.

While this may appear to some to be a small proportion of children and young people supported by children's social care, responses to young people at risk of significant harm due to EFH are often high-cost, intensive, and places extensive demands on local authorities. For example, this group of young people are most at risk of being moved to an out-of-area placement for their own protection, at the cost of up to £190k+ a year per child (Holmes et al., 2024; Curtis and Burns, 2020).

As was the case in Phase 2, all sites reported that most young people supported via a ROTH CP Plan would not have been supported via CP processes traditionally. This does not necessarily result in increased costs to services however, as some of these young people would have been supported via Child in Need or Early Help plans previously (despite being at risk of significant harm), some would have been closed and re-referred as incidents escalated, and some would have escalated to s.20 placements as families struggled to cope without robust interagency support around them and their child. There are also wider costs to consider such as costs of school exclusions and deteriorating mental health and emotional well-being which professionals sought to mitigate via ROTH plans (see below section on needs).

Given the complex nature of what many young people needed, the level of risks that they faced, and the contextual reach of some of this harm to wider numbers of young people not supported via ROTH plans, it was important to support these young people in the right way and at the right time, and respond to contextual drivers of the risks they faced, to reduce both levels of harm and pressures on local services.

Needs

During interviews/focus groups professionals were asked what young people, who had been supported via ROTH pathways, most needed from services. Themes identified in their answers were cross-checked with the needs observed during ROTH conferences or recorded in ROTH assessments/plans.

- Access to education: most young people supported via a ROTH pathway were not in full-time education. Out of the eight ROTH conferences observed, five featured concerns about access to education, or the young person being able to safely travel to, or be in, school; and three of the six CP conferences featured the same. Some young people supported via ROTH pathways had been excluded from mainstream schools and were in alternative provisions; whereas others had not been formally excluded but were on significantly reduced timetables, some consisting of 45 minutes a day:

    I think is a theme for nearly all of our cases is education because we spend a lot of our time... the team spend a lot of their time advocating for children and supporting parents through really complicated situations with school where children aren't getting enough education. You know, they're often on reduced timetables, or they're being excluded on a regular basis, or they're in an alternative provision. Some kids are only expected to go to school one hour a day. (Focus Group, Exploitation Team, Site 3)

    Needs? No- no real surprises, so themes around being NEET, not in school, not in education. So not- not- not having much to do essentially… Cer- certainly stuff around neurodiversity, but it's misdiagnosed or it takes a long time for it to be evidenced with ASD and ADHD, so again nothing sort of surprising there (Interview, ROTH Strategic Lead, Site 4)

Most young people wanted to be in education, or wanted increased time in education. Social workers advocated for their access to education and often supported parents/carers to navigate systems in order to access/improve school places:

I've come in it like a little bit later where we've already got kids that are permanently excluded, I guess I'm like the other side is I'm challenging the schools whether they should have really done that (Interview 3, Education Lead, Site 2)

A lot of the themes that come up or have come up with the- the young people that I've worked with have centred around education and mental health support, so those two areas. There- there's very little that ever comes in way of like criminal kind of support as a- a victim. That definitely very, very rarely has come up in my experience of working with young people. It's mostly like the tangible, I guess, things that… yeah, they- they want to be in school and have a positive experience in school. And they want what they see as meaningful support with their mental health (Focus Group, Exploitation Team, Site 1)

Before half term in Feb, [young person] was in a fight with another student at college, they said that apparently this was over a bit of banter gone wrong but college said that they do not think it was this. They said that there were other students there that link to CCE. Since then [young person] has been asked to leave college due to his attendance. When visiting college, I had asked them if they do ask [young person] to leave to do this in a plan way and give me notice so I can organise other alternatives for [the young person] as we agreed that being out of education would increase his risk of CCE. However, this was unfortunately not the route that the college have taken (Plan excerpt, Young Person 3, Site 3)

Limited time in education both increased the numbers of hours young people were unsupervised and/or vulnerable to being approached in public spaces, as well as impacted young people's self-esteem, well-being and general hopes for the future. Social workers often associated lack of access to education as a factor that was exacerbating, or had exacerbated/facilitated, young people's exposure to extra-familial harm; however most had minimal influence over the decisions of educational establishments, or at least felt this was the case.

- ASD/SEND/Mental Health assessments and support: associated, in part, to disrupted access to education (and referenced in some of the above quotes), many young people support via a ROTH pathway needed assessment and/or support in relation to either neurodiversity, special educational needs or mental health, that they had not been able to access. Of the eight ROTH conferences observed, five featured at least one such need; and all interviews and focus groups recognised this area of need. Insufficient support impacted young people's ability to participate in educational or other activities provided to them and impacted their trust in services to meet their needs. Given concerns about the disproportionate impact of extra-familial harms on young people who are neurodiverse or have a learning need (Franklin, et al., 2024) this need is a concern. ROTH pathways were often used to escalate concerns about delays in assessment or barriers to support, however limited resources were often the reason for these challenges.

- Physical safety in public places/education: many young people on a ROTH pathway were at risk of significant physical harm in either public spaces or in education; and as such they needed support that would increase their safety in these spaces, particularly through effective guardianship.

There has been some progress made towards getting you back into a mainstream school and your mum and social worker are working hard to achieve this and ensure any school that is offered is in an area you do not feel unsafe going however, we have not achieved this yet and this would be a tangible outcome towards you feeling more confident about your safety. (Excerpt from Young Person's Plan, Document 6, Site 1)

[Young person's] recent arrest in April 2024…was arrested alongside one other child, and six adults. It is a worry that [young person] is associating with older males and females, who are known for their role in organised crime within the local area. (Excerpt from Young Person's Assessment, Document 3, Site 2)

[Young person] has bravely shared her experiences of being bullied and engages in positive activities with close peers, such as visiting the cinema, dining out, and attending sleepovers…She is deemed high risk for Child Sexual Exploitation (CSE) due to having been assaulted/raped by older males on three separate occasions… [young person] has been observed meeting a drug dealer outside a local cafe in an area of the city, an area known for high crime rates and drug activity… [young person] regular bus travels have been a cause for concern, as she would often purchase a day rider, enabling her to travel to various locations, including the City Centre, against her mother's wishes….Another risky location frequented by [young person] is [fast food restaurant], known for attracting antisocial behaviour and posing potential risks to her safety. (Excerpt from Young Person's Assessment, Document 2, Site 3)

These were often contexts where young people should have been safe, and so the onus was on the professional/community network to restore safety in those settings, rather than on young people to avoid them.

- Support for substance use/misuse: in all sites observed ROTH pathways were being used to coordinate plans for young people assessed as needing support for substance use/misuse. Substances included alcohol and cannabis, as well as a wider range of illegal substances for a smaller number of young people. In some situations, young people used substances to manage various challenges with their mental health/emotional wellbeing including, trauma, paranoia, and anxiety. Given the aforementioned unmet needs regarding mental health assessments/support, it is somewhat unsurprising that we see substances filling this gap. Substance use was then latterly associated to young people's exposure to extra-familial harm, either as a means of exploitation and/or to cope with the violence they or their peers had experienced. It also appeared to impact some young people's engagement in education; and so, we see a coalescing of needs related to education, assessment/support, and substances.

