North Somerset

# Safer Me Tool

2025

## Contextual safeguarding

### Extra-familial harm

Contextual safeguarding describes the multi-agency response to risk outside the home. Threats to the safety and welfare of children can occur within the home or family, while some children experience abuse and exploitation outside the home. This is often referred to as “extra-familial harm”. Harm can occur in a range of extra-familial contexts, including school and other educational settings, peer groups, or within community/public spaces, and/or online. Children may experience this type of harm from other children and/or from adults. Forms of extra-familial harm include exploitation by criminal and organised crime groups and individuals (such as county lines and financial exploitation), serious violence, modern slavery and trafficking, online harm, sexual exploitation, teenage relationship abuse, and the influences of extremism which could lead to radicalisation. Children of all ages can experience extra-familial harm. (*Working Together*, 2023).

### Resources:

[Multi-agency practice principles for responding to child exploitation and extra-familial harm – researchinpractice.org.uk](https://tce.researchinpractice.org.uk/)

### Principles of contextual safeguarding

Contextual safeguarding:

* is an approach to understanding and responding to children’s experiences of significant harm beyond their families
* requires practitioners to identify and respond to risks and vulnerabilities facing children in a range of social environments
* provides a framework to design safeguarding systems that address extra-familial risk
* recognises the weight of peer influence on the decisions that children make
* extends the notion of ‘capacity to safeguard’ to sectors that operate beyond families.
* provides a framework in which referrals / assessments can be made for contextual interventions that, when delivered effectively, can complement work with individuals and families

### Resources:

[What is contextual safeguarding - contectualsafeguarding.org.uk](https://www.contextualsafeguarding.org.uk/resources/toolkit-overview/what-is-contextual-safeguarding/)

[The principles of contextual safeguarding - contextualsafeguarding.org.uk](https://www.contextualsafeguarding.org.uk/resources/toolkit-overview/the-principles-of-contextual-safeguarding/)

[Relationship-based practice and contextual safeguarding - contextualsafeguarding.org.uk](https://www.contextualsafeguarding.org.uk/resources/toolkit-overview/relationship-based-practice-and-contextual-safeguarding/)

[Signs of Safety and contextual safeguarding - contextualsafeguarding.org.uk](https://www.contextualsafeguarding.org.uk/resources/toolkit-overview/signs-of-safety-and-contextual-safeguarding/)

## Child First Practice

When completing a Safer Me Tool, it is crucial to adhere to the tenants of Child First Practice:

|  |  |
| --- | --- |
| As children | Prioritise the best interests of children and recognising their particular needs, capacities, rights, and potential. All work is child focused, developmentally informed, acknowledges structural barriers, and meets responsibilities toward children |
| Building pro-social identity | Promote children’s individual strengths and capacities to develop their pro-social identity for sustainable desistance, leading to safer communities and fewer victims. All work is constructive, future focused, and built on supportive relationships that empower children to fulfil their potential and make positive contributions to society |
| Collaborating with children | Encourage children’s active participation, engagement, and wider social inclusion. All work is a meaningful collaboration with children and their carers |
| Diverting from stigma | Promote a childhood removed from the justice system using pre-emptive prevention, diversion, and minimal intervention. All work minimised criminogenic stigma from contact with the system |

## Guidance to completing a Safer Me Tool

### Reporting suspected or immediate harm

**If you are worried about a child who is experiencing harm outside the family home:**

**Ring the police on 999 if the child is in immediate danger and 101 if you suspect or are aware of a crime.**

**Avon and Somerset Police operate an online form for professionals to provide information about a suspected vulnerable or exploited person.** [**Access the form on the Avon and Somerset website**](https://www.avonandsomerset.police.uk/forms/vul)**.**

**The Safer Me Tool is not an emergency response mechanism and does not replace existing policy and procedures for child protection concerns or individual case planning where is concern of harm within the home:**

[**https://swcpp-northsomerset.trixonline.co.uk/**](https://swcpp-northsomerset.trixonline.co.uk/)

**To make a request for support for either Family Wellbeing/Early Help (Intensive/Targeted Need) and Children’s Social Care, contact the Front Door:**

* **8.45am to 5pm Monday to Thursday, 8.45am to 4:30pm Friday - 01275 888808**
* **Out of Hours (Emergency Duty Team) - Monday to Thursday 5pm – 8:45am; Friday 4.30pm – Monday 8:45am and Bank Holidays - 01454 615165**

