

The Next Chapter



Risk Outside of the Home Child Protection Pathways: Learning from Phase 2 Pilots



This project is part of the Contextual Safeguarding programme's 'The Next Chapter' project. The Contextual Safeguarding research programme is based at Durham University.

For more information about the research and to find resources from this project please visit: www.contextualsafeguarding.org.uk

Background

What is a Risk-Outside-of-the-Home (ROTH) Child Protection Pathway?

A Risk-Outside-of-the-Home (ROTH) pathway provides a structure through which social workers can organise a child protection response/support plan when a young person is at risk of significant harm AND that harm is principally or solely extra-familial. On a ROTH pathway, social workers assess a child's needs. If a threshold of significant harm is evidenced (and that harm is extra-familial) a multi-agency, ROTH, 'child protection conference' is convened and independently chaired to agree a plan. The plan should increase a young person's safety and decrease the risks they face.

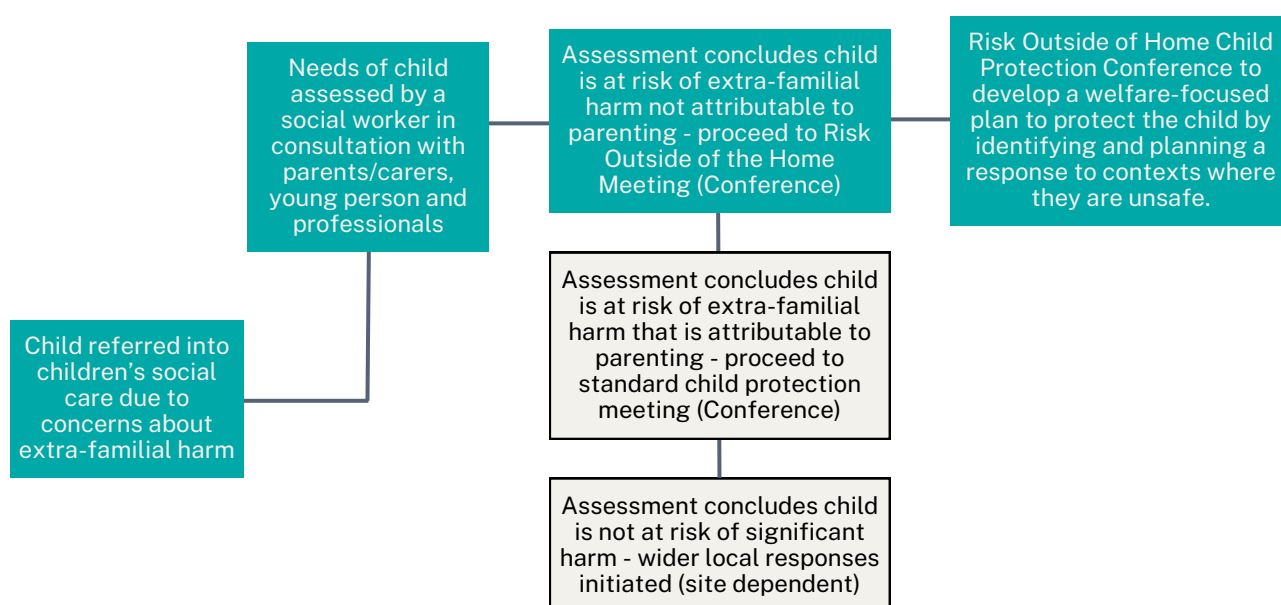


Figure 1: Stages to Risk Outside of The Home child protection pathway taken from Firmin, 2024

A ROTH pathway mirrors elements of a traditional child protection framework (e.g., s.47 of the Children Act 1989 basis, assessment coordinated by children's social care, a multi-agency meeting to the discuss assessment and agree a plan, and a core group to review progress of the plan). However, it targets extra-familial contexts rather than parents/carers, with implications for how those traditional elements are practised or experienced.

Why were ROTH pathways piloted?