- Support to address the impact of poverty: poverty impacted young people on ROTH plans and their parents/carers, and they needed support to manage its impact. It was notable that many parents/carers participated in ROTH processes given some were working multiple jobs, and raising multiple children, whilst severely worrying for a young person. Parents/carers often could not afford for young people to attend out-of-school activities or develop interests, and local authorities did not always have budget available to fill that gap. This resulted in times where young people were unoccupied and bored, and therefore available to others who posed a risk of harm to them, as well as created pressures to earn money themselves.

ROTH pathways provided the space to foreground, discuss and plan to meet these needs; in wider practice contexts in which a focus on risk-reduction often obscured consideration of what young people also needed to thrive beyond the life of statutory intervention. The success of ROTH plans therefore often hinged on the ability of local authorities to meet young people's needs in respect of access to education, ASD/SEND/mental health assessments, physical safety in extra-familial contexts, substance use/misuse (and the needs this met), the impact of poverty. Resources at their disposal, particularly commissioned services, were rarely capable of meeting these needs. The exception of this were specialist exploitation/young people's teams who in every site often provided advocacy and identified opportunities/services through which needs could be met, including team members who were dedicated to consider education or substance use for example.

Beyond the above material needs, professionals across all sites commented that young people, and families, supported via ROTH plans required time and understanding; both of which were realised through advocacy from social care and youth work professionals, in practice contexts that recognised the external pressures they face. In many respects ROTH pathways provided this context, as it provided a lens that looked out at extra-familial contexts where harm was occurring and the collective capacity of a group of professionals to build safety and meet need – as opposed to familial contexts where harm was occurring and parental capacity to build safety and meet need:

> **Respondent 1:** *[I have] found with parents is that, at some stage, they may have not been seen as protective and a lot of them can be quite frustrated at that point. So ROTH is a chance for them to be seen as protective. And like I said, get their views across in the report. But I think it's about being on a level playing field with the parent, as well, and for all professionals to see that.*

> **Respondent 2:** *Or maybe to use that discussion and that preparation for that report, we give a lot of kind of positive feedback and recognition to parents that actually, wow, you're doing some great things here. Or they might tell us about their safety planning. And we might just use that opportunity to kind of strengthen that safety plan with a few ideas at that point, as well. So I think it's kind of that advocacy, but also that recognition and feedback to parents (Focus Group, Exploitation team, Site 3)*

> *…we weren't seen as helping in such a way, so the door was maybe shut on us by the parent as well, because what could we do to help? Whereas, with the ROTH pathway…and I know that there are still gaps within attendance, but there is some invention there. There is…there is some…you know, there's more curiosity, certainly, and there's…and there's consideration given to creative solutions to reduce risk, rather than the traditional social work thinking of, well, it has to be this plan or that plan. You know, people around the table are-are more ingenious. (Focus Group, Exploitation team, Site 2)*

Demographics
The demographic profiles of the 82 young people supported via ROTH pathways during the pilot period varied by site. There were also demographic synergies. Points of both variance and synergy raise important questions about how services identify and support young people at risk of significant extra-familial harm; and address inequalities that likely influence young people's exposure to harm and their visibility to services.

Across all four sites, young people supported via ROTH pathways were disproportionately male (ranging from 63% - 71%).

Two sites reported that young people being supported via ROTH pathways were significantly older than young people usually supported by children's social care; in one 46%, and in the other 93%, were 16-years or older.

In terms of ethnicity, two sites reported that young people supported via ROTH pathways were disproportionately Black or mixed Black African or Black Caribbean and White British; this was in comparison to both their latest census returns and the ethnicity profile of children supported via child protection plans more broadly. For example, the percentage of young people recorded as Black and mixed Black/White British who were on ROTH plans was nearly 10-times that of people in the local population from the same ethnic group in one site, and 5-times that of the local population in another site.[1]

In summary therefore, young people supported via ROTH pathways during the pilot period were, disproportionately male, and in two sites were far more likely to be aged 16 or over were disproportionately Black or Mixed Black/White British. These results raise a number of questions, some for individual sites, and some for the development of responses to extra-familial harms more widely.

The ages of young people supported via ROTH pathways heightens the case for the need for a Transitional Safeguarding (Cocker, Holmes and Cooper 2024) pathway for extra-familial harms. It also raises questions about persistent and escalating risks to young people, and/or young people who are identified later in adolescence, whose vulnerability has been overlooked.

The current gender profile also warrants greater consideration; as this is likely a reflection of the forms of extra-familial harm that are currently dominating the ROTH pathway – namely serious violence between young people and child criminal exploitation; and the under-representation of harms where the victimisation of young women is more readily identified such as child sexual exploitation and intimate partner abuse. Nonetheless, it is also critical to ask questions in regards of the types of support young men may need from services, in a context where the vulnerability and victimisation of young men is under-recognised.

In terms of racial disproportionality, it is unclear whether this is because racially minoritised young people are more exposed to extra-familial harm than White British young people, or because they are more likely to be identified in respect of extra-familial harm, or identified only at the point that harm becomes significant.

When we consider the above results in respect of the needs of young people supported via ROTH pathways (see previous section), additional questions emerge. Our results suggest in some sites young men, aged 16-year or over, are disproportionately Black or Mixed Black/White British, are losing learning (due to part-time timetables and exclusions), have not been given access to timely assessment for ASD or learning needs, are physically unsafe in public spaces, have unmet mental health needs, and are living in circumstances where the services/support they need is often under-resources. It is critical that these needs are considered therefore a lens of inequality, and that extra-familial harm and responses to it include responses to interpersonal and structural discrimination.

[1] Specific percentages excluded to maintain site anonymity

Harms

The vast majority of young people supported via ROTH plans during the Phase 3 period were at risk of significant harm due to serious interpersonal physical violence:

YP1 and YP2, your mum and professionals are worried that you and your friends are at risk due to peer-on-peer violence and feuding which may be group/gang related, and that you are at risk of being criminally exploited by older people within your peer group. You may come to serious harm as a result of this or from retaliation from rival groups and there is risk of experiencing violence, exploitation, and emotional trauma (Excerpt Young Person Assessment, Document 1, Site 1)

[Young person], you have witnessed a significant assault on your best friend, whereby he was stabbed last year. There's been ongoing concerns for your safety since this time both in school and outside of school in the community. It is clear that everybody around you is finding it increasingly difficult to keep you safe from the risk of serious youth violence and your potential to retaliate to these concerns. You were really open with me about how this is impacted on your mental health and how you were struggling to remain on track and not retaliate (Excerpt Young Person Assessment, Document 2, Site 4)

He has been alleged to have used weapons to threaten people (as mentioned in the weapons section), and upon his return from the missing period stated he has hurt his hand by hitting something to the social worker on DATE. He did not state what the something was saying he could not remember but did say perhaps that something was able to move. Threats with weapons have been reported thus far with concerns this could escalate to use of the weapons with risk of significant harm to himself and others. (Excerpt Young Person Assessment, Document 5, Site 3)

On occasion the presenting issue was perceived as 'anti-social behaviour', such as young people using legal and illegal substances in public spaces, car/moped theft, and public-space violence, and would have sat within a community safety brief traditionally. All strategic leads commented that a ROTH pathway had brought these young people into the view of children's social care in a manner that had not been the case previously. This violence was not always associated to exploitation; in fact, both child criminal exploitation and to a greater extent child sexual exploitation were far less visible in Phase 3, as was peer-sexual abuse. Nonetheless, all such harms did feature to a lesser extent during the Phase 3 period:

