

**Adolescent Safety Framework**

**Safer Me AND Safer Me Plus Guidance**

**Introduction**

Contextual Safeguarding is an approach to understanding, and responding to, young people’s experiences of significant harm beyond their families[[1]](#endnote-1).

This guidance is local to Plymouth and should be understood in the context of ‘Working Together to Safeguard Children’ (2018), with which it complies and accords.

Working Together to Safeguard Children, 2018, sets out how organisations, agencies and practitioners should work together in partnership with others to safeguard and promote the welfare of children and provides a framework to ensure they are clear about what is required of them. It sets out a range of multi-agency responses to differing levels of need, including Early Help, Children in Need and Children in Need of Protection. The 2018 edition placed an additional emphasis on the assessment of extra-familiar risks and wider environmental factors that may be a threat to their safety.

As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation….Children who may be alleged perpetrators should also be assessed to understand the impact of contextual issues on their safety and welfare… They should look at the parental capacity to support the child, including helping the parents and carers to understand any risks and support them to keep children safe and assess potential risk to child.

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf>

In response to this additional emphasis and in recognition of the emerging countywide and national indicators of concern Plymouth Safeguarding Children Partnership have developed a framework for multi-agency coordination of the risks to young people from outside their family.

**Key principles**

The proposed Adolescent Safety Framework (ASF) has been developed and adapted from best-practice evidence and evaluated models, in particular the Contextual Safeguarding Network Approach (University of Bedfordshire, Hackney, Carlene Firmin et al), Achieving Change Together (ACT Rochdale) model and Research In Practice Core Principles. A commitment to Restorative and Strengths-based approaches underpin this and all practice with children and families in Plymouth.

The Framework sets out the approach to multi-agency coordination for individual children and young people, peer-groups, locations and people of concern. The guidance set out in this document refers to the pathway for individual planning and review.

Using evidence drawn from promising and effective international and local practice, the RIP evidence scope **‘That Difficult Age’** sets out a set of principles upon which to build a distinctive and adolescent-centred approach and improve responses to adolescent risk.

1. **Work with adolescent development - in particular perception, agency, aspiration and skill**– for example, identity formation, friendship attachments, risk-taking. This includes avoiding policies and practice that respond to adolescent choice and behaviours in ways that could ‘ensnare’ them and constrain positive development
2. **Work with young people as assets and resources**
3. **Promote supportive relationships between young people and their family and peers (where possible)**
4. **Prioritise supportive relationships between young people and key practitioner(s)**within the system response
5. **Take a holistic approach to young people and the risks they face**
6. **Ensure services are accessible and advertised**– for example, services should incorporate self-referral mechanisms, social marketing, and assertive outreach to target hard-to-reach groups
7. **Equip and support the workforce**, including through high quality learning opportunities and regular supportive supervision.

In addition, the ASF builds upon Plymouth’s Trauma Informed Practice principles further information on which can be found at [Trauma Informed Practice - (plymouthscb.co.uk)](http://www.plymouthscb.co.uk/professionals/trauma-informed-practice/).

Parents, families and children are central and not a passive recipient of each stage of assessment and planning and the ASF provides a strong commitment to reflecting the views and voice of the young person and their parents/carers including an account of how they see the world, their own life and what they believe would make them feel or be safe/r.

**Pathways**

**Safer Me**

A Safer Me approach should be taken in cases where:

* A child or family would benefit from co-ordinated support from more than one organisation or agency through the provision of early help services.
* Where there are more complex needs and the child is deemed to be a Child In Need under s.17 of the Children Act, 1989 and/or
* Following a Strategy meeting and enquiries under s47, concerns of significant harm are not substantiated, but the child’s needs require further planning under a Child In Need Plan

**AND** **the primary threat is outside the family home.**

This approach provides an alternative Child In Need meeting model with the same duties and responsibilities as any other Child In Need Plan. Where there is reasonable cause to suspect that the child is suffering or likely to suffer significant harm, there should still be a strategy discussion and statutory procedures followed.

**Safer Me Plus**

An initial child protection conference brings together family members (and the child where appropriate), with the supporters, advocates and practitioners most involved with the child and family, to make decisions about the child’s future safety, health and development. Its purpose is to bring together and analyse, in an inter-agency setting, all relevant information and plan how best to safeguard and promote the welfare of the child. It is the responsibility of the conference to make recommendations on how organisations and agencies work together to safeguard the child in future (Working Together 2018: 47).

Young people and families who are experiencing extra-familial risks should only be discussed at an initial child protection conference if the primary concern is a **familial** one.