Criminal and sexual exploitation, peer-instigated sexual abuse and street-based or weapon-enabled violence, can all pose a risk of significant harm to young people. When they do, they are, in theory, child protection issues. In practice, however, defining extra-familial harm as a child protection issue can result in a social work response: where information is shared about *young people and their parents* to assess needs and develop (child protection) plans; the harm a young person experiences is often categorised in relation to *parenting*; and plans *require parents/caregivers to undertake actions* that increase safety for their young person.

In short, a traditional child protection response is likely to focus on changing the actions of parents as a source of protection instead of changing peer, school, and community contexts where extra-familial harm occurs. Such an approach is considered insufficient and also results in holding parents accountable for harm beyond their control. As a result, many social care departments have refused to use child protection processes in these situations.

Yet without a child protection response, young people at risk of significant extra-familial harm can be left without statutory social work oversight. As a result, some social care departments have used them, despite their limitations, to offer a point of escalation and increased oversight, communicating to partner agencies, young people, and families that the harm in question is significant, and a plan must be resourced in response.

‘Risk Outside of the Home’ (ROTH) pathways have been piloted to address this challenge.

What we did: A summary of the ROTH pilot process

Phase 1 of the pilot involved three local areas who each developed different ‘alternative child protection’ pathways for coordinating responses to young people impacted by significant extra-familial harm (June 2021- February 2022). One of these pathways was called a ROTH Pathway and was co-designed with Wiltshire children’s services. The Wiltshire ROTH pathway demonstrated the greatest potential for providing a structure through which to coordinate social work responses to young people at risk of significant extra-familial harm and was the only one sustained post-pilot period.¹ The Contextual Safeguarding team, initially at the University of Bedfordshire and from September 2021 at Durham University, converted the learning from this pathway into a suite of resources, made available on the [Contextual Safeguarding Scale-up Toolkit](#), including exemplar pathway documents (such as meeting agendas and referral forms), advice on using ‘context weighting’ to assess need and develop plans, and reflections from chairs about their role in ROTH conferences.

Phase 2 of the pilot involved three new areas who each used the learning and resources from Wiltshire’s ROTH pathway to develop their own. These pathways were piloted from December 2022 to April 2023 and were used to coordinate plans for total of 54 young people. The Contextual Safeguarding team at Durham University tracked the implementation of each pathway, using observations of ROTH conferences (9), reviews of documentation to support the pathway (45), assessments (7) and plans (9) produced through the pathway, and focus groups (5) and interviews (1) with professionals, as well as interviews with parents (9) and young people (3), who participated in the pathway. We used the information gathered to identify key features of a ROTH pathway, and the opportunities and challenges that they presented, for safeguarding responses to extra-familial harm.

¹ Detailed learning on this phase of the work can be found in the following paper: Firmin, C and Manister, M (2023) ‘This has given people what is needed’: progress and pitfalls for establishing child protection pathways in England that address significant harm beyond families. *Child and Family Law Quarterly*. (159) or in resources on the Contextual Safeguarding Programme website: [ROTH: Planning Meetings | Contextual Safeguarding](#)

This report shares the learning from, and questions raised by, the second phase of the pilots. It is an interim document, and intended to help other areas who are exploring ROTH pathways at present by summarising the key features of a ROTH pathway, the opportunities they provide and challenges they present. A third phase of work is underway to give sites more time to develop their pathways and address knowledge gaps in relation to the long-term feasibility of ROTH pathways and which features of them require changes to statutory guidance. We will update this briefing report and provide additional practice resources once the next phase of the work is completed.

What we learnt: Things to consider when developing a ROTH Pathway

Shared Features

ROTH pathways in the three new areas, and the original pilot site, shared the following features:

1

Legislative basis: A ROTH pathway is conducted upon s.47 of the Children Act 1989, requiring that statutory enquiries are made about the welfare of a child due to risks of significant harm. This legal basis ensured the ROTH pathway offered a way to differentiate situations where social workers believed a young person was at risk of *significant* extra-familial harm, requiring increased social work oversight and partner resourcing, and the statutory involvement of all parties.