A male in his 30's was arrested in April 2024 after having taken [young person] to a hotel in another force area and whilst there, they engaged in sexual activities. When [young person] was returned home, she was found to be in possession of a large sum of cash (Excerpt Young Person Assessment, Document 4, Site 4)

This is a review meeting whereby there have been some historic concerns about the young person and CSE with incidents of sexual assault in school. The meeting presented these concerns as historic…The chair guided the meeting toward thinking about risk and safety in peer groups and the school and outside of the home…The meeting was largely focused on [young person's] relationship with her boyfriend – where there are some concerns but not significant. The actions are oriented toward healthy relationships work around this relationship. There are also some actions around school – increasing number of trusted people and SEND/EHCP actions. (ROTH Observation Notes, Site 1, Meeting 1)

For most young people these experiences of interpersonal harms intersected with system/service harms and unmet needs as noted previously, including harmful policing, school exclusions, and inappropriate housing. Professionals noted varying responses to different harm types and a lack of confidence/capability in responding to CCE and serious violence compared to CSE:

And I think it's really evident within exploitation, particularly criminal exploitation, because schools are panicking about health and safety risks within their schools, trying to manage that and doing it by exacerbating the risk for the child by isolating them further. Whereas with CSE, you can see that. But I think there's a little bit more empathy and understanding. (Focus Group, Exploitation Team, Site 3)

The persistent inclusion of various harm-types demonstrates the importance of holding holistic and integrated accounts of extra-familial harm in mind, policy and practice; rather than fixating on one form of harm over another.

Six Cs of Efficacy on a ROTH pathway

ROTH pathways are a structure; and while this structure appears important for organising consistent social care oversight of significant extra-familial harm, we observed varying levels of efficacy both within and between pilot sites. As such, we have identified six features which enhance the efficacy of ROTH pathways; we call these the 'Six Cs'. When the 'Six Cs' are in place social workers, and the organisations for whom they work, are best equipped to use ROTH pathways in ways that upholds the paramountcy principle for young people at risk of significant harm, and in doing so safeguard and promote their welfare.

1 *Care*

ROTH pathways are led by social care. Such leadership creates an opportunity for social work ethics to set the tone of interagency safeguarding responses to extra-familial harm. Over Phase 2 and now in Phase 3, we have seen that tone is characterised by care. We recognise this care in three ways (Firmin et al. Forthcoming). Firstly, caring responses centre relationships; relationships are both a source of knowledge about extra-familial harm and a response to extra-familial harm. Young people need to be known by professionals rather than simply known to services. As such relationships are the bedrock of caring ROTH practice.

Chair – so it's important to look at it in that context, we can understand why their carrying makes you feel like you need to carry. Shows we need to do some more engagement about other YP carrying weapons, so this cycle doesn't continue (Observation Notes, ROTH Conference 2, Site 1)

In terms of the two incidents of rape you disclosed to [your worker], both of these occurred in XXX and were committed by males who you had begun talking to on social media a short time before meeting with them in person. The full details or age of these males is not known, however you have been able to share some information in terms of social media handles…These incidents are obviously incredibly traumatic for you and you have been incredibly brave in disclosing these to [your worker]. I have explored with you whether you would be open to accessing therapeutic support around these assaults, however at the current time you do not want to do this. (Excerpt from ROTH social work assessment, young person 2, Site 4)

Secondly, caring responses humanise all those involved. Young people aren't described as a risk rating, an offence record, or a number of missing episodes; they have identities, needs and interests that go beyond the issue of extra-familial harm. Recognising these needs and interests provides entry points to providing support, and can help ensure that plans reflect what young people need and are interested in.

[The chair] Wants to start the meeting with picture of E – let's start with parents-strengths, vulnerabilities and risks [says] To dad – how would you describe E to someone who hasn't met her (Observation Notes, ROTH Conference 1, Site 3)

We have two main things to work on still – finding more ways to offer YP4 and her friends fun, exciting opportunities to spend time together so they feel less need to go missing and getting the necessary school support in place so that YP4 can feel safe and comfortable to be in school every day. (Excerpt from ROTH Social Work Assessment, Document 3, Site 1)

Moreover, however, ROTH pathways recognise the efforts parents/carers and professionals are making to keep young people safe, and acknowledging where they have made mistakes. This creates contexts of trust in which collaboration (see below) is more likely.

And finally, care is demonstrated by recognising the contexts in which people are trying to create safety, as well as the contexts in which harm occurs. Professionals do not always have access to the resources they need; neither do parents/carers, and neither do young people. Seeing decision-making and behaviour in context provides opportunities for more realistic means of resolution.

Nearly all ROTH data demonstrates a caring 'tone'. The intention of the pathway, the language used, and the approach people take to each other reflects care. When ROTH pathways were used most effectively professionals also demonstrated care in action as well as in tone; where they took decisions and put support in place that reflected the tone they adopted. In some situations, professionals struggle to convert a caring, and therefore welfare-orientated, intention into action; a matter we will reflect on throughout this report.

❷ *Chairing*

The actions of a ROTH chair can significantly influence the tone, focus and overall success of a ROTH conference (and associated plan). As such, during Phase 3 each site made conscious decisions to build the expertise of ROTH chairs, particularly their understanding of available services and their skills in facilitating a contextually focused conversation and resultant plan. Capabilities that appeared key to the ROTH chairing role was:

- The ability to steer conversations towards a focus on contexts, when a range of partner agencies are used to focusing on the individual behaviours of young people and their parents

  The chair guided the meeting to think about peer groups, schools, and contexts outside of the home and this was successful to some degree. There was discussion about friendships and how this impacted [young person] and her safety/vulnerability and about her relationship with her boyfriend. There was also discussion about guardianship in school. (Observation notes, ROTH Conference 2, Site 1)

  [Chair provides an] Outline of the ROTH – makes it clear that it's about the home, not about what you're not doing mum. It's about risks in the community for [young person] (Observation notes, ROTH Conference 2, Site 4)

- A solid understanding of 'context weighting' and how to support a partnership to consider the influence of different extra-familial contexts on young people's safety. In three of the four sites we saw evidence of professionals moving support from ROTH pathways to traditional child protection processes and vice-versa when the influence of familial or extra-familial contexts decreased or increased. Having a ROTH pathway enabled context weighting in traditional child protection processes, where professionals could recognise both increased protection within a family context and persistent/increasing risk in extra-familial contexts. In such situations they could recommend a transfer from traditional child protection to a ROTH process.

- The ability to centre young people's humanity (and that of their parents) – see above – in a tone characterised by care

- A consistent focus on young people's best interest, and an ability to hold that focus on behalf of a partnership

  Chair asks social worker if she or family want to share anything first and reminds them, they can take breaks and leave if need to…chair asks [young person] how she feels about the safety plan – [young person] shares she is happy, she is gaining trust slowly. (Observation Notes, ROTH Conference 1, Site 4)

- The ability to offer respectful challenge to partner agencies, as well as parents/carers, when their capacity to safeguard young people is in question, or they may have acted in ways that has caused further harm (or exacerbated extra-familial harm). We observed challenge to education, policing, social care, wider council services and commissioning processes within ROTH conferences; with recognition that decision-making in these agencies had, or were continuing to, exacerbate risks young people faced beyond their families.

