Contextual Safeguarding Guidance

Who is the guidance for?

Knowsley's Context Wellbeing Framework and this guidance document is to be utilised across partner agencies and Children Social care and Adult social care.

The Framework provides a guide as to the most appropriate response to the needs of a child, family, or context and assists partner agencies in gaining insight into what Contextual safeguarding is.

This document has been produced following Contextual safeguarding approach training being undertaken by Contextual Safeguarding champions in Children Social Care. The guidance has been produced as part of a multi-agency task and finish group that consisted of health, CSC, EH services, police, Adult Social care, SHIELD, education. It is important to remember that whilst this guidance is to be utilised this does not negate the statutory duties that we have. The context wellbeing framework guidance is there to support practitioners to

carry out their statutory duties in a way that brings to life the principles of the Children Act 1989, specifically that those involved in providing

services should work "in partnership" with families and children who may be in need.

What is contextual safeguarding approach?

"Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Therefore children's social care practitioners need to engage with individuals and sectors who do have influence over/within extra- familial contexts, and recognise that assessment of, and intervention with, these spaces are a critical part of safeguarding practices. Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition"

Firmin, C. 2017. *Contextual Safeguarding: An overview of the operational, strategic and conceptual framework*
https://contextualsafeguarding.org.uk/assets/documents/ContextualSafeguarding-Briefing.pdf

What is extra familial risk?

- at risk of, or already experiencing harm caused by people outside their family and/or at risk of already which is causing harm to young people outside their family, and the purpose of this document this is referring to a child under the age of 18. For example, it can include an extended family member who is violent, criminal exploitation of children including into gangs and county lines, child sexual exploitation, harmful sexual behaviour, modern slavery and serious youth violence.
- It is important to recognise that for many young people exposed to extra familial risk, there are often underlying factors that make them vulnerable to being exploited. This often includes harmful parenting factors such neglect, substance misuse, exposure to mental health and domestic abuse. On this basis it is important not to label young people as solely "criminally exploited", but to recognise underlying reasons that mask the issue of them being exploited.

The Knowsley's Context Wellbeing Framework

The Knowsley Child Wellbeing Framework focuses upon the needs and risk of harm to children and families within their environment or **context.** It is intended to support discussion about the levels of harm and the most appropriate response, rather than a threshold for particular services. The framework is displayed as followed:

Knowsley's Contexts Wellbeing Framework - this relates to needs or risk of harm within contexts - i.e. a peer group, school or location. The Framework is intended to be used as one policy document, supporting the wider service partnership to respond consistently and appropriately to individual, family and context where there are needs or risk of harm. Needs to be read in conjunction with the Knowsley Thrive document https://**knowsley**scp.org.uk

The Framework provides a guide as to the most appropriate response to the needs of a child, family or context, by defining three levels:

- **Universal –** a response by universal services, often working individually. Within an extra-familial scenario, this also includes ensuring safety for young people within universally available leisure and recreational provision. **Universal services** that meet universal need include schools and childcare providers, children's centres, health visiting, school nursing, GPs, play services, Youth mutual, police, housing and the voluntary, faith and community sector. It could also include universal provision such as leisure and retail facilities, and other spaces outside the home in which young people spend their time such as parks and shopping centres. Some of the targeted services that can support universal services include family support services, First Steps (CAMHS), Youth mutual, Special Educational Needs, behaviour and educational support, speech and language therapy, short breaks and support for transitions, and voluntary and community services.

- **Early Help -** A response by universal services working together in universal settings and sometimes bringing additional targeted resources into a multiagency partnership plan to both assess and address concerns. When needs are numerous or sufficiently intense to require an **Early help** response, this will often require a written **early help assessment/plan** so that the family and all workers involved

are aware of the outcomes we hope to achieve, who is responsible for the actions to achieve them and how we will know when we are successful.