**If you are concerned that the child has been trafficked, you need to report to the National Referral Mechanism:** [**https://www.modernslavery.gov.uk/start**](https://www.modernslavery.gov.uk/start) **or email them at** [**nationalreferralmechanism@homeoffice.gov.uk**](mailto:nationalreferralmechanism@homeoffice.gov.uk)

[**https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms**](https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms)

**If you have concerns over the radicalisation of a child for the purposes of extremism please follow the link:** [**https://www.preventingexploitationtoolkit.org.uk/identifying-exploitation/radicalisation/**](https://www.preventingexploitationtoolkit.org.uk/identifying-exploitation/radicalisation/) **to access the Prevent Channel Panel.**

### Information sharing

Sharing information is vital for safeguarding and promoting the welfare of children. It is essential for ensuring effective and efficient services are coordinated around the needs of children, and their family or community. Information can be recorded where it is necessary for the local authority to undertake further enquiries/assessment in order to promote the well-being and safety of a child.

In North Somerset, we encourage a culture where information is shared with confidence as part of routine service delivery on community support and agree that:

***‘****Fears about sharing information must not be allowed to stand in the way of safeguarding and promoting the welfare of children.’*

(Working Together to Safeguard Children, 2023)

All information sharing needs to be managed in ways which respect a person’s right to privacy and confidentiality and must be carried out in compliance with the Data Protection Act 1998 and the Human Rights Act 1998.

### Completing the Safer Me Tool form

**Please complete any of the 4 relevant sections in this tool. You may have concerns about all or some of the following areas:**

* Worried about an individual child – Section 1
* Worried about a peer group of concern – Section 2
* Worried about a location/context including schools and education environments – Section 3

**Only complete this referral if you are acting in a professional capacity. This form is not for members of the public to complete.**

**If you are a member of the public, please contact MASH by telephone on 01275 888808**

This tool should be completed when there are threats to a child’s safety from outside their family home in the form of a peer group context, neighbourhood, location or school and/or person of concern (any age). Children who may be alleged perpetrators should also have a Safer Me Tool to understand the impact of contextual issues on their safety and welfare. The child should be between the ages of 10-18 (unless they are a Care Leaver, in which case they can be included up to the age of 25 with consent). If the child is under 10, please discuss with your Safeguarding Lead and consider an enquiry into the MASH. Any professional can complete the tool.

Parents, families and children are central and not a passive recipient of each stage of the Safer Me Tool and it should strongly reflect the views and voice of the child and their parents/carers (verbatim if possible), where it is safe and appropriate to do so, including an account of how they see the world, their own life and what they believe would make them feel or be safe/r. It should therefore be completed with the child/ren and their carer/ parents and **include the views of other professionals** involved with the family.

The tool guides the assessor through the identification of risks, vulnerabilities, behaviours, environment, relevant concerns and indicators, as well as protective factors present in a child and peer groups who might be at risk or experiencing harm outside the family home. It will inform which pathway/ action may be required. However, professionals also need to exercise professional judgement and curiosity.

## Safer Me Tool Form

### Details of the person completing the tool

|  |  |
| --- | --- |
| Name of the practitioner |  |
| Agency or service |  |
| Job Title |  |
| Contact email address and phone number |  |
| Name of Safeguarding Lead - email address and phone number |  |
| Date of Tool |  |

### Section one

#### Child’s details

|  |  |
| --- | --- |
| Name |  |
| Known as |  |
| Age and DOB |  |
| Parents/carers name |  |
| Parents/carers details (address, phone number) |  |
| Early Help Lead practitioner name and contact details |  |
| LCS Number |  |
| Child View (Youth Justice) number |  |
| Social Worker name and contact details |  |
| Police Log number/ URN number/crime reference number |  |
| NHS number |  |
| GP contact details |  |
| Number of GP moves (if known) |  |
| How does the child describe their gender |  |
| How does the child describe their religion |  |
| How does the child describe their ethnicity |  |
| How does the child describe their sexual orientation |  |
| Language spoken |  |
| Address (Number and Street) |  |
| Town |  |
| Postcode |  |
| Type of accommodation |  |
| Number of house moves (last 12 months) |  |
| Telephone Number (home or mobile) |  |
| Open to Early Help? |  |
| Please record which agencies are working with the family |  |
| Open to Children’s Services? | No |
| Child in Need |
| Previously |
| Child Protection |
| Child in Care – North Somerset Child |
| Child in Care – Child from other Local Authority |
| Care Experienced Young Person |
|  |
| Education Status | In full time education |
| Post 16 education |
| Post 16 training or employment |
| Electively home educated |
| International student |
| Reduced timetable  Not on school roll/NEET |
| PRU |
| School/Education Establishment attended/ on roll |  |
| Type of school |  |
| School attendance (%, unauthorised, authorised, lateness) and why this is a concern |  |
| Any exclusions? |  |
| Number of school moves in last 12 months |  |
| Start date of current school/ educational establishment |  |
| Have you spoken with the school about your concerns? |  |
| Do they share your concerns? |  |
| Further comments (actions, interventions etc. in place at school) |  |