❸ *Collaboration*

ROTH pathways are a collaborative endeavour. They require a range of partner agencies, parents/carers and young people to work in concert; both to understand the nature of the harms impacting young people and to identify a solution. Such collaboration requires quite complex power-sharing and power-shifting relationships; particularly the valuing of knowledge that young people and their parents/carers bring to assessment and planning exercises – knowledge that may be contrary to that held in agency systems. Likewise, young people may not agree with features of a safety plan, or young people/their parents/carers may have priorities (particularly in respect of their needs) that differ from the priorities of professionals. Finally, each participant in a ROTH pathway is the one who knows what they can offer best. Social workers will not know what local community groups, sports clubs, youth workers, schools, parents/carers or other can offer; but if all participants develop a shared understanding of what the challenges/needs are, then each of those organisations/individuals can identify ways they may be able to assist. As such collaboration is facilitated by everyone building a shared idea of the challenge, any needs, and goals, to then identify ideas for how best to meet those needs and/or realise those goals.

Such an approach to collaboration is likely different to what many organisations have experienced in traditional child protection pathways. In child protection planning organisations such as schools, the police, health and social care are asked to share information about children and families who are the subject of the process, and to provide services to those children and families. In a ROTH pathway, organisations have also been asked to provide information about a range of contexts in which they have an influence – such as a school environment or a street – and about themselves, for example their decision to exclude a young person or arrest a young person at home for example, etc. Actions allocated to partner organisations have extended to responding to a contextual concern, such as victim-blaming cultures within a school community, or fear of the police in a public place, in addition to any services they may provide to individual young people. As such partner organisations are asked to share different information, and provide different types of responses, in order to collaborate in ways that demonstrate their collective responsibility for safeguarding young people at risk of extra-familial harm.

In these situations, collaboration has not been about everyone agreeing with each other all the time, or all acting in the same way. Instead, it has been about creating a space in which all can contribute thoughts/ideas, and the group can work together towards a shared goal/outcome for young people impacted by extra-familial harm, and the contexts in which such harm occurs.

❹ *Community*

As noted above, a range of community partners, as well as young people and their parents/carers have a role to play in building safety in extra-familial contexts. During Phase 3 we saw this potential far more readily in meetings focused on contexts (that were often – but not always – initiated following ROTH CP planning around individual children). Examples of community participation in planning and responding included:

In one site we observed a context planning meeting around a location where young people were congregating. There were concerns about exploitation and other forms of violence occurring in the same location and a meeting called to discuss how to create safety in the location without dispersing the young people. Local residents were discussed as key sources of community guardianship in the area, and a local voluntary sector organisation was co-designing activities with young people in space with the support of local residents. The social worker referenced these activities to push against recommendations to disperse young people, and the chair reminded all participants about young people's rights to be, and feel safe, in the location, and their role therefore in making this possible.

In another site we observed a context planning meeting around a group of young people, some of whom were also being supported individually via ROTH planning processes. The chair noted that this meeting was explicitly focused therefore on group, rather than individual, needs and was intended to build safety around the group. The researcher observing the meeting noted an action to improve the guardianship around young people i.e. by advocating to or training for the wider network who encountered them; on this occasion it was railway staff.

5 *Creativity*

Community or parent-informed responses were creative. They often deviated from disruption-based interventions that dispersed young people from public or peer spaces, or behaviour-focused interventions that sought to change young people's decisions in persistently unsafe contexts, and instead attempted to build safety around young people and within public/peer contexts where they had come to harm. As noted in respect of collaboration, such creatively also required services/organisations to recognise their role in creating contexts of safety or risk for young people impacted by extra-familial harm. In some scenarios, such creativity occurred within individual ROTH planning. In one site social workers worked with parents and a local sports facility to ensure that young people could safely attend the facility as a group, while parents collaborated to provide guardianship around the location where the facility was based. In a focus group in another site a social worker shared a similar scenario stating that:

> *…and we felt it was safe and appropriate to bring them together and just have those discussions, and it-it totally disrupted it. We were able to look at how they could safely spend time together, get parents onboard, exchanging numbers, that kind of thing, and it…and it absolutely did disrupt them feeling that they had to be secretive, they had to be in the community. They were able to be open and honest about who they're spending time with, and we could work with that safely. So, I think that was probably one of the…one of the really positive… 'cause they were quite quickly escalating (Focus Group, Exploitation Team, Site 3)*

For the most part such practice emerged in meetings that involved non-traditional safeguarding partners, and these meetings tended to be geared towards contexts, rather than developing plans for individual young people (as reflective in some of the collaborations above). There is a risk that ROTH pathways provide a new structure but, in-part due to their mirroring of many CP features, fail to produce new approaches to extra-familial harm. Some participants commented on this risk in interview:

… these meetings are huge, and then…we look at the plans like you did 'Well, so what?' it's like they're quite… they're quite boring. They're quite… you know, where's the… where's the difference? Where's the impact? So I think that… Have we worried too much about process and lost sight of the child in the context? (Interview, Strategic Lead, Site 4)

…when I think about the way we hold the ROTH conferences, there's more we could do to creatively make them more inclusive of young people, but I think that we… because p-particularly where it sits within a team where we're doing both aspects of it that it j-…you just end up defaulting into, like: this is the way that they're done. So, the conversation feels different within them, but I think really, like, the setting up of them, the level of engagement beforehand, the where we hold them, how we get creative with how the conversations go, who's involved in what bits, the-the necessity to have the statutory partners in, because it's still a statutory process when, actually, they might not be people that the family feel comfortable speaking in front of, but you, kind of, feel like there's a necessity to have them a part of that. (Interview, Strategic Lead, Site 1)

To mitigate this risk, collaboration with young people, parents and non-traditional partners appears essential.

The creativity that we witnessed, borne out of collaborations in which community/parental knowledge was prioritised, demonstrated the potential of ROTH pathways. However, for the most part, this potential was evident on pathways which not only featured structures for coordinating plans around individual young people but also featured structures for social work-led responses to contexts where young people spent their time.

⑥ Context

ROTH pathways foreground contextual dynamics of extra-familial harm. For them to be effective, therefore, local area partnerships need to be able to respond to these dynamics, as well as meet the individual needs of young people and their families. As illustrated with examples in this section, social-care led or welfare-orientated responses to contexts may look different to disruption-based interventions that characterise justice-based interventions, or dispersal-based interventions that change contexts by disrupting individuals, rather than changing the social conditions of a context in which harm is more/less likely to occur. ROTH pathways were most effective when sites used them as a pathway to weight the influence of (context weighting), understand and change contexts including:

- Recognising low/limited guardianship in public or school contexts, and identifying ways to increase this in ways that suited young people; including in situations where professional presence had exacerbated risks or made young people less willing to spend time in places that should otherwise be safe

- Recognising contexts in which young people's needs was unmet, and making adaptations to those contexts in order to meet need

- Recognising design/environmental factors that undermined safety in a context, such as lighting or misuse/low-use of the space, and responding in ways that used the space for positive activities, increased lighting etc. Addressing environmental factors in ways that were inclusive of young people but hostile to harmful behaviours, rather than hostile to young people.

