



# Contextual Safeguarding: Case Consultation Toolkit

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THE INTERNATIONAL CENTRE  
RESEARCHING CHILD SEXUAL EXPLOITATION,  
VIOLENCE AND TRAFFICKING



# Contextual Safeguarding Case Consultation Toolkit

## Background

Contextual Safeguarding (CS) is an approach to safeguarding that supports practitioners to recognise and respond to the harm young people experience outside of the home.<sup>1</sup> Traditional child protection and safeguarding processes have predominately focussed on individuals and families. This Contextual Safeguarding Case Consultation Toolkit has been developed by Hackney Children and Families Services and The University of Bedfordshire to support practitioners to consider and develop responses to extra-familial risk. Contextual Safeguarding case consultation meetings are a forum for practitioners to discuss these cases.

The toolkit is designed to be used by practitioners who have a developed understanding of Contextual Safeguarding theory and practice and those that have the resources and tools to implement contextual interventions. This toolkit has been developed with practitioners in Hackney Children's Social Care, as such, when using the toolkit it is important that it is adapted by practitioners to suit the needs and approaches of different local authorities.

The toolkit includes:

- Guidance for carrying out a Contextual Safeguarding Case Consultation.
- Appendix A: Contextual Safeguarding Framework
- Appendix B: Consultation form - with guidance
- Appendix C: Blank consultation form
- Referral Tracker

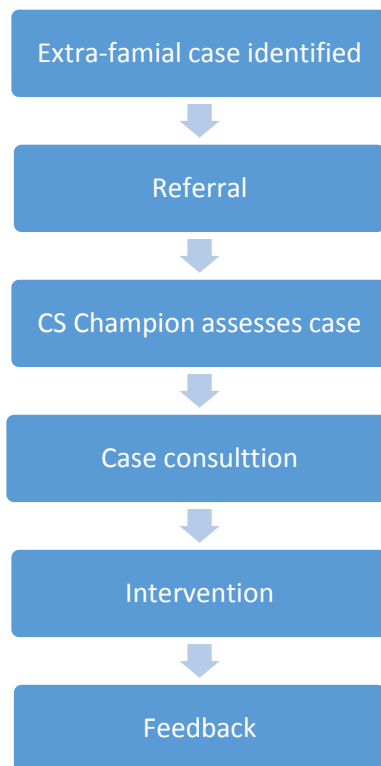
## Case consultation process

Contextual Safeguarding case consultations are an opportunity for practitioners to have time to reflect and consider aspects of their cases they may not have otherwise. The structure and format of the meetings will differ between practitioners and local authorities. The consultation is a meeting to discuss a case, so while it may be appropriate for several practitioners to attend the meeting, it is not a strategy meeting. Ensure you have sufficient time (about one hour) in order to discuss the case and actions following the meeting. The flowchart below details the process of carrying out a case consultation.

1. **Case identified:** Practitioner identifies a case with challenges regarding extra-familial risk and feel they require additional support.
2. **Referral:** The practitioner contacts the relevant Contextual Safeguarding practitioner to request a case consultation.
3. **CS practitioner assesses case:** The relevant CS practitioner may need to ask the practitioner some questions to establish if the case is suitable for a case consultation.
4. **Case consultation:** The consultation is held (details below).
5. **Intervention:** The practitioners consider interventions (this can also be external professionals/agencies best placed to deliver interventions).
6. **Feedback:** You may wish to follow up with the practitioner regarding the case and any relevant interventions or activities.

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<sup>1</sup> Visit [www.contextualsafeguarding.org.uk](http://www.contextualsafeguarding.org.uk) for more information.



### **Suitability for case consultation**

The process in which referrals are received for a consultation will vary, In Hackney a central Contextual Safeguarding email inbox was set up. Once a referral is received it is important to establish that the case is relevant for a consultation. These should be cases that include particular challenges around extra-familial risk or cases where risk within the home is aggravating harm outside of it. When a referral is received it is important to ask questions about the case before organising the consultation. The following questions may help you do this:

- What are the parents/ carers understanding of what the problem is?
- What type of behaviour is it you are worried about?
- Where do you think the young person is at risk?
- What extra-familial risk factors are important?
- Why do you feel it is extra-familial risk rather than in the home/family?
- What support services are involved in the case and has any work taken place in the past?

If the case is not suitable you may want to signpost the practitioner to other forums, agencies or procedures.

### **Case consultation meeting**

The consultation should support practitioners to consider harm and protective factors in the different social spaces young people spend time (homes, peer groups, schools, and neighbourhood). While it is important to consider the home, the role of the consultation is to consider how the home environment may aggravate or protect against harm in other places, rather than focus on the home explicitly – which can be considered in other forums outside of the contextual safeguarding case consultation.