#### Consent – Family and children

To properly achieve partnership with parents, it is essential to keep them involved and informed throughout our work with their family. Parents and individuals with parental responsibility for the child must be asked to give consent for all the work you undertake throughout the child’s journey unless this would put the child at risk of significant harm and/or jeopardise child protection enquiries. In these circumstances the reason for not seeking consent must be given. [Refer to the procedures manual for further information around consent.](https://www.proceduresonline.com/northsomerset/cs/p_cap_consent.html?zoom_highlight=consent) Further information can also be found on the [South West Child Protection Procedures website](https://swcpp-northsomerset.trixonline.co.uk/chapter/information-sharing)

Consent from absent/non-resident parents must be sought where it is safe to do so. Consent obtained from one parent only counts as partial consent. Consent should not be assumed to have been given or understood. Careful consideration needs to be given to the [Mental Capacity Act](http://www.scie.org.uk/mca-directory/mca-tailored-for-you/forsocialcareworkers.asp)*.*

[Full guidance can be found on the gov.uk website](https://assets.publishing.service.gov.uk/media/66320b06c084007696fca731/Info_sharing_advice_content_May_2024.pdf)

|  |  |
| --- | --- |
| **Parents/carers names** |  |
| **Have you sought consent from the child?**  You should advise the child that you are concerned about them and may be sharing the information with other agencies. | **□** Yes  **□** No |
| **Please record the views of the child. When did you share the tool with them?** Please consider their views in relation to each section of this tool, including an account of how they see the world, their own life and what they believe would make them feel or be safe/r.  If you have been unable to share the tool with the child, please give the reasons. |  |
| **Have you sought consent from the parents/carers?**  You should advise the parents/carers that you are concerned about them and may be sharing the information with other agencies. | **□** Yes  **□** No |
| **Please record the views of the parents/carers. When did you share the tool with them?** Please consider their views in relation to each section of this tool, including an account of how they see the world and what they believe would make the child feel or be safe/r. If you have been unable to share the tool with the parents/ carers, please give reasons. |  |

#### Protective factors

Please provide details of any relevant protective factors that are in place within the child’s life. **Please include the name of any specific individuals who have a trusted relationship with the child**.

Protective factors include:

* What strengths and resources are readily available? What factors reduce the risk/ severity of the behaviours? What needs to be put in place to limit, mitigate or reduce risk?
* What behaviours, beliefs, values, relationships need to be developed further?
* What can support the development of pro-social identity for the child?

|  |  |
| --- | --- |
| **Protective Factor** | **Comment** |
| Parents/carers and family network |  |
| Social relationships/environment |  |
| Professional/voluntary agencies working with the child |  |
| Protective factors among peers |  |
| Child’s own resilience |  |
| **In your opinion how do the protective factors mitigate the risks identified?** | |
|  | |

#### Vulnerabilities

For further information on exploitation please go to the North Somerset Safeguarding Children Partnership website: <https://nsscp.co.uk/identifying-child-exploitation>

Practitioners can also refer to statutory guidance:

[*https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/591903/CSE\_Guidance\_Core\_Document\_13.02.2017.pdf*](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE_Guidance_Core_Document_13.02.2017.pdf)

[*https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/741194/HOCountyLinesGuidanceSept2018.pdf*](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/741194/HOCountyLinesGuidanceSept2018.pdf)