These six Cs of efficacy intersect and impact each other, and are in part interdependent. While each one can be pursued on its own, our reading of the data suggests an order to dependency which could guide what is prioritised (Figure 1). Care must underpin the process, otherwise the remaining features will likely be compromised. The Chair plays a central role in coordinating all features, and maintaining an ethos of care. The ability to develop creative plans is equally dependent upon relationships with community partners (including young people and parents/cares), and those relationships being ones of collaboration. All of these features can then be harnessed to drive responses to contextual dynamics of harm, a focus that is maintained by the chair, and results in safety in contexts (through a caring approach) rather than solely disruption of contexts (via sanctions on young people who are there).
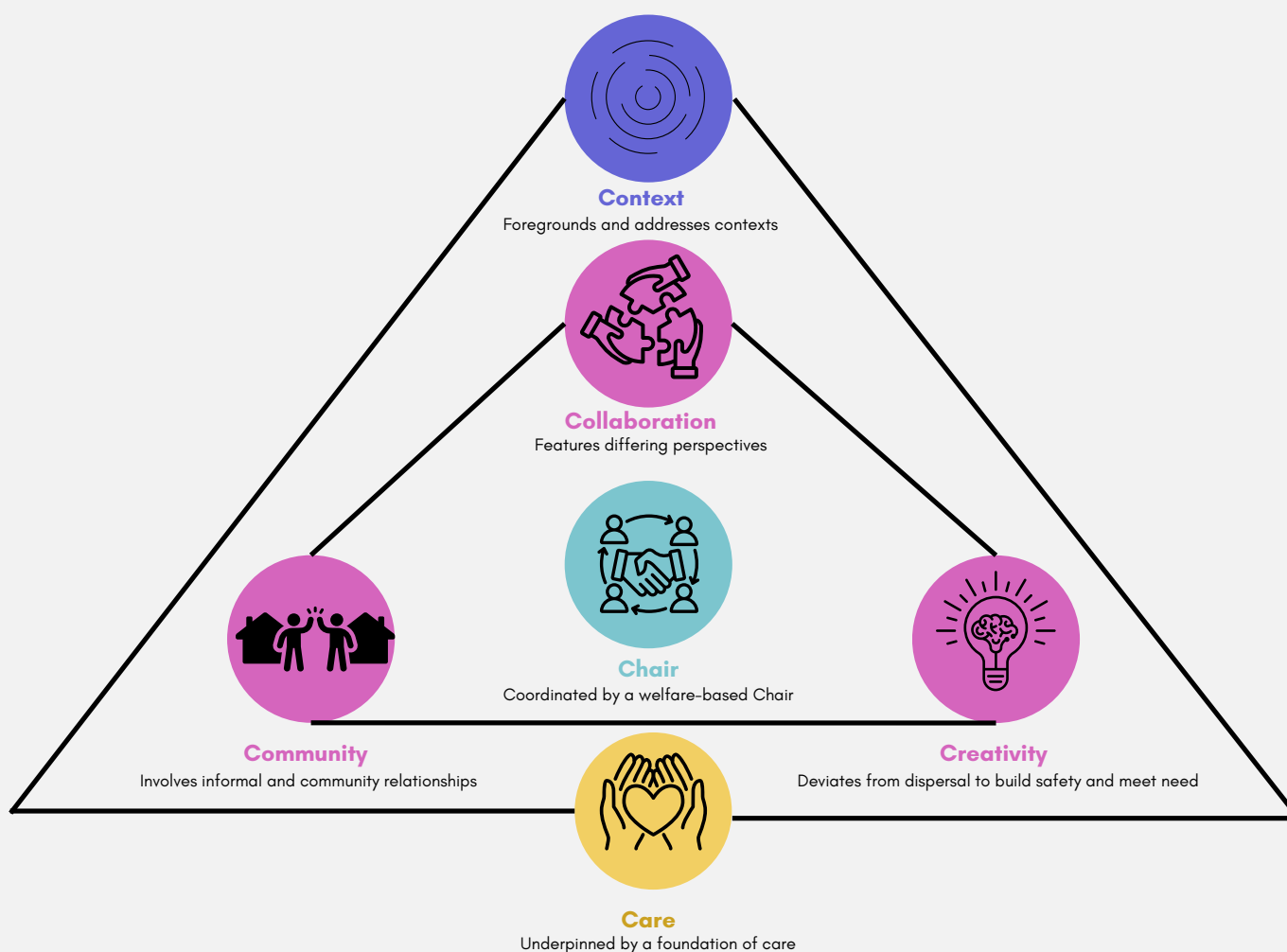

Context
Foregrounds and addresses contexts

Collaboration
Features differing perspectives

Chair
Coordinated by a welfare-based Chair

Community
Involves informal and community relationships

Creativity
Deviates from dispersal to build safety and meet need

Care
Underpinned by a foundation of care

Figure 1 Six C's of Efficacy for ROTH Pathways

When these six features are in place ROTH pathways have been used to do **two things**:

1. Identify, and **meet, the needs of young people and families** at risk of significant extra-familial harm
2. Identify, and **build safety in, family, peer, school and public-space contexts** associated to extra-familial harm

Both uses are essential if ROTH pathways are to play a central role in coordinating in-depth local responses to young people and contexts impacted by significant extra-familial harm, and a role that is distinct from wider panel structures that oversee/monitor risks faced by large numbers of young people.

Factors that undermine the efficacy of ROTH pathways

Despite the potential of ROTH pathways, and the overwhelming support from them from both parent/carers and professionals, they remain in development. There is no consistent guidance for their adoption nationally and this, coupled with their relatively early stage of development, means there is still room for improvement/system development. In Phase 3 we identified four features of local practice that can/do undermine the efficacy/potential of ROTH pathways.

1 Ineffective chairing

As is noted in the previous section, chairs play a critical role in shaping the culture of ROTH conferences and the design/implementation of CP ROTH plans. Ineffective chairing therefore can undermine the efficacy of ROTH pathways; this applies to both the chairing of ROTH conferences for individual young people and the chairing of meetings in response to contexts. Particular features of ineffective chairing included:

- A lack of knowledge about what social care leadership entailed, and in that regard an inability to centre (unmet) needs and best interest in interagency discussions

- A deference to criminal justice pathways, processes, and partnerships, and at times an adoption of justice-orientated language, such as the need for 'intelligence' rather than 'information' to complete assessments when developing ROTH CP Plans

- Limited knowledge about locally available resources, particularly those that were community-based or contextually focused

- Limited ability to contain professional anxiety/concern to respond to extra-familial harm, without interrogating whether those responses are meeting the needs or responding to contextual dynamics identified by the assessment. In these scenarios ROTH conferences can produce plans that demonstrate extensive efforts to safeguard, by making multiple referrals to external services, but that do not identify the actions required to create the changes, and meet needs, that young people require.

Any one of these factors undermined the ability of chairs to be effective in the manner outlined in the previous section.

❷ *Intelligence or criminality driven approach*

ROTH pathways should provide spaces in which young people and their parents/carers can work with professionals to develop plans that meet their needs and build safety around them. Phase 3, like Phase 2, evidenced that in such collaborative spaces parents/carers, and to an extent young people, share information about factors impacting their safety. Such information was recorded in the social work assessment, as well as in the minutes of ROTH conferences, where the agenda specified time to record input from young people and their parents/carers. Information shared by parents/carers and by young people was not always held on professional/agency systems prior to the ROTH process, and/or it sometimes challenged information that had been held on such systems.