A Safer Me Plus approach should be taken in cases where following a Strategy meeting and enquiries under s47, concerns of significant harm are substantiated and the child is judged to be suffering or likely to suffer significant harm **but the primary harm is outside the family home**. This approach provides an alternative conference model with the same duties and responsibilities as any other Initial or Review Child Protection Conference.

If a young person’s parents/carers are taking all appropriate steps to care for their child but that child continues to experience **extra-familial** threats in their community, peer group or school, a Safer Me Plus process and model will be adopted.

**Peer-groups or locations of concern**

Where there are concerns about a peer-group or location of concern (including a school), a Context Safeguarding Conference meeting will be convened to explore the identified risks and safety young people experience within a specific context, reduce risks and increase protection and agree an intervention plan accordingly. These Conferences do not plan for individual young people and instead consider broader factors within specific contexts that may impact young people’s safety. Safer Me and Safer Me Plus Chairs must ensure they are aware of and sharing information with key professionals and Context Safeguarding Conferences where appropriate to do so and in a timely manner. The conference chair should flag contextual factors to the appropriate forum. This ensures that children and young people are understood as part of their wider world and their safety remains paramount.

Refer to Context Conferences Guidance for further details.

**Siblings**

Where the child or young person lives with siblings or other children, consideration should always be given to the individual needs assessment and plans of those children and child-led decisions made about the most appropriate level of service. In all cases, relevant information about connected children should be taken into account during assessment, planning and decision-making.

**Roles**

**Chair**

In both Safer Me and Safer Me Plus meetings, the primary focus is on safeguarding the welfare of young people and chairs play a central role in maintaining this ethos.

The role of the Chair is to ensure that the meeting focusses on the key contextual factors outlined in the assessment and to facilitate the development of a plan. It is essential that the Chair has a good understanding and knowledge of Contextual Safeguarding and is aware of the aim and purpose of Safer Me and Safer Me Plus meetings.

During the meeting the Chair will need to keep attendees focused on selected contextual issues. Familiarity with Contextual Safeguarding and priority findings in the assessment are essential. This will involve outlining what the issues are and ensuring that the discussion remains focused on the context in question, contextual factors that are impacting the welfare of the young person in that context and the individual characteristics of any individual young people or families associated to that context.

Safer Me meetings will be chaired by the Lead Professional – who where possible, should also be the Child’s Primary Trusted Relationship.

Safer Me Plus meetings will be chaired by an Adolescent Safety Framework Conference Chair (Independent Chair). The role of the Chair is pivotal to the outcome of Safer Me Plus in terms of participant experience, information sharing, scrutiny, reviewing and good quality planning. The Independent Safeguarding & Reviewing Officer is Chair, Facilitator, Quality Assurance practitioner, ‘safety gate’ and responsible for keeping the young person at the centre of the meeting and ensuring the meeting moves forward productively and achieves its aims efficiently, having regard to procedure, pace and participation.

In their quality assurance role, Independent Chairs also ensure that children and their plans agreed are safe and appropriate and that families are receiving the service they are entitled to from professionals.

**Lead Professional**

The role of the Lead Professional is to complete the Safer Me assessment and in the case of Safer Me Plus meeting, a Safer Me Plus report, and present an overview, with key contextual findings at the Safer Me or Safer Me Plus meeting. Throughout the meeting it is the role of the lead practitioner to present key issues and support the young person, family and meeting to problem-solve.

It will be the role of the lead professional to coordinate the delivery of plan, working alongside and brokering actions between multiple partners to ensure commitments at met.

1. **Pre-Meeting Screening**

**\*\*\* In the case of ‘Safer Me Plus’ only \*\*\***

**Within two working days of allocation, the Chair will apply the Safer Me Plus Screening Tool in discussion with the social worker. This should take into consideration any siblings or other children living in the household.**

1. **Preparation**

It is expected that the Lead Professional and young person’s primary Trusted Relationship will have completed the ‘Safer Me’ Assessment and will provide this for the meeting.

**\*\*\*In the case of ‘Safer me Plus’ meeting only\*\*\***

**A ‘Safer Me Plus’ report from each professional should be provided to the Chair 48 hours before an initial Safer Me Plus meeting and five working days before a review.**

**The report should be completed on the ‘Safer Me Plus’ multi-agency template. A Word version can be downloaded from the PSCP website** [**Safer Me Plus Professionals Report**](http://www.plymouthscb.co.uk/wp-content/uploads/2021/09/Safer-Me-Plus-Professionals-Report.docx) **and once completed should be securely emailed to: ChildProtect@plymouth.gov.uk**

As far as possible, all information relevant to the child’s safety should be openly shared, however, you should advise the Chair in advance if there is information that should not be shared with certain members at conference. There is a section for you to complete in the report if this is the case.