2

Harm-type: ROTH pathways were reserved for situations in which the principal (three sites) or sole (one site) risks faced by a young person were extra-familial.² A standard child protection pathway remained in use for young people where the primary concern was intra-familial harm and/or parenting (including for young people who were also at risk of extra-familial harm). The existing child protection definition of ‘significant harm’ was applied in all cases.

3

Categorisation and definitions: All sites used the term ‘risk outside of the home’ to define the harm in question and all but one referred to this when reaching conclusions at the end of initial conferences. For example, they would conclude that a young person was at risk of physical harm, emotional harm, or sexual harm, and then state whether this harm was outside of the home (or not). Plans were recorded in three of the four sites in relation to the harm type (physical, emotional, or sexual), with a manual flag added to denote a ROTH status.

4

Chairing: ROTH conferences have an independent chair, based in social care. All those involved in pilots had experience of chairing child protection conferences, and used the same child-welfare lens to guide discussions at ROTH conferences.

² Harms included risk of significant physical harm as a result of serious interpersonal violence between young people and/or being exploited into criminal activity, sexual exploitation, peer-to-peer sexual abuse were also identified and experiences of poor mental health and/or substance misuse that were associated to extra-familial relationships. Some young people experienced multiple forms of extra-familial harm simultaneously or sequentially.

5

Position of parents/caregivers: Parents/carers were situated as partners alongside representatives from professional organisations who participated in the ROTH process. Their role in keeping young people safe was considered as it would be for all participating agencies. Parents were not positioned as the subject of the process or the source of the harm.

6

Supporting paperwork: Paperwork was produced to support the implementation of ROTH pathways including an overall guide that detailed the pathway process, definitions, thresholds, and timescales. Additional documents included draft agendas for conferences, reporting templates for partners to use prior to conferences, and templates for recording the minutes of conferences and/or developing plans.

7

Context-weighting: All ROTH pathways featured examples of professionals and parents/carers using ‘context-weighting’ to assess a young person’s needs and/or formulate plans to increase safety. In short, this meant discussing which contexts were ones in which a young person was experiencing significant harm and which contexts were ones in which a young person was experiencing safety/protection.

Opportunities to Maximise

ROTH Pathways create four opportunities for improving safeguarding responses to extra-familial harm: they are: 1. ‘structural’, 2. ‘ethical’, 3. ‘relational’, and 4. ‘practical’.

1. *Structural opportunity: A place to locate significant harm that is extra-familial*

We have gone really back and forth on this one thinking is it child protection, is it not, and when [XX] told me about this it was like, oh it’s right bang in the middle, you know, it’s what we’ve been looking for.
(Focus Group 3, Social Care practitioners)

A ROTH pathway provided a structure through which to coordinate responses to significant extra-familial harm; a structure that all participants noted as needed and otherwise missing. Most young people supported via a ROTH pathway during the pilot period would not have received statutory (s.47) social work oversight without it, or would have bounced between child protection, child in need status and case closure due to their experiences being an ill-fit in respect of system design. This was particularly true for young people who were at risk of significant harm due to criminal exploitation, serious interpersonal physical violence, and peer-sexual abuse, but was also said to be true, by professionals who participated in interviews, where parents had been assessed as protective in cases of sexual exploitation. A traditional child protection pathway (ICPC) would not have been suitable for these young people as the primary, and sometimes sole, risks they faced were not associated to the action of their caregivers. Yet the harms they faced were so severe that a non-statutory framework provided insufficient oversight and resourcing to meet their needs.

2. Ethical opportunity: Welfare-driven approach

ROTH Pathways were 'welfare-driven' (Lloyd, Manister and Wroe, 2023), and created conditions in which social workers could practice in line with their ethical code and value-base. In particular, social workers on a ROTH Pathway (including practitioners and conference chairs) were able to:

a) Use language that demonstrated a caring intention over and above those characterised by facts and intelligence to describe young people and the situations they faced:

Chair – tell us what type of person XXX is

Grandad - He was a lovely kid (Grandad getting emotional) he's just got mixed up with wrong crowd, don't want to give it as an excuse, can't defend it, but don't know if it's him or them...