Family are objecting to hearing about other young people in the police information saying it should just be focused on the young person whose plan it is and that the other young people not relevant. (Observation notes, ROTH Conference, Site 2)

The information largely came from [young person] via the chair and from people who had relationships with [young person] – i.e. the school worker and the social worker. The police information came from records and from conversations with parents (Observation Notes, ROTH Conference 2, Site 1)

[Chair] Asks the sister to share about YP what's he like? Likes/dislikes… Chair stood at the front with flip chart paper and pen writing up things about young person that are shared (young person's name in middle bubble with arrows coming off) (Observation Notes, ROTH Conference 2, Site 3)

When professionals fail to recognise the significance of information from parents/young people, or do not value it to the extent that they value system/agency 'intelligence', they undermine the collaborative/creative potential of ROTH pathways.

Moreover, as ROTH pathways are social care led, they should be principally focused on meeting need, and in the process centering young people's best interests. At times, particularly when decisions appear 'intelligence' led rather than 'relationship' led, crime prevention goals can overshadow goals related to young people's needs. In these situations, professionals attempted to consider young people's need within a predominantly crime-prevention approach, instead of using ROTH pathways to address criminality within a predominantly welfare-orientated and needs-focused approach. Ineffective chairing, as noted above, is one driver of this challenge. Another was limited access to, or knowledge of, alternative, non-statutory, or community-based responses to extra-familial contexts.

❸ *Limited availability, and use, of resources to target contextual factors*

If those who hold strategic or operational responsibility for ROTH pathways do not have access to, or knowledge of, services/resources that are contextually focused, ROTH planning can become stuck. Professionals noted that they often accidentally found out about community organisations/resources that served young people outside of statutory frameworks

Respondent 1: XX and I were just at an event this morning, …and they did some little videos about just different services, giving a bit of an overview…there was one about [youth organisation] where they were talking about how they engage some of these kids who maybe are on- knocking around the street corners selling drugs and showing them a different way? And I was like, I've never heard of this service…I was thinking, is that part of, like, child protection planning? Cos I don't know about you XXX, I'd never heard of it. Had you heard of it?

Respondent 2: No, not heard of it…We know that there's lots of stuff that goes on even outside of normal working hours that sometimes we you know, we lack the knowledge of what's happening (Focus Group, Strategic Leads, Site 3)

…and then it's about access to the right resources within the community. So, again, another challenge we've had has been, we might identify a gap or a need, but the process then to be able to access what might fill that is either not clear, not available, or really complicated to then be able to navigate. So, again, you risk disengaging, I think, and a sense of, like, hopelessness within the network because the ask is too big of them… I don't know what the resource need is there, but you need to have some ability to tap into the resource that you need. (Interview, Strategic Lead, Site 1)

In the absence of these relationships, social workers relied on interventions from professionals in education, policing, and health agencies, who themselves were more use to providing services to individual young people than to contexts more widely. It was hard to find evidence of creativity within traditional interagency partnerships. Where green shoots did emerge, this often-featured youth work support, and services being provided to young people in peer groups rather than as individuals.

Social workers rarely had the capacity to form the wider relationships that were needed for creative safety planning; and those that did were explicitly required to do so within their role.

When one or a combination of these challenges were identified, we observed practices in which welfare-orientated intentions were not translated into welfare-orientated plans. For example, we often heard a caring tone in the language used by professionals, but observed decisions/responses that lacked care at worst, and failed to meet need at best. As such, any one of these three limitations has the potential to undermine the efficacy of ROTH pathways.

Responding to extra-familial harm on a traditional child protection pathway

During Phase 3 we had a particular question about whether the practice observed on ROTH pathways was also possible for young people supported via traditional child protection pathways. These were young people who were at risk of significant harm within their families/homes and at risk of, or experiencing, extra-familial harm. It is important to note that it was far more challenging to secure consent from parent/carers and/or young people to observe traditional child protection conferences, than it was to observe ROTH conferences. We questioned why this was, and whether this in itself reflected how different traditional child protection processes felt to ROTH processes. In the former parents/carers were the subject of the process, in the latter they were partners; did this impact their willingness to be observed?

Of those traditional conferences that we did observe, the vast majority concluded that a ROTH pathway may be more suitable for continued support as risks of significant harm that remained were largely extra-familial, or that risks/challenges within the family had declined to the extent that the family would be supported via Child in Need planning going forward. What we conclude about traditional child protection processes and extra-familial harm therefore relate only to this group.

It was possible to create a non-blaming and caring culture in traditional child protection conferences. We observed practitioners acknowledging the efforts made by parents/carers to keep young people safe, and to engage with families in humane and relational ways:

> *Chair asks Grandmother if there is anything she would like to correct about the notes/reports she has received …Chair reminds that the professionals don't have same emotional connection as Grandmother and to take time…Chair reassuring Grandmother that families are hard and complicated and that she's doing well and there's lots of love between Grandmother and young person. (young person lives with Grandmother) (Observation Notes, Review Child Protection Conference, Site 4)*

> *Social worker [responds to mum] – fair enough, that makes sense. You've often felt disempowered by social workers is that fair? (mum nods) …You're a great mum, we need to stop taking power away from you as mum, give you agency to be a good mum because you are (Observation Notes, Review Child Protection Conference, Site 1)*

At times this care fostered opportunities for collaboration. However, as was also the case with less-developed ROTH conferences, in traditional child protection processes social workers struggled to convert a welfare-orientated tone, into a welfare-orientated plan. Traditional child protection pathways were even less well-equipped to develop plans that targeted extra-familial drivers of harm. The structure of conferences, the professionals involved, and the categories applied to plans, all framed intervention and change in respect of the actions of parents/carers.

Collaboration and creativity were also undermined by the approach to information sharing. As parents/carers were the subject of the process, less information was shared with them about professional concerns, and police intelligence was largely shared prior to them joining the meeting. The information held by parents/carers was rarely used to challenge how professionals understood the issues at hand; and parents/carers were not involved in the same way reaching mutual decisions/shared understandings of the level of risk a young person faced, or what was required to increase safety. For example, in one meeting we observed police intelligence shared about one parent (a father) prior to the other parent (a mother) joining the meeting, which raised ongoing concerns about criminal exploitation. While the social worker questioned the information, it was not shared with the parent in the meeting and so they were unable to understand ongoing concerns by some professionals in the meeting that was not shared by others, or why they were asked multiple questions about contact between their children and the other parent.

As such while we sometimes saw 'care' in a traditional child protection pathway, we saw less evidence of collaboration (albeit there were some in situations where recommendations were made to move over to a ROTH pathway), and limited evidence of community-engagement, creativity, or contextual planning. While there were examples of ROTH conferences that shared these limitations, these went against the intended design of a ROTH pathway, whereas a lack of these features on a traditional CP pathway did not mean misalignment to its intended design. Chairing was as critical on a traditional CP pathway, as it was on a ROTH pathway, and often modelled 'care'. However, expecting a chair to manage the complexity of a ROTH pathway while simultaneously delivering a traditional child protection plan was arguably too much to ask in most situations.