**Exploitation can occur without any of the vulnerabilities being present.**

|  |
| --- |
| Is there evidence that the child has experienced previous trauma and/or adversity. For example, physical or emotional neglect; physical, sexual or emotional abuse; loss of, or abandonment by, a parent; domestic abuse; drug/ alcohol abuse in the home; incarceration of a loved one; parental vulnerabilities (physical and/or mental health difficulties); bullying.  **Please specify type:** |
| **□** Familial abuse, trauma, neglect |
| **□** Poverty or adverse community environments |
| **□** Missing and absent (see questions in **MISSING HISTORY** section below to give full details) |
| **□** Family involvement in crime or anti-social behaviour |
| **□** Social isolation or social difficulties (including lone children from outside the area) |
| **□** Victim of sexual crime |
| **□** Victim of serious violence |
| **□** Victim of other crime |
| **□** Suspect/ accused possession with intent to supply |
| **□** Intelligence firearms/ knife |
| **□** Suspect/accused of possession of a weapon |
| **□** Suspect/ accused of sexual/ serious violence |
| **□** Suspect/ accused of other crime |
| **□** County lines intelligence |
| **□** County lines arrest |
| **□** Displaying sexually harmful behaviour <https://www.brook.org.uk/our-work/category/sexual-behaviours-traffic-light-tool> |
| **□** Poor emotional well-being such as low mood, self-confidence, or diagnosed mental illness |
| **□** Pro-criminal identity |
| **□** Disrupted attachment |
| **□** Suicidal ideation (current or historic) and/ or self-harm or overdose |
| **□** Abusive intimate and/ or familial relationship (victim) |
| **□** Abusive intimate and/ or familial relationship (perpetrator) |
| **□** Gender identity and/ or absence of safe environment to explore sexuality and gender |
| **□** Homelessness or insecure accommodation status or Inappropriate sleeping arrangements |
| **□** Learning and/or communication disabilities/difficulties |
| **□** Physical disabilities |
| **□** Young carer |
| **□** Lack of parental engagement |
| **□** Not in Education, employment or training |
| **□** Connection with others who are being exploited or gang association – please detail |
| **□** Child substance misuse (frequency? What is being used? Where?) |
| **□** Access and exposure to pornography/ indecent images /sexting/ |
| **□** Pregnancy testing/ Sexually transmitted infections/terminations |
| **□** Migrant/Refugee/Asylum Seeker |
| In your opinion how do the vulnerabilities you have identified impact on the child’s risk of harm?  Consider the impact of predisposing factors in the child’s life on current identity and sense of self.  Pre-existing factors that may have contributed? Includes environmental, family history, developmental history etc. Attachment theory, trauma theory |
|  |

#### Presentation concerns

Has any aspect of the child’s presentation recently changed that may indicate they are at risk of, or experiencing harm outside the family home?

|  |  |
| --- | --- |
| Possessions: | **□** Acquisition of money, clothes, (multiple) mobile phones, sim cards, clothing, shoes, trainers, make-up, drugs, alcohol, etc. that cannot be financially accounted for  **□** Found with quantities of drugs or weapons |
| Behaviours | **□** Gang-association  **□** Serious youth violence  **□** Isolation from peers/social networks  **□** Leaving home/care without explanation or a change in behaviour involving persistently going missing or returning late  **□** Increased frequency in returning home under the influence of drugs/alcohol  **□** Increased interest in making money  **□** Excessive receipt of texts/phone calls (from known or unknown peers or adults)  **□** Relationships with controlling or older individuals or groups  **□** Increasing secretiveness around behaviours  **□** Becoming introvert  **□** Becoming difficult or challenging at home or school (including bulling, threatening and aggressive behaviour)  **□** Changes in attainment  **□** Exclusion or unexplained absences from school, college or work;  **□** Criminal offending behaviour  **□** Willingness to meet people they have only met online  **□** Started to act older than their age, particularly with respect to relationships  **□** Unknown or suspicious persons coming and going from the house  **□** Making allegations or disclosures which are then retracted |
| Appearance | **□** Appearing well cared for after periods of absence  **□** Attempting to make themselves appear older than they are by changing, hair, clothes or make up  **□** Weight loss or neglect of self-care |
| Health | **□** Repeated use of emergency contraception  **□** Expressed suicidal thoughts, planned suicide or attempted suicide  **□** Self-harm or significant changes in emotional well-being  **□** Frequency of obtaining large quantities of condoms  **□** Sexualised behaviour that is not in line with Brook Tool  **□** Sexually transmitted infections  **□** Evidence of/suspicions of physical or sexual assault (sometimes followed by a withdrawal of allegation)  **□** Physical injuries such as bruising indicative of physical or sexual assault  **□** Repeat pregnancy testing  **□** Multiple terminations or abortions |
| **In your opinion how does the child’s change in presentation contribute to, or indicate or impact on the child’ s risk of harm?**  **Consider Precipitating factors. What factors have contributed to the onset of the current problems? Why now? Including stressful life events, such as: Loss, exams, sexuality, access to new information, mental, physical illness in the family, new peer group, change in circumstances, trauma and abuse** | |
|  | |