- **Complex and or high risk - CSC–** a response that requires multi-agency and/or specialist services, often governed by statutory frameworks, to take the lead role. When children, families or contexts have **complex needs or are high risk**, specialist support will sometimes be provided by statutory social work services or through multi-agency partnerships. In the framework for individuals or families, this is indicated in the table by using a **bold typeface**. These are often situations where the child is at risk of harm because of issues in parenting or carer capacity or due to other risks outside the family home e.g. an unsafe neighbourhood or peer group. Other specialist services include Youth Mutual, Specialist Child and Adolescent Mental Health Services and specialist Disability Services (social care and/or health).

It is important to remember that each child and family and extra familial context will have a unique set of needs and strengths. The Child Wellbeing Framework is a guide and is not intended to replace professional knowledge, experience and discretion.

Professionals should be alert to the likely cumulative effect on children and young people of multiple concerns and consider whether the presence of numerous indicators (about the parenting being provided or within the extra-familial environment) amounts to the child's needs not being met.

Critical Questions

When using this framework, we must constantly challenge ourselves to know:
- **How does the child feel, what do they want, and what is day-to-day life like for them?**
- **Is the immediate safety of the child assured?**

What/ who presents the risk to the child?
- **What needs to change for us to be less worried, and are changes happening quickly enough?**
- **What would life be like for the child in the long-term if things do not change?**
- **What needs to happen if things do not change?**

- **Are we putting the right interventions in place to support the change we need to see?**

Knowsley Child and wellbeing context framework

	Parenting capacity	Family dynamics and environment	Community and neighbourhood	Social and associates and friendships	Emotional wellbeing and behaviour	Education	Health
Universal	*Familial risk* • Consistent parenting providing appropriate guidance and boundaries • Child's basic care needs are met • Parenting/ main care giver generally demonstrates praise, emotional warmth and encouragement • Positive family relationships, including family time if parents are separated and positive support networks with extended family	*Familial Risk* • The child has a good family relationship where there is evidence of positive adult role models for the children and this is shared by the child and family themselves • The child and family have a positive Support network and relationships and support from others, could be family, friends, neighbours, church, school etc. • Parents/main care giver have the means to appropriate finances to meet basic family needs • The child/main care giver have access to community resources available in their area or outside if required	Familial risk •Parent/main care giver has knowledge about the community in which they live in the impact this may or may not have on their child(ren) for example community resources, ASB, etc • The child and family have a positive Support network and relationships and support from others, could be family, friends, neighbours, church, school etc. • The child/main care giver have access to community resources available in their area or outside if required • The Child is encouraged to achieve and thrive in areas of interest and this is promoted via	Familial risk Parents/main care givers have knowledge of their child(rens) friendship groups and have met them or have positive discussions with their child about their friends Parents are aware of the friendships/ associates on social network sites Parents/main care givers are aware of their child(rens) whereabouts and activities Parents/main care givers can name the friends of their child(ren) *Extra - familial risk*	*Familial risk* • The child has a Good quality attachment with parents/main care giver • Consistent parenting providing appropriate guidance and boundaries • Child's basic care needs are met • Parenting/ main care giver generally demonstrates praise, emotional warmth and encouragement • Child responds positively to the emotional warmth, and has a good	*Familial risk* • The child(rens) Family engage appropriately with education provision and encourage to achieve and progress and demonstrate an interest their child(rens) achievements *Extra-familial risk* • The school context is safe for that child • Good attendance at school/college/training • Achieving key stages • No barriers to learning • Access to PSHE and RSE curriculum • Clear safeguarding and referral policies in Education Establishment	Familial risk • Has had all age appropriate interventions in the Healthy Child Programme • Is healthy and well, development is age appropriate and has had all appropriate immunisations • Has a healthy diet and presents physically well • Is registered with a GP and basic services such as dentist, optician • Achieving key developmental stages •Parents/main care givers have knowledge about the effects of crime and anti-social behaviour and the impact on the child's emotional health