Given the difference between ROTH and traditional child protection pathways it is important to note that in all sites there was evidenced fluidity between the two pathways. Young people might start on a traditional child protection pathway and move over to a ROTH pathway if risks within families/homes decreased, or move from a ROTH pathway onto a child protection pathway if it was evidenced that push factors from home out into extra-familial contexts were the primary concern. Such fluidity was facilitated by contextweighting activities used on ROTH pathways, where practitioners consistently reviewed which context was most influential for a young person's safety, so as to target their responses accordingly.

It may be that rather than trying to engage with both ROTH and traditional CP work, local areas consider the six Cs of efficacy and attempt to build them into both pathways. This may create opportunities for bringing the pathways back together in the future. However, at this stage our evidence suggests that a separate pathway is needed in order to produce responses best suited to significant extra-familial harm. At present, practitioners will likely struggle to provide equitable support to young people who straddle both extra-familial and familial harm, and are thus supported via a traditional CP pathway, as those who are supported via a ROTH pathway.

Conclusions: Key Messages for the ethical use of ROTH pathways

There is always a risk that in situations of significant harm professionals will make decisions out of fear/anxiety; being both concerned about the lives of the people they care for, and concerned about their reputations and those of their organisations if things go wrong. As such, in recent years there has been increased debate about the nature of social work and interagency responses to extra-familial harm; with particular concern about the ethics of what we are doing and the extent to which interventions protect young people, families, or organisations (Billingham & L., Irwin-Rogers, 2022; Firmin, 2024; Koch, Williams, & Wroe, 2023; Lloyd, Manister, & Wroe, 2023). Like many useful developments over the last decade, ROTH pathways are not a silver bullet and will not resolve all challenges practitioners face in responding to extra-familial harm. Recognising, therefore, what ROTH pathways can provide, and working in ways that ensure they realise that potential, is critical to their ethical use in the future. Phase 3 Findings detailed in the previous section hold some important messages about how to use ROTH pathways ethically. In this section, we highlight three.

Dual use: Meet need, respond to context

ROTH pathways have a dual potential, and both should be realised.
They create structure in which social care professionals can centre and amplify the needs of young people impacted by extra-familial harm and develop plans to meet their needs as a way of increasing their access to safety. This is a legitimate method of responding to extra-familial harm, and is at risk of being forgotten amongst a range of interventions/responses that are focused on the harm/risk itself, and not the unmet needs that sit underneath them.

By explicitly asking where a young person is safest and least safe, ROTH pathways also create practice environments where the contextual dynamics of extra-familial harm come to the fore. As such they ask professional networks, alongside parents/carers and young people, to identify where needs to be safer, not solely who needs to be safer, and to coordinate responses accordingly. In order to accommodate this some sites have introduced or redesigned meetings that are primarily focused on contexts, and refer contexts identified through ROTH processes into these meetings for further assessment and planning. Sites that have done this appear best placed to respond to contexts surfaced through ROTH pathways.

From welfare-orientated intentions to welfare-orientated actions

ROTH pathways should be welfare-orientated in both intention/tone and in action.

Social care leadership, and implementation frameworks focused on need, have created a relatively consistent tone to ROTH pathways. These largely reflect a welfare-orientated way of thinking about harm and supporting parents/carers. However, when it comes to responding to contextual drivers of harm there appears to be far less confidence in social care. As such, we do not always see welfare-orientated plans of action despite these plans being produced at welfare-orientated meetings.

It is critical that in both tone and in action ROTH pathways consider: the needs of young people; the guardianship available to them in extra-familial contexts; and the wider environmental factors influencing safety in the contexts where they spend their time. These categories reflect those established for welfare-assessments of families and extend them to extra-familial contexts and relationships. As such they provide a planning somewhat familiar to social care but are more reflective of a ROTH purpose. It is important that interagency partnerships develop ways to organise responses to extra-familial harm against these three headings, using them as a means of building a shared understanding of welfare-orientated action beyond social care.

In the absence of welfare-orientated actions, there is a risk that ROTH pathways will produce plans that are either:

- Unable to respond to the contexts associated to extra-familial harm and therefore don't appear much different to those produced on traditional CP pathways – but instead target the behaviour of young people instead of parents.

Or

- Crime-prevention focused in ways that deprioritise, or overlook, need.

Six Cs of Efficacy

The efficacy of ROTH pathways rests in how they are practised, rather than that they are practised.

A ROTH pathway structure has been refined over three phases of testing. The approach being maintained across the four pilot sites is now similar enough that their shared features offer a structure for implementing a s.47 response to significant extra-familial harm. It is only now that the four sites have adopted a relatively shared structure, that the features impacting the implementation of that structure have become visible. The implementation of ROTH pathways is impacted by the six Cs of efficacy surfaced in this third phase of testing; they represent the 'how' of the approach. To be effective, ROTH pathways need to be implemented in a manner that is characterised by care; effectively chaired; collaborative; community-engaged; creative; and context-focused.
The extent to which all, or each, are in place, will influence how useful ROTH pathways are as a tool for meeting need and responding to contexts associated to extra-familial harm.

Integrated account for ethical use

The three messages above can be integrated into a framework for ethical ROTH implementation (illustrated in Figure 2). To mitigate the risks that ROTH pathways create a structural change that isn't translated into a practical change for young people, families, communities, and professionals it is critical that they are implemented in accordance with the six Cs of efficacy, that such implementation generates responses that both meet need and address contextual dynamics of harm, and as a result are able produce welfare-orientated actions (rather than solely discussions).
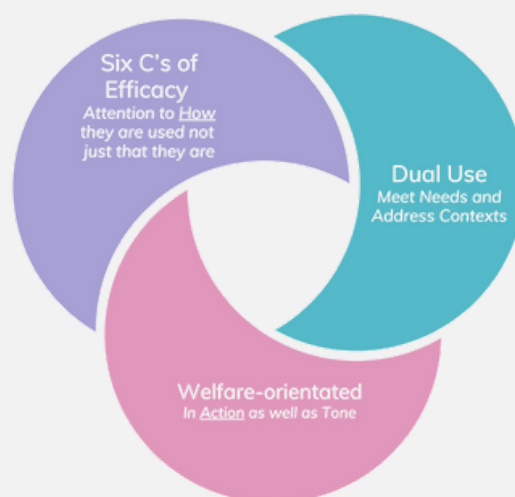
Figure 2 Ethical Implementation of ROTH Pathways

Implications for scaling:
policy and practice recommendations

ROTH pathways are providing an important structure for coordinating social care responses to extra-familial harm in all four pilot sites. All sites have integrated their pathway into their systems and are maintaining them for over two years after they were first introduced. Ofsted have recognised their value in two sites, and there is national interest in their usability. Over 800 professionals signed-up to attend the virtual Phase 3 learning event on ROTH pathways in December 2024, representing 135 local areas across England, in addition to representatives from five areas in Wales, 19 areas in Scotland, two areas Northern Ireland and national decision-making bodies. Of those who booked to attend the event representative from 66 areas expressed an interest in establishing a ROTH pathway in their area, and 58 areas had already commenced this process. Such level of interest has both policy and practice implications, if the learning to date is to be scaled in a way that best supports young people and their families.

Policy implications

National policy will play a role in creating the conditions for ROTH pathways to be sustained and scaled; and in particularly for making the six Cs of efficacy feasible on a consistent basis.