#### Missing history

Use this section to record whether the child has had any missing episodes

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Period | Number of Missing Episodes: | | | |
| Last month |  | | | |
| Last 3 months |  | | | |
| Last 6 months |  | | | |
| Last 12 months |  | | | |
| The child is considered to be at the following risk when they go missing (from Return Home Interview risk assessment) | | | | |
| ☐ High Risk | | ☐ Medium Risk | | ☐ Not known |
| Who/What/Where is the child running to? (pull factors) | | | | |
|  | | | | |
| Who/What/Where is the child running from? (push factors) | | | | |
|  | | | | |
| There is no reliable information about what the child does or where they go | | | ☐ | |
| The child is **not** engaging with Return Home Interviews | | | ☐ | |
| Child disappears from support networks (friends, school, agencies) for extended periods | | | ☐ | |
| There are missing episodes not being reported to police, if yes include details below | | | ☐ | |
| **In your opinion how does the missing information influence and impact on the child’ s risk of harm?**  Please consider and include any relevant information from previous Return Home Interviews – if available | | | | |
|  | | | | |

#### Digital behaviour

Children and young people are at risk of being exploited through social media, online, or via gaming platforms.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of online platform (e.g. snapchat) and the child’s online username | *Full name and age of requester* | Details of concern (what was sent, to who and when. Are they being coerced by repeat requests, substances, gifts or threats, etc?) | |
|  |  |  | |
| Child has more than one mobile phone (including ‘Burner phone’), or SIM (include number if known) | | | **□** Yes  **□** No |
| The use of online devices is secretive | | | **□** Yes  **□** No |
| There is no parental/ carer oversight of the child’s digital activity | | | **□** Yes  **□** No |
| In your opinion how does the child’s digital behaviour influence or impact on the child’s risk of harm? | | | |
|  | | | |

#### Analysis of risk

See flowchart in appendices.

|  |  |
| --- | --- |
| **Current Level of Risk/ Harm for child** | Please indicate |
| **Individual Low Risk**   * Evidence of vulnerability to risks from outside the family home and/or some concerns about behaviours or associations identified that indicate slightly increased extra-familial risks. * The child’s behaviours, associations suggest they are not currently being exploited but extra support may be needed. * Needs can be addressed by a single agency to prevent escalation of risk. | **□** |
| **Individual Medium Risk**   * Evidence of vulnerability to risks from outside the family home and / or concerns about behaviours or associations that could develop into exploitative situations without a change in circumstance. * The child’s behaviours, associations or changes in presentation suggest they need support and advice to ensure their safety, health and development. * Needs require a multi-agency response to address concerns and reduce risk. | **□** |
| **Individual High Risk**   * Evidence of vulnerability to risks from outside the family home and /or significant concerns about behaviours or associations that suggest the child may be exploited at any point. * The child’s behaviours, associations or changes in presentation suggest they are at risk of or suffering significant harm. * Needs are complex and require multi-agency child protection action. | **□** |
| **Please indicate the primary threat from outside the home.** |  |
| **Is the harm from outside the family home current?** | **□** Yes  **□** No |
| **Has the child experienced harm from outside the family home in the past?** | **□** Yes  **□** No |
| **Are you concerned about harm within the family?** | **□** Yes  **□** No |
| **Are there any gaps in information about this child?** | |
|  | |
| **Analysis of risk which takes into account all the sections on the form**  [**Consider the 5Ps framework**](#_The_5_Ps) | |
|  | |
| **What do you think needs to happen next?**  **What can your agency or service provide to protect and support?**  **How can we support the child with developing pro-social identity?**  **Consider giving Children A.I.R model (Activities, Interactions, Roles) that support the child’s identity development** | |
|  | |

### Section two

#### Peer group guidance

Research suggests that children experience abuse from peers, and are more likely to abuse others, alongside peers. As such understanding the dynamics of peer groups is essential to developing safeguarding approaches that recognize and understand the contexts in which children experience harm beyond the home. Current child-protection systems predominantly focus upon individual children. Whereas, while peer relationships may be acknowledged within individual tools, in practice there are limited opportunities to explore and assess the nature of peer relationships and groups themselves. Peer group assessments provide opportunities for practitioners to understand the relationships between children and the dynamics of those groups

Peer group assessments provide opportunities for practitioners to consider:

* The dynamics of peer groups – and the relationships between those who act as leaders and followers
* The nature of relationships within groups – the strength of association, loyalty and how the relationships came to be
* The role of the peer group in influencing different types of behaviour displayed by individuals within the group
* The relationship between the group under assessments and the contexts (schools, public spaces, family homes, online platforms, etc. in which they spend their time

