

Children's Services – Practice Guidance



One Children's Service - Consistently Good Every Day and
Onwards to Outstanding.

Child Exploitation Practice Guidance November 2021

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1. Introduction

Swindon Borough Council recognise the need to develop a policy to understand and respond to children and young people who are suffering significant harm through their exposure to extra-familiar harm (ROTH - risk outside the family home). This is built on the principles of Contextual Safeguarding. When we identify ROTH we need to expand our assessments to focus more on the contexts of where the harm is happening. This could be in parks, schools, through the peer group or through adults outside the family who are grooming the young person and/or their peers.

As a vulnerable group of children and young people this policy has been developed to ensure the local authority suitably prioritise their needs through a clear practice framework.

This policy aims to increase the understanding among practitioners about the significance and shared responsibility for this group of children and young people.

This local Policy does not replace or amend the following policies which are located in the South West Child Protection Procedures: 'Referral', 'Assessment' or 'Child Protection Enquiries – Section 47 Children Act 1989'

The purpose of this policy is to inform the practice for children and young people who are subject or suspected of being subject to CE. The guidance is to help practitioner's understand the new way of working as part of the Swindon Contextual Safeguarding approach.

It specifically guides practitioners on how we will implement the ROTH model for children and young people where exploitation is outside the home and parents are doing everything they can to protect their child.

These children will be considered as high level CIN and we will describe them as CIN ROTH.

2. Integrated Adolescent Service

The Integrated Adolescent Service will be managed by a Children's Social Care Service Manager and be aligned to the front door (Multi Agency Safeguarding Hub). The Service will include Youth Justice Service (YJS); OPAL Team (specialist team of social workers managed by a Team Manager) Child Exploitation and Missing Children Manager; Missing Coordinator; Edge of Care Team; and a Police Child Exploitation Coordinator. A Child Exploitation Analyst will hold and manage the vulnerability tracker which is a national tracker designed for children exploited through county lines. This will bring together the data from Childrens Social Care and Wiltshire Police data base and it will ensure that we have a consistent tool across the partnership, to identify the children at this level of risk.

There will also be access to other professional resources for example EOTAS, U-Turn, Sexual Health and Youth Workers so that multiagency working is at the heart of this service. This will enable information sharing and intelligence regarding push pull factors to be known.

The governance for the monthly multiagency meeting for Children who Carry Knives will be within this service and chaired by Child Exploitation and Missing Children Manager.

The "Bridging the gap 18-25 year olds" task and finish group is chaired by a senior manager in Adult Social Care. Will report to the Children's Service Manager. This group is looking at the transitions of 18-25 year olds who do not meet the criteria for adult services under the Care Act, and will deliver on solutions for the gaps for this group of young adults who are vulnerable. Data will be collated to understand the extent of the issue. The impact of this work will be to identify these young people and understand their needs to provide resources and support.

The Children's Service Manager will have accountability for all the children on the tracker. They will also chair MARP.

The Service will be developed with a strong partnership approach.

3. Pathway into the Integrated Adolescent Service

This will be through MASH – See Appendix 1 for Flowchart ROTH

When a child is referred to MASH they will be triaged as usual and if CE is an evident vulnerability the **CE Screening tool** within the Vulnerability Exploitation Module in Care Director (CD), will be completed to inform their decision making.

This triage must include the historic information and updated chronology including evidence of missing episodes.

MASH will use the threshold document -Right Help at the Right Time to inform the outcome for the child.

If the outcome is not meeting the threshold for statutory intervention then the child, if appropriate will be referred to Early Help Hub.

If there are risks within the home the normal child protection procedures will be implemented and consideration for a SD/Sec47/ICPC be considered.

For those children where the risk is clearly outside the home the ROTH process in appendix 1 will be followed. It is recognised that at any point of the child's journey the ROTH process can cease and the usual Child Protection procedures can be implemented, for example if there are found to be parenting/adult vulnerabilities impacting on the child.

The normal statutory assessment will take place in ACP. This should focus on the push pull factors of the young person's peer group, community and education. It is expected that the Child Exploitation Risk Assessment Framework (CERAF) is also completed and informs the plan. This is relevant regardless of whether the child is held within ROTH or not and CE vulnerabilities are clear.