1. National policies need to present a clear and consistent relationship between safeguarding policy/primary legislation, and criminal justice policy/primary legislation; particularly as it pertains to the paramountcy principle in situations of significant harm, and how this relates to the serious violence duty in respect of under-18-year-olds

2. The above clarification should extent to government tone; with consistent recognition of extra-familial harm as principally a welfare issue, which may feature a justice response, rather than a justice issue, which may feature a welfare response

3. National policies need to consistently recognise a s.47 based pathway as a system feature of local responses to all forms of extra-familial harm; stating clearly whether all significant harm, or just that which occurs within parent-child relationships, warrants a s.47 response. Such recognition should apply in respect of all relevant cross-government strategies such as the 'safer streets mission', as well as safeguarding documents, and the scaling of pathfinder models

4. Future updates on statutory guidance, should they include explicit reference to a s.47 pathway for extra-familial harm, will need to attend to:

- Social care leadership of the pathway, including the role of the conference chair

- ROTH categorisation, including the ability to report such categorisation to local inter-agency partnerships as well as in central government returns

- A need for greater flexibility in terms of timescales, that would still align to the no-delay principle of primary legislation, in respect of the time between a strategy discussion and an initial ROTH conference, and a range that prompts more frequent visits and core groups meetings in situations of dynamic extra-familial harm

- Core features of consistent delivery (as it currently provided for in respect of child protection conferences) such as:

(a) The purpose of the pathway and the conference; centering need and safety

(b) Core points of discussion pre, during and post conference

(c) The role of partner agencies in respect of attendance, and the nature of the information and services they need to provide. Partner agencies will need to provide information about the contexts where they have a presence and influence (not just individual young people and families), and provide responses that address contextual factors identified. This may require them to recognise and respond to situations where services have contributed to a young person's vulnerability or exposure to harm.

5. Current investment in youth provision and in schools under the new government needs to explicitly consider both the target of the provisions (and their ability to target contexts and meet needs – not solely target young people and decrease risk); and build in evaluation measures that would document whether what is commissioned is able to meet need and provide safe contexts for young people

Practice implications

For the 124 areas that we know are either using ROTH pathways, about to introduce them, or intend to do so in the future, we also make four practice recommendations. These recommendations are designed to facilitate the ethical use of ROTH pathways, and mitigate the risks of misuse, or further harm being caused, in pursuit of safeguarding.

1 Consideration of 'need' throughout the pathway

ROTH pathways must be used to identify, and respond to, the needs of young people impacted by extra-familial harm. Strategically this means regular discussion about what these young people most need from services, and whether it is possible to meet those needs. Practically, this means building questions about need into every stage of the ROTH pathway, so practitioners are asking themselves, and each other, whether the plans they produce directly meet the needs they have identified

2 Support to chairs as a key facilitator of culture shift

ROTH pathways are enabled by, and enable, a cultural as well as structural shift in practice. Chairs play a key role in facilitating that shift, and such a role requires support. Local peer support networks for ROTH chairs are encouraged, as is supervisions through which chairs can discuss the needs and contextual factors surfaced during conferences, and learn from each other about ways to develop creative, relevant, and impactful plans

3 Using quality assurance processes to review and discuss the nature of goals, actions, and outcomes in ROTH planning

Social workers are rapidly developing skills in ROTH planning, and experience/understanding varies hugely between and within local areas. As such quality assurance processes will be important in reflecting on whether: stated goals in a plan meet the needs/respond to the contextual factors identified during an assessment; proposed actions are clearly associated to the identified goals; and the outcomes that will be measured to know progress is being made.

4 Space for social workers to build community connections and recognise community assets

For social workers to produce creative, relevant, and impactful plans they need relationships with people and organisations that young people trust and/or who can influence safety in extra-familial contexts. These relationships take time to build, just as they would if wider family networks were being explored to support children. It is critical therefore that such activity is recognised as core to social work responses to extra-familial harm, and that social workers are encouraged to build such connections as a way of identifying safety not solely (or principally) as a way of identifying risk.

Conclusion and next steps

ROTH Pathways provide a consistent structure through which social care can organise their response to young people at risk of, or experiencing, significant extra-familial harm. This structure appears to facilitate a welfare-orientated understandings of extra-familial harm, and the young people affected, and has the potential to convert that understanding into actions. Ultimately ROTH pathways must be used to achieve two things: meet young people's needs and respond to contexts associated to their harm/safety. To consistently be used in this way local areas need to pursue the six Cs of effective practice, initially via four recommendations made in this report. National policymakers must create contexts conducive with those six Cs of Efficacy, and this report makes five recommendations in that regard.

It is clear from the data collected that the achievements of ROTH pathways, both in planning for individual young people, and in developing plans to address contextual factors, are not met through exploitation/MACE panels. These panels serve a different purpose, one that largely monitors lists of young people and refers them into external services; they are not always social care led or underpinned by child protection legislation, nor are they explicitly intended to produced plans in respect of young people's welfare and need, often being framed around risk. The ability of ROTH pathways to formally recognise significant harm, coordinate partners on a statutory footing, and resource responses accordingly are also not met in the same way through Child in Need based planning. These distinguishing features of ROTH pathways is why they have been retained by pilot sites far beyond funded period.

At this phase in the development of ROTH pathways we are confident in what they provide, and in what they have the potential to provide. Essential features include: social care leadership and associated caring tone, central role of chairs, consistent attention to context weighting throughout the process, including fluidity between ROTH and ICPC processes; parents and where safe young people collaborating as partners in the process rather than subject of it; information/action/goals formulated around when/where safety/harm occurs and the meeting of needs; the inclusion of a broader (community) partnerships and a different request made to more traditional partners (including attention to system harms).

We are also clear on factors that undermine their efficacy, and we intend the recommendations made in this report to go some way to mitigating these factors. Further discussion will likely be needed in respect of categorisation and recording of ROTH CP Plans; flexibility in timescales; accountability of partner agencies, particularly in cases of inaction on recommendations made in ROTH CP Plans; and the use of ROTH principles for supporting young people over-18 and those in care who are impacted by extra-familial harm. However, it is evident that relationships with, and investment in, community and youth work partners will impact response options and therefore the overall efficacy of the structure in the future.

The Contextual Safeguarding research programme at Durham University have tracked the development of ROTH pathways since 2021. To further support local areas to adopt the pathway, and to be attentive to the recommendations made in this report, we will be delivering a ROTH Pathway Support Programme until March 2027. This programme will include:

1. Work with pilot sites, and a scaled wider network of sites, to test assessment and plan templates as one tool for building consistency
2. A national peer-support for ROTH chairs
3. Practice resources to further develop welfare-orientated inter-agency partnerships
4. Practice resources, e-learning modules and in-person workshops to further support practice around effective ROTH planning
5. Research with sites using ROTH Pathways to document various models of 'community guardianship' to produce a bank of case studies and key tips for commissioners
6. Research into the needs of young people being supported by ROTH pathways around the country and the extent to which local areas have the resources in place to meet those needs
7. Strategic activity to further explore the role of education on ROTH pathways, both in respect of young people's access to education and safety within schools/colleges and on the journey to school/college
8. Resources that support practitioners and policymakers to build a holistic understanding of extra-familial harm, and recognise the role of ROTH pathways for various harm-types

For more information on the ROTH Support Programme visit the Planning for Safety project page on the Contextual Safeguarding website.

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