members and family friends • Engagement in a multi-agency approach to safeguarding • Appropriate guardianship and oversight is in place • Adults and/or peers take an active and consistent approach to being community guardians – and feel equipped and empowered to protect the context *Extra-familial risk* • Parents/main care givers aware of extra-familial risks in the community and are confident to raise concerns at an early stage • Parents/main care givers are aware of their child's friendship group • Parents/main care givers are aware of the risks of social media	*Extra-familial risk* • The child and family have a positive sense of belonging in the community • The child(ren) and family feel safe in their community • The extended family support network for example uncles, aunts friends etc are positive role models for the children	community groups/activities • The child and family feel safe in the neighbourhood/community they belong to and have access to areas that are safe for example parks, community centres etc *Extra-familial risk* • The child development stimulated through play and/or appropriate peer group interaction • Child has socially acceptable, consensual and reciprocal Relationships • Child is safe on social media and knows how to report any risks or concerns. Young people feel confident to access multiple trusted adults who provide a protective role within the community	• Child has socially acceptable, consensual and reciprocal Relationships • Child is safe on social medial and knows how to report any risks or concerns. The child has age appropriate knowledge about sex and relationships Parents/main care givers know the risks of peers/associates and understand if there are concerns then this to be reported to the relevant services	level of emotional intelligence and emotional wellbeing and stability *Extra-Familial risk* • The child has a good quality relationship with peers, professionals and community • Child/young person has supportive and age appropriate friends • Child/young person has safe, healthy and age appropriate social media group and parents are aware of this	• Child knows who to talk to in school experiences appropriate response to any concerns • Planned progression beyond statutory school age • School are aware of the child's friendship group and that these are positive experience for the child • The school are aware of the community and neighbourhood activity and provide appropriate support and intervention for the pupils for example healthy eating, safety on line etc Schools consider safeguarding in both the school site and local neighbourhood • School has a designated Mental Health lead School delivers PSHE and RSE • Safeguarding and referral policies (where relevant) include physical design of space and data to monitor trends	• Child can manage own treatment for any condition e.g. asthma, and take part in everyday life • Child's physical needs are met • Family finances consistent and sufficient to meet basic family needs • No barriers to learning • Parent/main care giver are not using drugs or misusing alcohol • Child is not using drugs or consuming alcohol *Extra-familial risk* • Child in other contexts such as school and community that parents ensuring and promoting healthy lifestyle

	Parenting/main care givers capacity	Family dynamics and environment	Community and neighbourhood	Social/associates and friendships	Emotional wellbeing and behaviour	Education	Health
	and have appropriate parental locks and awareness of their child's access on social media						• If sexually active and age appropriate which is in line with their level of comprehensive and capacity to make safe decisions (and reference made to the brook traffic light tool) • they are engaging in consensual sex and is practicing safe sex within the legal parameters Child is not using drugs or consuming alcohol