At least three days prior to the meeting, the Lead professional (Young person’s primary Trusted Relationship) or in the case of a ‘Safer Me Plus’ meeting, the Chair should meet with the young person and parents/ carers to ensure they are fully informed about the purpose of the meeting and supported to participate.

**\*\*\*In the case of ‘Safer Me Plus’ only meeting\*\*\***

**The Chair will meet with young people and parents again at least half an hour before the meeting to ensure all information has been shared.**

**Attendees**

Attendance at the meeting will be determined by discussion between the lead Practitioner, young person, family and Chair. Attendance will vary depending on issues raised by the assessment but should include the lead safeguarding agencies.

1. **The Meeting**

Wherever the meeting is held, the room must have either a large whiteboard or at least a blank wall onto which three LANDSCAPE Page Headings can be projected or drawn on flipchart paper or Magic Whiteboard paper.

The suggested heading for each sheet will be provided on laminates and are; Sheet 1 - Ecopmap; Sheet 2 - What are we worried about, What is going well and scaling (see page 8); Sheet 3 - What should happen, How, Who, FGC, When. The sheets should be positioned next to one another so the flow from sheet 2 to 3 is clear.

Tables should be removed or if used, will be arranged in a horseshoe shape facing the whiteboard or screen with the headings written on it. The Chair stands or is seated in front of the whiteboard or screen.

**Agenda**

The meeting will adhere to the ‘Safer Me and Safer Me Plus’ agenda. The Chair will ensure that the meeting is facilitated with skill so that the meeting progresses effectively. Meetings should not last longer than two hours under any circumstances as it becomes difficult for participants to maintain concentration and that may result in poor planning.

In the case of Safer Me meetings, the lead professional should consider the order of the agenda with the young person and family and ensure they lead final decisions about the agenda and attendees.

1. **Introductions**

The Chair will welcome attendees and provide the following introduction and scene setting:

The intention of the meeting is to work together and for you (young person and family) to leave today feeling motivated and optimistic about what together, we can change.

Information shared today is confidential - as is the record of the discussion and any plans we make today – these should not be shared with anyone not invited to this meeting without permission.

**\*\*\* In the case of ’Safer Me Plus’ meeting only \*\*\* At the end of the meeting, we will agree whether the child(ren)/young person is experiencing significant harm and if so, whether a ‘Safer Me Plus’ meeting is needed.**

Today we will consider;

• What we are worried about

• What is going well, what strengths are there and how can these help to improve safety

• What do we need to see change?

• What will our plan be? Who will be responsible for each part of a plan and when will they do things.

1. **Ecomapping**

The Chair will invite the young person and family members to volunteer information about themselves and their family and friends’ network – names, ages, relationships, addresses. The Chair should assemble the information on the whiteboard or on an adjacent flipchart. Other information about key individuals, organisations, services, community supports etc can be added where appropriate.

1. **Information Sharing**

The Chair will summarise the reasons the meeting was called or if review, invite the lead professional to outline **(briefly)** the key events since the last meeting and provide an update on the progress of the plan.

**What are we Worried About?** The meeting participants will be asked to give their view of what they are worried about, in any order the Chair chooses but **starting with young people**. The chair should advise attendees to state BRIEFLY what they have seen/ heard or know that worries them and the impact of this upon the child/children. The Chair will listen to views and capture the key points in turn on the headed recording sheets. There should be short sentences recorded only in language that is accessible to all.

In all points, the Chair should guide the meeting to explain the concern as specifically as possible (who or what is a risk, when, how often), make the impact upon the child clear (from direct evidence and/or research) and there should be no repetition. Any areas of disagreement should be recorded on the Record of the Meeting but not on the plan.

**What is Going Well?** The meeting participants will then be asked to give their views about what is going well, as per the order and recording approach above.

This should be information which directly mitigates or fully addresses the worries.. It should be thought of things that are either signs of safety that can be built upon, established strengths or stable protective factors that will provide ‘protection over time’.

**Scaling**

The Chair will invite the young person and family and then conference participants to scale or rate their estimates of the safety level using a numerical scale, usually between 0 and 10, where 0 equals the no concerns and 10 equals the highest possible risk.

At review, following scaling, a comparison will be made to the previous meeting and consideration given to whether safety is improving.

1. NO CONCERNS 10. HIGHEST POSSIBLE RISK

1. **The Plan**

All attendees should leave the meeting with a clear SMART ‘Safer Me’ or ‘Safer Me Plus’ plan. In the case of a ‘Safer Me Plus’ meeting, attendees should be provided with one within one working day of the conference.

The Chair should facilitate a discussion, led by the young person and family to create the plan. The Chair should resist the temptation to suggest or prescribe what needs to be in the Family’s Plan because the plan stands more chance of having the ‘ownership’ of those responsible for implementing it if they have conceived it.