Once the CS practitioner has determined that a case is suitable, you can organise the meeting and outline what this will involve. Appendix A includes a CS framework that you can provide to practitioners prior to the meeting. This gives an overview of the types of questions and areas of interest that the consultation will focus on. They do not need to fill this out although they may find that helpful.

The role of the CS Practitioner in the case consultation is to support the practitioner to:

- Consider risk and harm in the different social spaces that young person spends time.
- Reflect upon what work is taking place in those locations and any barriers.
- Develop assessments and interventions.

The resources in the appendix are tools to support you to do this. Remember, the case consultation should support reflection and sit within a system with other relevant meetings and strategy meetings, not in place of them.

Appendix B is a 'Case consultation form including guidance'. The questions within the guidance are prompts that can help start the conversation. It is important to ask questions not only about the young person's experiences but what else is known about the places they spend time in. For example, while the practitioner may provide information about the young person's attendance at school, it is important to establish an idea of what the school environment is like more generally – what do they know about the school? Do other young people of concern attend? What issues might be affecting lots of students? The practitioner may not be able to answer these questions, instead the consultation provides the practitioner with a range of questions to take away and ask other practitioners or agencies

Appendix C is a blank consultation form that can be printed out and completed during the consultation. Begin by asking about the case, not all aspects of the template need to be completed, nor does it need to be completed in order. It is important that actions decided within the consultation relate to the relevant places and people that young people spend time with – peers, schools, and neighbourhood. Fill in actions against the relevant social field to ensure actions match where harm/strength is located.

Note: the templates include a 'data entry form' at the bottom. These are to be completed after the consultation and to be entered into the Excel Referral Tracker (if also using this tool).

## **Intervention options**

It is important that the discussions and actions that develop from the consultation are supported with appropriate interventions. The support and interventions that you suggest as part of the consultation process will depend on the options and resources available within your local authority. The following is an overview of some suggested interventions. Extra guidance and resources relating to interventions can be found in the 'resources' section below.

- **Peer-group mapping** – consider what other young people are linked to each other, the nature of those associations and where they spend time. It is important to identify any other practitioners that may be working with linked peers.
- **Peer group interventions** – Discuss and explore what peer group interventions or work may be available or taking place, are the identified peer group already known/open to a partner agency? Have any interventions already been offered/delivered to this peer group?
- **Research support** – The consultation may highlight gaps in knowledge regarding specific contexts. For example, what is known about the local neighbourhood and agencies working there? CS Practitioners could give additional support to provide information on these areas or link the practitioner to other agencies/professionals.

- **Linking to agencies** – Linking practitioners to other relevant agencies, for example, community safety, housing, youth workers, schools, CAMHS etc to agree interventions that those agencies can take forward to create safety in the context of peers, schools and neighbourhoods.
- **Signposting to tools** – Providing practitioners with the tools to support assessment of safety and harm in extra-familial contexts – for example safety maps of the local area.
- **Support at relevant meetings** – Providing any advice and guidance on the questions to ask and aspects to consider in different meetings that the young person is discussed at.
- **Parents work** – Linking parents together and working with them to understand the nature of extra-familial harm such as multi-family group therapy

You may wish to follow up the meeting with additional support or to discuss updates relating to the case.

### **Referral Tracker**

This toolkit also includes a Referral Tracker that can be used to account for how many referrals are being received for case consultation. This allows you to track how many referrals are made and identify any trends that may be emerging. It may be helpful to input all referrals that are made – even those that do not involve a consultation – to allow you to identify where practitioners may need training and support on contextual safeguarding.

**Appendices:**

**Appendix A: Contextual Safeguarding Framework**

<i>The consultation will focus on these different areas:</i>		<b>Points for discussion in case consultation</b>					
		Young person's current situation	What are you concerned about?	What works well?	Professional involvement to date	Planned actions / interventions	Challenges / barriers to intervention
<b>Individual and contextual factors to consider</b>	Individual young person's characteristics						
	Family / Home(s) characteristics						
	Peer group(s)						
	School(s)						
	Neighbourhood spaces (specify)						

## Appendix B: Contextual Safeguarding Case Consultation Form (with guidance)

<b>Date</b>	
<b>Practitioners present</b>	
<b>Professional involvement</b>	<ul style="list-style-type: none"> <li>- Who forms part of the professional network? What knowledge or information do they hold/share relevant to extra-familial risk?</li> </ul>

**Name of Young Person:**

Age	Gender	Ethnicity	Disability	Legal status	Offending	GA	Education	Siblings
						Gang affiliation?	School? NEET?	