#### [**https://www.contextualsafeguarding.org.uk/resources/toolkit-overview/guidance-peer-group-assessments/**](https://www.contextualsafeguarding.org.uk/resources/toolkit-overview/guidance-peer-group-assessments/)

#### Purpose of peer group assessment

* To gather important information about the peer group – to determine who are considered members of the group for the purpose of assessment; the strength of associations between members and how they are known to each other, for example through an incident, a particular location or period of time
* To analyse their needs and/or the nature and level of any risk and harm being suffered by the group – are there particular contexts in which these needs or risk coalesce. How have these needs/risks been experienced historically
* To provide support to address those needs to improve the peer groups outcomes to make them safe

Children’s peer groups and friendships are likely to change and develop over time. As such, assessments should be a dynamic process which recognize and respond to the changing nature of peer groups including the changing risks posed to the peer group and the dynamics of the group itself.

#### Peer group

A key part of the assessment process is understanding the makeup of the peer group itself and which children are to be assessed. Given the fluidity of children’s relationships, and the varying contexts in which they form friendships, it is important to consider the various ways that a peer group may be identified for the purposes of assessment. The first matter to note is that there is no singular definition of a peer group that could be applied in all cases. Rather there are a range of ways that peer groups form and are identified – and a number of these are valid for peer assessment.

Every assessment must be child-centred and recognise the voice of the peer group and individual members within it, including their perspectives on whom should be included within the assessment and the reasons for assessment. The assessment should, where possible, consider and acknowledge the views of parents/carers.

Ensure that you consider collaborating with children as a central tenant of this work, with co-production and developing understand of children’s needs in partnership with the child and their peer group

The assessment should bring together information from a range of professionals and, where relevant, information formed as part of other statutory or non-statutory individual assessments and plans for children within the peer group, for example, teachers, health professionals, social workers and the police.

Throughout the assessment process the lead practitioner should consult with their safeguarding lead as to when the parents of those considered in a peer group assessment should be notified of the concerns. This includes whether to share the names of other people the lead practitioner is concerned about. **This should only be done if it is safe and appropriate to do so.** If through the course of the assessment/enquiries, it becomes apparent that there are no concerns present in relation to a particular child, they should be removed from the group and should not be subject to any further recordings/information sharing.

**You will need to have completed section 1 for each child you have identified as part of the peer group.**

|  |
| --- |
| **Please list the names of the children who are part of the peer group for this tool** |
|  |
| **What are the strengths of the peer group and how can we build on these to support the development of pro-social identity?** |
|  |
| **What are your concerns? What are the risks?** |
|  |

#### Group functioning

|  |
| --- |
| **Identity: How they view themselves? How does the group see themselves? (It is important to listen to children’s own perspectives on who forms their peer group and remain reflective in the reasons for why some children may be referred over others); How long have they been together? What do they have in common? How did they become friends? What are the good things about the group?** |
|  |
| **Emotional regulation: What happens when someone is upset in the group? What kind of moods are in the group? Is it joking and fun? Is it serious talk?** |
|  |
| **Self-care and wellbeing: How does the group look after itself? How often does the group see each other? How much and in what ways does the group contact each other? Online? What happens when the group falls out? If the child could change something about the group, what would it be? What is the best thing about the group? What could be better? How does the group function?** |
|  |
| **Social relationships: How are they perceived by other? How do others see the group? For example, teachers, the public, family. Does the group have a relationship with other groups? What is the relationship?** |
|  |
| **Dynamics: The interpersonal dynamics of the group? How does the group relate and present to each other? Who makes the decisions? Who is the leader? What are the other roles and who fulfils them?** |
|  |
| **Ensuring safety: Are all the spaces where the group spends time safe? Who is responsible for keeping the area/ context safe?** |
|  |
| **Structural issues: What is available in the community for the group to access? What do they access? What are the barriers and enablers of accessing community resources?** |
|  |
| **Neighbourhood: Where does the group spend time? What times of day are they there? What is the impact of the location on their safety? I.e. impact of the park. What is it like growing up in this neighbourhood?** |
|  |
| **Parental integration: Do the parents know each other? Are the parents integrated in the contexts the group spend time?** |
|  |
| **Has there been any previous mapping of the peer group?** |
| **□** Yes  **□** No  **[Please attach when submitting this file]** |

#### Protective factors

Please provide details of any relevant protective relationships that are in place within the peer group**.** For example, a youth worker or someone at school or within the peer group. Do the parents of the group know each other? Is there parental oversight? Do they have a relationship with the group? Do they show an interest in the group activities? Do they know the children? How are the parents or agencies responding to harm?