Early Help	Familial risk	Extra-familial risk	Extra-familial risk	Extra familial risk	Familial risk	Extra-familial risk	Familial risk
	• Parents/carers fail to understand the physical, emotional and social of the child at specific ages or stages	• Extended family member is a perpetrator of DA and there is lack of monitoring or supervision in regard to contact with this adult figure	• Difficulties with peer Relationships in the community resulting in bullying, low level threat or intimidation	Child/young person exposed to the selling or use of illegal substances and as such being criminally exploited	• Child is presenting with emotional needs such as low moods and anxiety and low level self harm and parents have expressed difficulty in managing this	• Child/young person is being bullied within their education provision	• Long term conditions or serious illness
	• Parents/carers do not take responsibility for issues which are beyond a child's maturity and capacity for example care arrangements, lack of supervision, neglect etc	• Extended family members are involved in criminality, organised crime, misuse drugs or alcohol but do not have direct contact with the child or that does live with the family	• Child/young person not exposed to new/ stimulating experiences	• Child/young person is aware of others carrying weapons and feel compelled to do so themselves to ensure their safety in the community/neighbourhood	• Childs parent or main care giver is absent or providing inconsistent parenting and boundaries to the child	• Child/young person experiences levels of academic pressure which places them under stress	• Mild level of disability requiring additional support to be maintained in a universal setting
	• Placing child/young person under excessive pressure to achieve academically	• Family experiencing harassment, discrimination or are victims of crime within their community.	• Being a victim of crime	• Change in friendships groups, and the friendships/associates are older and are not willing to share the details of these associates	Relationship breakdown between parents/main care giver and child which is placing the child emotional wellbeing and stability at risk	*Poor school attendance and evidence of impact on the child's achievement*	• Poor nutritional status
	• Parents/care givers are involved in criminality that does not impact or place the child at risk for example fraud, burglaries, shop lifting	• Family member is a registered sex offender or involved in a police investigation that does not involve the child(ren) in	• Child/young person exposed to the selling or use of illegal substances and as such being criminally exploited	• Child friendship group consists of those who are involved in ASB, criminal activity.	Child is not accessing or engaging with the support and intervention offered by	*Change in peer group friendship who are older or known to engage in ASB, criminality, drug misuse etc.*	• Developmental delay
			• Child/young person is aware of others carrying weapons and feel compelled to do so themselves to ensure their safety in the community/neighbourhood	• Child/young person feels unsafe to go into neighbourhood spaces beyond their immediate environment		*Child becoming more withdrawn in the school setting or a significant change in their behaviour*	• Non-immunised child
			• Family experiencing harassment, discrimination or are victims of crime	• Children are choosing to stay in, and not explaining the reason for this (for example maybe staying in due to risks in the community)			• Child has significantly dropped along 'centile' range for height/ weight without adequate explanation
			• Child/young person feels unsafe to go into neighbourhood spaces beyond their immediate environment				• Child person is significantly delayed in speech/expressive communication
							• Frequent illness/accidents

	• Teenage parent under 18 • Child living in a home environment where they are experiencing evidence of impact and risk of indicators of neglect, volatile arguments in the home, emotional harm drug misuse however parents are willing to engage with support Parents/care givers lack of understanding in respect of extra familial risk such as Criminal or sexual exploitation for their child and in consistent in how they manage this. Parents/care givers not reporting child missing or concerns in respect of aspects of risk that are out of their capacity	this family dynamic	• Children are choosing to stay in, and not explaining the reason for this (for example maybe staying in due to risks in the community) • Change in the community in which the child would normally visit • Child or young person formed friendships with older peers in the community • A critical incident has occurred in the community such as a knife attack, discharge of fire arm and these are the child's peers	• Family and child/young person experiences high levels of social exclusion (poverty, lack of access to community resources) Young people report high levels of bullying, including online • Young people are exposed to the selling or use of illegal substances • Normalisation of criminal activity/ASB i.e. shoplifting or Public Order Offence in a group • Young people hold victim-blaming views • Location where there are multiple instances of personal theft • Location where young people are exposed to single instances of violence • Location where multiple young people congregate during missing episodes leading to harm • Location where young people are aware of others carrying weapons and feel compelled to do so themselves • Context in which there is underage and problematic alcohol consumption • Multiple young people can identify the context as one in which problematic behaviours occur and/or they feel unsafe • Peer group or context is one in which a number of young people repeatedly display problematic	CAMHS, school etc ***Extra-familial risk*** • Child/young person is being pressured by his friends to engage in ASB, cannabis Reports that the child is missing and this is escalating Child is becoming withdrawn, failing to talk about friendships etc • Child is exposed to violence by their friends such as a witnessing friends being assaulted Child is experiencing bullying in any context such as a school, social media, community Child has access to new clothes, phones, cash etc without a parent's knowledge of	Schools respond to incidents in individualised or isolated manner • School or multi-agency professionals have limited understanding of the level/prevalence of risk due to inconsistent or unusable recording systems • Policies and procedures which govern the context insufficiently guide the response required to address the issues	• Multiple attendances at A&E or acute healthcare settings • Missed appointments – routine and non-routine Parents are engaging in drug use and alcohol, but this does not impact on the capacity to parent **Extra familial risk** Child is attending health services for sexually transmitted infections or pregnancies Child is engaging in sexual relations due to peer Pressure • Attendance at A&E due to injuries or risks experienced in extra familial settings such as in the community, school etc