However, the Chair can and should take a lead in testing willingness, confidence and capacity. When doing this, family unwillingness to participate in/with some particular activities or services should not automatically be interpreted as poor co-operation (or if it is, remedies identified); partners ought to be able to disagree, negotiate and compromise as long as the likely achievement of the outcomes is not jeopardised. However, equally, some actions which are ‘safety bottom lines’ will be non-negotiable and the Chair should help make this explicit and explained.

The Chair should describe the improved outcomes (the safety destination) for the child which the plan needs to aim for and how this will be brought about, by whom and by when. These sections need to be as specific as possible.

Consideration should be given at every point to whether a Family group Conference should address the issue (alone or together with other measures).

The plan will contain elements that relate to the whole family system and where appropriate, be individual to the child but should always address the following:

1. **Contingency Planning**

The Chair should clarify what an increase in risk may look like and contingency plans may be outlined if the ‘bottom lines’ are transgressed and professional feel the child or young person is at increased risk.

Consideration should also be given to what plans will be made for the child in the event that either or both parents are unable to care for the child.

Both Contingency plans should be recorded on the Safer Me Plus plan.

1. **Chairperson’s Summary**

The Chair should provide a **brief** summary of the worries and strengths identified and any concluding comments made as appropriate, within the context of a strengths based approach. It is important that this is not a lengthy regurgitation of the meeting.

1. **Decision Making**

**\*\*\* In the case of ‘Safer Me Plus’ only \*\*\***

**The meeting will consider whether the child is suffering, continuing to suffer (in the case of a review) or likely to suffer significant harm. The Chair should not guide the participants in terms of their decision at this stage.**

**The views of the child or young person and parents should be ascertained and then professional views requested. This should include their view of the test being met and if so, what category of harm is relevant.**

Any dissenting views should be recorded on the Record of Meeting.

1. **Review**

If a Safer Me or Safer Me Plus plan is agreed or continuing, the date and time of review conference will be agreed (in line with the minimum Early Help, CIN and Child protection requirements), the Chair should confirm members of core group and date of next core group meeting.

**9. Closing remarks**

The Chair should conclude the meeting by thanking attendees for their contributions and time, paying particular attention to acknowledge the challenges faced by families in such circumstances and noting the particular strengths they showed (a willingness to listen, insight, commitment to change, honesty, patience, respect for others etc).

**Following the CP conference**

Following the CP conference, it is important that contextual issues, where possible, are given attention. There are a number of ways that this could happen:

a) a summary of the discussions and outcome to be shared with the Exploitation Hub – so that any thematic concerns (shared across multiple referrals) might be picked up by them as part of their contextual screening activity (for example intimidation or drug dealing in the area where the family lives, or experiences of robbery when the young person travels to school) b) The safety map produced by the young person could be referenced by the presenting social worker when identifying/offering services for the young person within their plan, considering whether these are delivered in areas they have marked as ‘red zones’ or whether they would need to travel through a ‘red zone’ to access that support c) Lead practitioners could continue to track any changes in contextual factors reported by parents or young people – feeding these into the Operational MACE if they intensify d) Lead practitioner could inform parents and/or young people if action has been taken to address any of the issues that they raised, and/or ask them if they have any views as to how they may be addressed, so that they factors are being explicitly acknowledged with a view to changing them (rather than the service accepting them as an inevitability) e) Strategic reports on repeat concerns at CP conferences can also be fed into the Safeguarding Board as part of a quarterly contextual return

In all of the above it is important that young people and families recognise that where possible the local authority will act, alongside partners, to address contextual factors impacting families and the capacity of parents to protective, while also supporting parents to make changes that they need to in order to safeguard their young people.

**Appropriate utilisation of the many tools and resources which are now available for assessing risk outside the home (i.e. “All around me”; Context Weighting Tool; Safety Mapping); • Reflection or consultation with peer colleagues which supports the practitioner to think beyond familial risks (e.g. online activity; peer groups; unsupervised travel; the neighbourhood etc.) and about how these factors interplay within any familial features; • Knowledge that already exists with partners in the professional network (i.e. youth services, school) to inform the assessment and intervention plan; • Visits to locations outside the home (for observation and discussions), where these are implicated in the cause of harm; • A strong commitment to reflecting the views and voice of the young person and their parents/carers (verbatim if possible), including an account of how they see the world, their own life and what they believe would make them feel or be safe/r; and • An assessment summary which identifies how pre-existing vulnerabilities and risk factors combine within a context to cause harm, and an intervention plan which is clearly targeted at the context in which the harm takes place.**

1. 1 Visit [www.contextualsafeguarding.org.uk](http://www.contextualsafeguarding.org.uk/) for more information. [↑](#endnote-ref-1)