|  |  |
| --- | --- |
|  | **Comment** |
| Parents/carers and family network |  |
| Social relationships |  |
| Professional/voluntary agencies working with the child |  |
| Resilience of group and the individual |  |
| **In your opinion how do the protective factors you have identified impact on the peer group’s risk of harm? How could we build on these to develop further resilience and pro-social identity?** | |
|  | |

#### Analysis of risk

|  |  |
| --- | --- |
| Has the peer group experienced extra familial harm? | **□** Yes  **□** No |
| Is this current? | **□** Yes  **□** No |
| Indication of type and nature of harm | |
|  | |
| Are there any gaps in information about this peer group? | |
|  | |
| Analysis of risk: What is the level of harm and risk being suffered by the group? | |
|  | |
| What do you think needs to happen next? What can your agency or service provide to protect and support to make them safe?  How do we support pro-social identity development with the peer group using the A.I.R model   * Activities * Interactions * Roles   Have we started work with the peer group to co-produce solutions to the concerns? | |
|  | |

### Section three

#### Neighbourhood / School

|  |
| --- |
| Neighbourhood and/ or specific location? E.g. school, park, stairwell, transport hub, shopping centre |
|  |
| What times of day are the children there? What is the impact of the location on their safety? |
|  |
| Who else is there? |
|  |
| Vulnerability and risk factors of the neighbourhood or location? For example, landscape design, lighting, adults using and selling drugs, vulnerable adults in the area, exploitation of children, crime taking place, sexual assaults |
|  |
| Schools in geographical proximity of above? |
|  |
| Behaviour and characteristics of the children associated with that area? I.e. excluded from school, missing from home or care, |
|  |
| Are there concerns from other professionals? E.g. North Somerset Safeguarding Children Partnership, Housing, Police? |
|  |
| Strengths or resilience factors i.e. places for safe socialisation are available, access to consistent and positive relationships with at least one adult in a community setting, member of the community would like to be actively involved in supporting and safeguarding the children, businesses are willing to be involved. |
|  |
| **In your opinion, how do the locations named contribute to children’s risk of harm?**  **What can we do to make these locations safer?** |
|  |

### Section four

#### Information about an alleged person of concern (any age)

**You have information indicating a person…**

* Is sharing explicit images of children that they have had or are having a relationship with;
* Gifts children with money, food, tobacco, phones, bus/taxi fares (not drugs or alcohol);
* Supplies alcohol to children;
* Supplies drugs including New Psychoactive Substances;
* Has child associates that repeatedly go missing / absent, have added vulnerabilities (e.g. physical, mental, learning disabilities) or are known to be at risk of CE;
* Encourages children to have sex with them and or others for money, gift, or other reward;
* Encourages children to carry out crimes (drug running, shop lifting, selling stolen
* goods);
* Organises or pays for a child’s travel in or between towns;
* Uses violence, coercion, intimidation, harassment towards children;
* Associating with persons suspected or known to exploit children;
* Is an adult known or suspected to have had sexual relationship with under 16yr old(s);
* Encourages children to stay at their home or elsewhere during the day or overnight;
* Has continued contact with children after a disruption visit from police, social care etc;
* Has had CE concerns raised about them past in the 6 months;

|  |  |
| --- | --- |
| Name (include any alias) |  |
| Approximate age or date of birth |  |
| Address |  |
| Nature of concern |  |
| What is their housing status? |  |
| Are they a known risk to children? Please comment |  |
| Do they have an offending history? Please comment |  |
| Do they have any known vulnerabilities? Please comment |  |
| School / college / university / employment? |  |
| Online activity |  |
| Do they have access to a vehicle or vehicles? Please comment |  |
| Associates of alleged person of concern |  |
| Source of your information and date you received it? |  |

#### Vehicle concerns

Including all forms of transport such as cars, buses, taxis and trains.

|  |  |  |
| --- | --- | --- |
| When and where? | Make, model, colour | Vehicle Registration Number |
|  |  |  |
|  |  |  |
|  |  |  |
| Who is the vehicle linked to? | | |
|  | | |
| Please give details of other forms of transport/ routes that you are concerned about? | | |
|  | | |
| What is the source of your information? | | |
|  | | |
| In your opinion how do the vehicle concerns contribute to the risk of harm? | | |
|  | | |