If the child is being exploited then a safety plan will be developed with the family and professionals involved. This should be completed on the first visit to the family See Appendix 2. This safety plan should be updated throughout the child's journey and reviewed at planning meetings.

If during the ACP assessment process the Social Worker and professional network assess that there are clear vulnerabilities within the home for example Domestic Abuse and mental health of parents; impact on younger siblings and the identification of neglect, for the children, ROTH is not appropriate for these children.

The outcome of the assessment will inform where the child will receive a service. Where CE outside the home is the determined to be the key factor then this child's plan will be referred to the Integrated Adolescent Service (IAS). The siblings would also transfer to the IAS.

A Multi – agency IAS Panel will be in place to ensure the threshold for IAS and has been met for the service. It will be chaired by the Director of Social Work or the IAS Service Manager. All children where the IAS is assessed as the appropriate service will be considered by this panel. The criteria for the IAS will be:

- a. Where the statutory assessment can evidence that the risk for the child is outside their home and that their parents/carers are working hard to keep their child/ren safe or where there is the potential there, with the right support to protect their child/ren.
- b. The CERAF indicates ROTH
- c. Where a and b above have been met and the child/ren are open to DCT /CLA/Positive Futures then they can also access through this panel the specialist support .

4. Complex strategy meetings

Within Swindon we hold complex strategy meetings when the following criteria is met as per the [South West Child Protection Procedures](#). “Some children may become victims of **complex and organised abuse** involving one or more abusers and a number of related or non-related abused children. The adults concerned may be coordinating their actions to abuse children, sometimes acting in isolation or may be using an institutional framework or position of authority to recruit children for abuse” There will also be cases of children being abused via the use of electronic devices, such as mobile phones, computers, games consoles etcetera which all access the Internet. For some peer groups of children this harm will present as serious peer on peer abuse, for example through behaviour which is seen as gang-related knife crime between young people. More often than not, this behaviour is in the context of exploitation of children through drug-selling and county lines although the adult perpetrators in these networks may be at a distance or very difficult to identify.

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

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

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

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

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

In addition to Investigations other police teams have important information and resources to contribute to responding to complex and organised abuse. Where the complex strategy is in respect of a specific place or locality the relevant Neighbourhood beat officer should be invited. Consideration should be given to whether the police serious and organized crime-Fortitude Team should be invited. Invites to complex strategy meetings by social care should set out the requested police teams to be involved, however it is the responsibility of Wiltshire Police to coordinate and make the final decision on the most appropriate police investigation.

Health should be represented by an experienced community paediatrician. Best practice is that the same paediatrician should attend all these meetings. The paediatrician should be in a position to both speak to the health needs of individual children and identify, and coordinate any actions required for additional resourcing for the peer group as a whole. If there are

children in care involved then the named nurse for children in care from Swindon Borough Council should be invited to represent their health interests and identify additional resources.

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

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

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

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

4. TWO Levels of ROTH

There will be two levels of intervention for this group of children. For those children where the assessment concludes that there is a risk of continuous significant harm a ROTH Conference will be considered and they will be described as high level ROTH. For those other children where ROTH exists but they are not at risk of continuous significant harm they will be lower level ROTH.

High Level ROTH are those children who would traditionally be referred to ICPC and who meet the threshold of significant harm and where CE is the only risk.

Low Level ROTH are those children who would traditionally be held at CIN where CE is evident.

There must be clear management oversight to evidence on a child's file the rationale for which level they are assessed at.

For those that are lower level ROTH they continue to be child in need however practice standards will be strengthened and they will follow the guidance in this document.

Once the assessment has been completed regardless of whether it is high or low level ROTH, the child's case will transfer to the Integrated Adolescent Service. The first ROTH Planning meeting will take place for the lower level children within 20 working days following the assessment. This is to enable the Integrated Adolescent Service to build the relationship with the child so that they are able to participate in the meeting.

This initial planning meeting will be chaired by the IAS Manager who will make contact with the child to reach out and support their participation in the meeting. The meeting will take place in their community. The plan developed will consider the frequency of visits and by whom. This initial lower level ROTH meeting will determine the frequency of subsequent reviews.