	Parenting/main care givers capacity	Family dynamics and environment	Community and neighbourhood	Social. Associates and peer groups	Emotional wellbeing	Education	Health
	such as gang related behaviour, peers, community etc *Extra-familial risk* • Parents/care giver considers child to be to blame for extra-familial harm (i.e. sexual or criminal exploitation) • Parents not implementing the appropriate safety measures in regards to social media • Unable to give a picture of child/young person's peer group			and harmful behaviours • Young people have experienced or displayed instances of sexually inappropriate behaviour and language, including sexual harassment • Young people and peers normalise and accept harm and inappropriate behaviour	where this has been purchased or how The behaviour displayed in the context, and the impact on young people, is primarily viewed as a behavioural/criminal issue rather than a matter for safeguarding		Teenage child maybe known to smoke cannabis and drink alcohol with peers School has a high rate of fixed-term exclusions or managed moves • School has high levels of non-attendance and lateness at school
Complex or high risk of harm	**Familial risk** • Child exposed to a domestic abuse incident where the child has witnessed a physical assault and placed at harm	**Familial risk** •Family home has been targeted and as a result child(ren) have suffered harm for example windows smashed, fire	**Extra Familial risk** • Child has been victim of a knife or Fire arm related injury by somebody known or unknown, adult or child	**Extra Familial risk** • Child has been victim of a knife or Fire arm related injury by somebody known or unknown, adult or child	**Familial risk** • Severe impairment of functioning associated with mental health	**Familial risk** • Chronic non-attendance, educational neglect • Child missing from education • Child/young person avoids	**Familial risk** • Complex disability that cannot be maintained in a mainstream setting or without additional

• Medicines or harmful products have been ingested by the child • There is insufficient/ inadequate food for the child to eat • Drug or alcohol abuse seriously affecting the ability of parent/carer to function • Child is homeless • Parental inability to judge dangerous situations • Parental inability to protect child from harm • Neglect where earlier interventions have failed to be effective • Adult mental health significantly impacting on the care of the child placing the child at risk • Parent/carer with significant learning disability seriously	bomb, physical harm • Childs living arrangements outside of the immediate family or private fostering arrangement • Adult who poses risk to child / young person is in household or in contact with family • Drug taking, prostitution, and illegal activities by a person in the child family home that significantly impacts on child • Imminent family Breakdown and no family members or friends to offer support or care for the child ***Extra-familial risk*** • Child(rens) sibling role models	• Child is a suspect in a knife or gun related injury towards somebody known or unknown, adult or child • Child/young person who poses a risk of harm to others due to their behaviour such as violence, Mental Health, criminality • Child involved in the Criminal Justice System where there is evidence sig risk • Child/young person in secure remand • Inappropriate or harmful sexual/sexualised behaviour displayed by child • Child in custody with no family support or involvement • Child who is a victim of DA within their relationship and suffered harm	• Child is a suspect in a knife or gun related injury towards somebody known or unknown, adult or child • Child/young person begging/scavenging for food or money • Teenage parent under 16 • Child/young person who poses a risk of harm to others due to their behaviour such as violence, MH, criminality • Child involved in the Criminal Justice System • Child/young person in secure remand • Inappropriate or harmful sexual/sexualised behaviour displayed by child • Child in custody with no family	disorders (e.g. severe anxiety, severe OCD, Phobic, panic disorders, ADHD, ASD, Tourettes syndrome) resulting in harm being caused to themselves or others either at home or school, community • Expression of suicidal Thoughts or severe or life threatening mental health conditions (e.g. psychosis, risk of suicide or severe selfharm, severe depressive episode, anorexia nervosa) • Moderate to severe Depression ***Extra familial risk*** • Child appears to participate in	the school in order to stay safe from peers or community/neighbourhood • No parental support for Education • Professional concerns about the safety or wellbeing of a child whose family has elected home education • Child/young person groomed into sexual or criminal exploitation as either victim or instigator at school/ through school based networks • Child/young person exposed to physical or sexual violence at school or through school based networks School are unable to safeguard a group or child from further risk of harm in the school • Where safeguarding policies exist, they are not adhered to by those responsible for their implementation • There is an absence of effective behaviour policies • There is an absence of effective policies supporting emotional wellbeing, positive mental health and resilience	support • Child is born with indications of maternal substance misuse • Child in infancy has lost weight without adequate explanation • Child is suffering as a result of inadequate access to primary/secondary healthcare • Injuries not consistent with explanation given • Disclosure of abuse which has taken place from a child • Child person is consistently dirty/ unkempt • Serious concern regarding fabricated/ induced illness • Evidence of physical,