<b>Child's Individual History/Family Background</b>	<ul style="list-style-type: none"> <li>- How long have they been known to children's services or [relevant agency]?</li> <li>- Previous referrals and who made the initial referral?</li> <li>- What are the main concerns? (What is known about this – perpetrator?)</li> </ul>
<b>Home:</b>	<ul style="list-style-type: none"> <li>- Who does the Young Person currently live with?</li> <li>- Has some work been done with the family around extra-familial risk?</li> <li>- Are the parents in agreement [with you] on what the risks are?</li> <li>- Has a referral been made in relation to other vulnerabilities within the family? E.g. DV, mental health, substance misuse etc.</li> <li>- What is the nature of the relationship between the YP and their carers?</li> </ul>
<b>Peer Groups:</b>	<ul style="list-style-type: none"> <li>- How aware is the unit (or current worker) of the individual's peer networks and their role within their peer group?</li> <li>- Do the unit have a good sense of activities the Young Person is involved with?</li> <li>- Are they a leader or follower?</li> <li>- How aware are the parents of the YP's peer network – do they know the parents of their YP's friends? Are they in contact with them?</li> </ul>
<b>School:</b>	<ul style="list-style-type: none"> <li>- Who is the most important person to the Young Person in the school? What contact does the unit have with this person?</li> <li>- What does the practitioner know about the school i.e. peer groups, school culture etc.?</li> <li>- Does the YP feel safe at school?</li> </ul>
<b>Neighbourhood:</b>	<ul style="list-style-type: none"> <li>- Do the unit have contact with any key people in the community that are important to the Young Person? This could be wider friends/network or organisations.</li> <li>- Are the unit aware of any patterns/trends emerging about the area where they live i.e. gang activity, recent crime and hot spots?</li> </ul>

<b>Social Media:</b>	<ul style="list-style-type: none"> <li>- Does the unit have a good understanding of the young person's use of Social Media?</li> <li>- Is this safe or is there a need to offer more training to the unit/family/YP in this area?</li> </ul>
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<b>Additional Factors:</b>		
<b>Agreed Actions:</b>	<ul style="list-style-type: none"> <li>- What support are you able to offer?</li> <li>- Peer group mapping/peer group interventions/training</li> <li>- What support does the unit expect from the CS practitioner?</li> <li>- Do the actions link to the contextual issues discussed?</li> </ul>	
	<b>Individual</b>	
	<b>Home</b>	
	<b>Peer group</b>	
	<b>School</b>	
	<b>Neighbourhood</b>	



**Appendix C: Contextual Safeguarding Case Consultation Form**

<b>Date</b>	
<b>Practitioners present</b>	
<b>Professional involvement</b>	

**Name of Young Person:**

<b>Age</b>	<b>Gender</b>	<b>Ethnicity</b>	<b>Disability</b>	<b>Legal Status</b>	<b>Offending</b>	<b>GA</b>	<b>Education</b>	<b>Siblings</b>

<b>Child's Individual History/Family Background</b>	
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**Home:**

**Peer Groups:**

<b>School:</b>	
<b>Neighbourhood:</b>	
<b>Social Media (Online behaviour):</b>	

<b>Additional Factors:</b>		
<b>*Actions</b>	<b>Individual</b>	
	<b>Home</b>	
	<b>Peer group</b>	
	<b>School</b>	
	<b>Neighbourhood</b>	

**Data entry form: Complete after consultation and pass to Project Coordinator for tracking**

Mosaic ID: \_\_\_\_\_

Referrer: \_\_\_\_\_

**Referral journey through HSC:**

- How long have they been known to the children's services or YH? Previous referrals and who made the initial referral?

**Primary Concern – Select ONE only:**    Individual     Home     Peer Group     School     Neighbourhood

**Detail** (e.g. name of school, gang, location etc): \_\_\_\_\_

<b><u>*THEMES IDENTIFIED</u></b>							
CFS History	<input type="checkbox"/>	County Lines	<input type="checkbox"/>	CP Plan	<input type="checkbox"/>	CSE	<input type="checkbox"/>
Disability	<input type="checkbox"/>	Drugs (selling)	<input type="checkbox"/>	Drugs (Using)	<input type="checkbox"/>	School Exclusion	<input type="checkbox"/>
Gangs	<input type="checkbox"/>	HSB	<input type="checkbox"/>	Mental Health (Parental)	<input type="checkbox"/>	Mental Health (YP)	<input type="checkbox"/>
Missing episodes	<input type="checkbox"/>	Offending (Parental)	<input type="checkbox"/>	Offending (YP)	<input type="checkbox"/>	Online	<input type="checkbox"/>
Poor school attendance	<input type="checkbox"/>	Radicalisation	<input type="checkbox"/>	SEN	<input type="checkbox"/>	Unauthorised Absences	<input type="checkbox"/>
DV In home	<input type="checkbox"/>	Other [state]	<input type="checkbox"/>				