There will be a contingency plan i.e. the consequences for the plan not working and this will be called the back- up plan, developed with the family and young person. There will be an agenda which will be linked to push pull factors for peer group, community and education. All subsequent reviews will be chaired by one of the professionals which will be agreed at the original meeting/previous review. This role will be shared in subsequent meetings between the professionals. The subsequent reviews will take place at 3 months and then 6 months. An IAS Manager will chair the annual ROTH lower level at 12 months. They will also chair the review where it is considered that the child's plan will step out of ROTH. The meeting will be recorded on a template of one page which will include the plan, its progress and the contingency plan.

Supervision all children subject to ROTH whether high or low will have their plan discussed at monthly supervision with the social worker and their manager. Group supervision and reflective sessions with the professional network will also take place within 3 months of the plan being made and subsequently thereafter agreed within this supervision. (There will be training for those who will facilitate the safeguarding multiagency training and Champions will be identified to facilitate this).

For all children either low or high level ROTH a SD will be considered if the threshold is met and whether risk is outside the home. Where a SD does not take place then there needs to be a clear management decision on the child's electronic record.

5. ROTH Conference

When a child has been assessed as high risk ROTH a ROTH Conference will be requested using the Conference invite list on Care Director (CD) and specifying that the request is for a ROTH Conference.

A ROTH conference can be held for children who are also CLA.

The outcome of the conference will be a plan at CIN level and **will not** be a Child Protection Plan.

The CP Chair will facilitate the conference and the development of the ROTH Plan.

They will reach out to the young person to start the relationship and work with them on coming to and participating in the conference.

The conference will take place within 20 days of the invite request to enable this relationship to develop.

The people who attend the ROTH conference will be the usual partners and community services. This will mean CP Chairs will link into local community based agencies – e.g. Sexual Health; PCSOs; Business Community; Church; GPs; School; Voluntary Sector.

The conference will take place in the community – we will go to them – placed based working.

The plan that is developed by the conference will be reviewed by the higher Level ROTH Core Group which will meet within 10 days of the meeting.

The conference plan will agree the levels of visits and by who. The frequency of the ROTH Core Group will also be agreed. This can be increased by the ROTH Core Group between conferences but not decreased.

There will be a contingency plan i.e. the consequences for the plan not working and this will be called the back- up plan, developed with the family and young person.

ROTH CP Chair will review the plan through a mid- point review at 3 months and a review ROTH conference will take place at 6 months.

The report to conference will be a multiagency report which will reflect push pull factors and what the agency will provide. Parents and young person will be supported to contribute to the meeting via their report or a letter, video which ever they choose.

The structure of the ROTH Conference will have a short agenda. The headings will include introductions, push pull factors and plan. Push will equate to immediate child's life and inform the safety plan. It will also include the community factors.

The conference will take 30-60mins the work will be done outside the meeting (similar to the IRO CLA Review model)

No notes will be provided just a plan.

The ROTH conference will determine the frequency of visits and by whom to be agreed within the conference and plan. The should be at least weekly contact with the child from multi-agency group, with a SW seeing the child at least monthly given that the SW may well be the professional the child has the best relationship with.

6. MAPPING

Young people can encounter both risks and safety within their peer groups, social circles, as well as in locations outside of their home. Through carrying out peer mapping exercises, practitioners can identify and understand the nature and extent of these. Peer mapping achieves this by:

- Providing a detailed picture of the roles and relationships between individuals, including the amount of influence individuals have within a group or network.
- Giving an understanding of the nature, scale and seriousness of the vulnerabilities posed by/to identified peer groups, individuals and locations.
- Supporting the identification of effective safeguarding interventions and other suitable multi-agency opportunities (e.g. disruption, environmental change).

- Focusing awareness on information gaps, and how to inform these by information gathering.
- Providing a foundation for the ongoing management of the peer group/location within a multi-agency partnership context.

7. Community Conferences

Development and implementation of Community Conferences. These could be convened around a group of children or incident within the community. To move away from focusing on the individual child. A practitioner will be seconded from the Family Group Conference Team. This service is currently being developed across Swindon.

8. Safeguarding Teams

Please see appendix 1 ROTH Flowchart. If a child in a Safeguarding team or DCT are assessed as having CE vulnerabilities a referral to the Integrated Adolescent Service should take place. They should have an up to date assessment with the tools above completed CE screening tool and CERAF.