	affecting ability to parent • Parent causing significant harm to child/young Person ***Extra-familial risk*** • Parent blames child for the harm they experience outside the home and does not engage or attempt to safeguard • Parent seems to collude with extra-familial harm, i.e. facilitating/supporting harmful peer activity through the provision of resources	increase risk of criminal or sexual exploitation • Extended family member involved in criminal activity that is placing the child and their family at risk for example threats to harm the family home, children • Extended family member or friend is deemed as high risk from probation, police and they continue to have contact with the child(ren) and visit the family home and have unsupervised contact with the child.	• Child who are an NRM is being submitted as believed to have been used as a modern day slave. • Child who is a victim of county lines and forced to internally secrete drugs Child who is homeless Child who is involved with a gang, peer group and is too scared to leave the group with the fear of threats to the family and siblings A critical incident has occurred in the community such as a stabbing, discharge of firearm and the child's family	support or involvement • Child who is a victim of DA within their relationship and suffered harm • Child who is a victim county lines • Child who is a victim of county lines and forced to internally secrete drugs Child who is homeless Child who is involved with a gang, peer group and is too scared to leave the group with the fear of threats to the family and siblings • Context where a young person is murdered • Context in which there is underage and problematic alcohol consumption, alongside other risk factors, e.g. in the presence of adults of concern/at high risk times of day	activity which causes imminent risk of harm to themselves or others and which suggest they have a limited range of behaviour choices available to them • Child persistently goes missing • Missing or trafficked child primarily due to 'push' factors which come from the home environment • Child appears to have been trafficked • Severe and/or complex relationship difficulties outside the home (i.e. peer group) leading to significant impairment of		emotional or sexual harm or neglect perpetrated by parents or adults connected to the family • Child is misusing substances which are having a significant impact on their health. • Child although is of the capacity and understanding is not attending to health needs such as diabetes and parents have no control

				• Serious concerns about context where young people carry or are exposed to weapons e.g. knives, guns, acid • Serious concerns about young people carrying and using drugs in this context • Location in which young people are being repeatedly coerced into criminal or sexual exploitation • Location where young people are exposed to adults who pose a risk of significant harm • Community disorder i.e. riots/uprising with implications for young people or particular locations of risk Adult bystanders in the community actively encourage or normalise the behaviour that has been displayed • There are no place managers with identified responsibility/oversight of this context • There is an absence of policies or procedures to guide practice responses to the context	functioning and wellbeing Child being a victim of sexual or criminal exploitation and there is no support or safeguards for the child at home or school or community where they are likely to suffer further harm		

Making a referral

If you require support and advice on making a referral to Children's Social Care, please contact Knowsley's Multi agency Safeguarding Hub (MASH) **Tel:** 0151 443 2600
Email: Knowsleymash@knowsley.gov.uk
Out of hours: 0151 443 2600

For further information about the criteria for when a case should be referred to Children's Social Care for assessment and for statutory services, please refer to Knowsley's thrive document www.knowsleyscp.org.uk/helping-children-thrive-document and Working together 2018 https://www.gov.uk/government/publications/working-together-2018. This provides information on the criteria related to Section 47, Section 20, and Section 31 of the 1989 Children Act.

Escalating a referral

For information about how to escalate a concern and how to resolve professional differences, please refer to the Knowsley Safeguarding Children Board escalation policy.