### The 5 Ps in Assessment

|  |  |
| --- | --- |
| Predisposing  Pre-existing factors that may have contributed? Includes environmental, family history, developmental history etc. Attachment theory, trauma theory | * ACES * Adverse community experiences * Discrimination * Social inequality, healthy inequality and educational inequality * Poverty * Trauma experiences from birth * Attachment – availability of primary care giver and needs consistently met * Loss of primary care giver * Parental separation and parental conflict * Absence of parents * Experience in the womb – maternal substance use, trauma, birth experience * Parental substance misuse * Familial offending and normalised views towards criminal behaviour * Trauma experiences from birth * Parental/carer mental health needs * Domestic violence * Intergenerational abuse * Feeling violence * Child’s individual needs, such as neurodiversity, learning needs, SALT |
| Precipitating  What factors have contributed to the onset of the current problems? Why now? Including stressful life events, such as: Loss, exams, sexuality, access to new information, mental, physical illness in the family, new peer group, change in circumstances, trauma and abuse | * Current Domestic violence * Current parental loss, separation and/or conflict. * No/reduced amounts of parental care and supervision. * Recent experience of trauma * Experience of loss and grief * Substance use * Transitions – into puberty and adolescence, between school, sexual transitions * Instability or inappropriate of housing * Current physical and emotional health problems * Change in peer group * Risk of or current exploitation * Peer group culture norms * Victim of abuse, neglect, or crime * Experience of bullying * Not accessing appropriate ETE * Recent exclusion * Previous behaviours of concern |
| Presenting  Details about the current problem/offence/behaviour. When did it start? Symptoms/impact? When did it start? Frequency? Links to other behaviours/Co-morbidities | * What is the behaviour of concern * Locations and places where this happens * Patterns of behaviour – with whom, where, when * Similarities or differences * Use of weapons/violence * HSB * Premeditation/planning * Impact to the victim * Is there a specific/targeted victim? * Substance use * Response when in crisis/mental health * Related to living arrangements/care arrangements |
| Perpetuating  What is keeping the problem/behaviours going? Any beliefs, interactions or actions contributing to the maintenance of the behaviours/problems? | * Peer group norms * Gaining sense of belonging through behaviour * Short terms gains through behaviour, e.g. drugs, money, food, housing * Friendship groups * Feeling unsafe/allows sense of safety * Cultural norms * Social norms in certain spaces * Low self-esteem/internal working model * Motivation/ability to change * Continued experiences of abuse, trauma and neglect in familial or extra-familial contexts * Response and coping mechanism to trauma * Familial norms and attitudes that support/promote criminal behaviour * Emotional maturity * Religious beliefs * Distrust in professionals * Group/gang affiliation and culture * Ongoing exploitation * Debt * Limited pro-social activities * Lots of unconstructive free time |
| Protective  What strengths and resources are readily available? What factors reduce the risk/ severity of the behaviours? What needs to be put in place to limit, mitigate or reduce risk? What behaviours, beliefs, values, relationships need to be developed further? | * Relationship with trusted adult * Positive relationships – school, parent, community leader * Development of specific interest, skills and strengths * Constructive use of spare time * Safe spaces in the community * Adequate housing * Parental support and wider family networks * Utilising skills of professionals network and coordination of network * Mental and physical health provision * Harm reduction intervention * Extra curriculum activities * Links to community and neighbourhood * Child feeling sense belonging in neighbourhood * Developing self-esteem and self-identity * ETE provision which meets the child’s needs * Child feeling they have a voice and are heard * Co-production * Developing opportunities for success * Period of desistance – understanding what has supported desistance * Positive use of identity and diversity factors – faith, community, language and culture * Use of positive disruption activities * Use of safety planning to increase external controls |

|  |  |
| --- | --- |
| Links between formulation and intervention planning | * What do the predisposing factors, perpetuating factors and protective factors mean for the type of interventions we need to support the development of pro-social identity * Considering the fresh ‘A.I.R’ model, what Activities, Interactions and Roles can we develop with the child to support identity development. Remember the Activity is the vehicle for interactions and Roles that support identity development * How can we build on the child’s strengths to develop pro-social identity * How have we collaborated with the child and co-produced the intervention. Giving the child power and leadership roles |
| Links between presenting factors and safety planning | * What safety planning do we need in place to address the current risk concerns * What safety planning have we completed with the child and their family? What is the family plan for safety * What external controls can we put in place * What offence focused work do we need to do to support harm reduction and education for the child * What are the needs of the victim and have we considered how we keep them safe * What is the professional contingency plan * What is the family contingency plan and have we developed this in collaboration with them |