Where a child is known to DCT the decision regarding where it will be held will be decided on a case basis.

9. CLA/Positive Futures Children

For those children being cared for by the local authority, where CE is becoming a vulnerability, a SD and statutory assessment will be completed. The Child Exploitation Risk Assessment Framework must also be completed to inform their decision making, plan and contingency (back-up plan). Vulnerability Exploitation Module in CD must be completed to enable the data to be captured.

The child will remain in the CLA/CL team with support from the IAS being provided.

10. Step Out of IAS

When a child has been supported as Low Level ROTH plan and no longer requires statutory intervention (following an up dated assessment) the family and young person will be considered for support by Early Help and the step out process followed. This decision is taken by the multiagency professionals group along with the family and young person. A recommendation is made to the Team Manager in supervision and recorded on the child's file. A Manager in IAS will chair the Low level ROTH Review and EH early help services not already involved will be invited.

11. Step In

If the young person is open to Early Help or Universal Services and the risk outside the home increases a referral should be made into MASH in the normal way. Please refer to the Flowchart Appendix 1.

12. MARP

MARP will be reviewed by end of November and new model agreed

13. MISSING

There will be a weekly missing multiagency meeting on a weekly basis (CSC; JYS; Safeguarding Education lead; Missing coordinator Police; Missing Childrens Coordinator; CE and Missing Manager)

The purpose of this meeting will be to review all the children missing in the last 7 days; those that are missing currently, and the continuous high risk missing children.

This meeting will consider the evidence using the VOLT model.

For any young person who is missing 3 times within 90 days or any episode is over 24 hours or under 13s who go missing once or more a Strategy Discussion will be considered. This may lead to a Sec 47 assessment or it may trigger a ROTH Low Level or ROTH high level commenced as outlined above.

14. Language

ROTH – Risk Outside the Home.

CIN ROTH – low level child in need who is Risk Outside the Home

ROTH Conference –High risk CIN where we hold a ROTH conference

15. Research

SCR Jacob link:

[Jacob – OSCB Report – January 2021](#)

[Jacob – OSCB Learning Summary – January 2021](#)

16. Resources

1. Right Help at the Right Time: https://safeguardingpartnership.swindon.gov.uk/downloads/file/673/right_help_at_right_time
2. Disruption Tool Kit: <https://www.gov.uk/government/publications/child-exploitation-disruption-toolkit>
3. National Working Group Disruption Toolkit: [criminal, civil and partnership disruption options for perpetrators of child and adult victims of exploitation.](#)
4. Safeguarding Adolescents Resource Pack: https://safeguardingpartnership.swindon.gov.uk/downloads/file/803/safeguarding_adolescents_resource_pack
5. Practitioner CE Tool kit: Child Exploitation: Practitioners Resource: https://safeguardingpartnership.swindon.gov.uk/downloads/file/737/child_exploitation_practitioner_resource
6. CE Screening Tool – within Vulnerability Exploitation Module CD: https://safeguardingpartnership.swindon.gov.uk/downloads/download/16/child_exploitation_initial_screening_tool
7. ROTH Safety Mapping and Planning With Young People: [ROTH - Safety mapping and planning with young people in Swindon - Swindon Safeguarding Partnership](#)
8. Using Appropriate Language for those subject to or at risk of exploitation: [Using appropriate language for those subject to or at risk of exploitation - Swindon Safeguarding Partnership](#)
9. Guidance Notes on completing the Child Exploitation Risk Assessment Framework (CERAF): [Child Exploitation Risk Assessment Framework \(CERAF\) - Swindon Safeguarding Partnership](#)
10. Child Exploitation Risk Assessment Framework (CERAF) form: [Child Exploitation Risk Assessment Framework \(CERAF\) - Form - Swindon Safeguarding Partnership](#)
11. 7 Minute Brief: [Risk Outside The Home adopting a Contextual Safeguarding Approach: Risk outside the home - adopting a contextual safeguarding approach - Swindon Safeguarding Partnership](#)

Appendix 1 – ROTH Flowchart

Click on this hyperlink to access the [ROTH process flowchart - Swindon Safeguarding Partnership](#)