Social worker - he loved to draw didn't he

Grandad – he loved running, was so good at it, but stopped doing it (Observation 05, Researcher Notes)

b) Recognise system or service harms, and its association to young people's experiences of extra-familial interpersonal harms, rather than reproduce them:

The young person had said that he didn't feel safe at school following [an] incident with [a] dinner lady – and so was out of school and had more time in the local community where he was being targeted by adults (Observation 06, Researcher Notes)

c) Ask whether their responses centred young people's best interest (and took risks if required to do this):

You don't deviate from [the traditional pathway] because it protects the children we think. It protects you as a worker, so it's really trying to come out of that comfort zone and think a little bit differently and it's left us feeling quite vulnerable at times (Focus Group 9, Senior Managers)

These features combined to ensure ROTH pathways were principally concerned with whether a child was at risk of significant harm (and if so, how such harm could be addressed), over and above disrupting young people's offending or 'anti-social behaviour'. As such, ROTH conferences and the plans that they produced were built from a social work assessment of a young person's needs and needed to adhere to the paramountcy principle in terms of children's best interests. Situating a ROTH process under the leadership and culture of social care therefore, ensured that whether a child was at risk of harm in a familial or extra-familial context they could receive a child protection response; a response that was not dependent on a crime being proven/addressed.

3. *Relational opportunity: Increased and improved parental engagement*

... I was really worried, I thought oh no, like we've got a social worker, that's what I'm... you know, this is not what I wanted; what have I done wrong? ... but then as I was introduced to all of this, it sort of came to my attention that actually people really trust me as a parent and they're just looking at what's going on for my boys outside and how they can help (Interview 30, Parent)

... without the ROTH pathway I think parents have felt as if, you know, they get blamed, um you know, the focus is on them, the stigma of having a social worker, um and I just find that this way of working now, we're, you know, we're very clear in terms of what we're worried about. And it just really helps in terms of how, how we work with parents, and I've found as well, um the parents have engaged really well with the process as well, which I do think is quite a lot to do with um, you know, the, the focus of what, what we talk about (Interview 13, Social Worker)

ROTH pathways created opportunities for improved relationships between parent/carers and professionals. Parents/carers were partners in ROTH processes alongside representatives from professional agencies. This created space for parents/carers to:

- Share what they believed to be the principal issues requiring attention
- Share information about the risks that their children faced, including places/spaces where their children spent time and/or the names of people they were with (including information that was unknown by, or counter to the views of, professionals)
- Raise concerns about the actions of agencies/professionals including when these actions escalated risks; and were supported to do so
- Identify what was needed to increase safety for their child and for their family
- Outline what was working well now, and what support they had benefitted from previously

Social workers used ROTH pathways in different ways to facilitate these relationships including: inviting parents/carers to share their views at the outset of conferences, and prior to any professional agency; asking parents/carers to reach a conclusion at the end of ROTH conferences alongside all other professionals who had participated; and supporting parents/carers to challenge any actions by agencies that they believed to be unhelpful or to have increased risks. Pre-meetings for parents with conference chairs, social workers and/or independent agencies also created the foundations for this level of parental involvement.

4. Practical opportunity: identification of contextual drivers

I think it is most definitely what we need, and I think it's brought together thoughts and discussions that people have been having for a long time so we, it can focus in and, and bring some clarity and hopefully then some solutions to what's happening for these young people. And a better understanding of, of how manipulation and everything else around CCE and CIC works. (Focus Group 6, Chairs)

ROTH pathways created opportunities for professionals to foreground the contextual drivers of the harm that they are trying to address, and this in turn opened avenues for alternative practice responses. Rather than simply be a backdrop to the issues a young person had encountered, contextual factors became a central talking point of assessment and planning, and a young person's actions (and those of their parents/carers) were discussed in relation to this context. In the process professionals were able to identify the protective actions of parents/carers, look beyond the actions of parents/carers to identify opportunities for intervention, and challenge each other to build safety around a young person.

5. Integrated opportunities of a ROTH Pathway

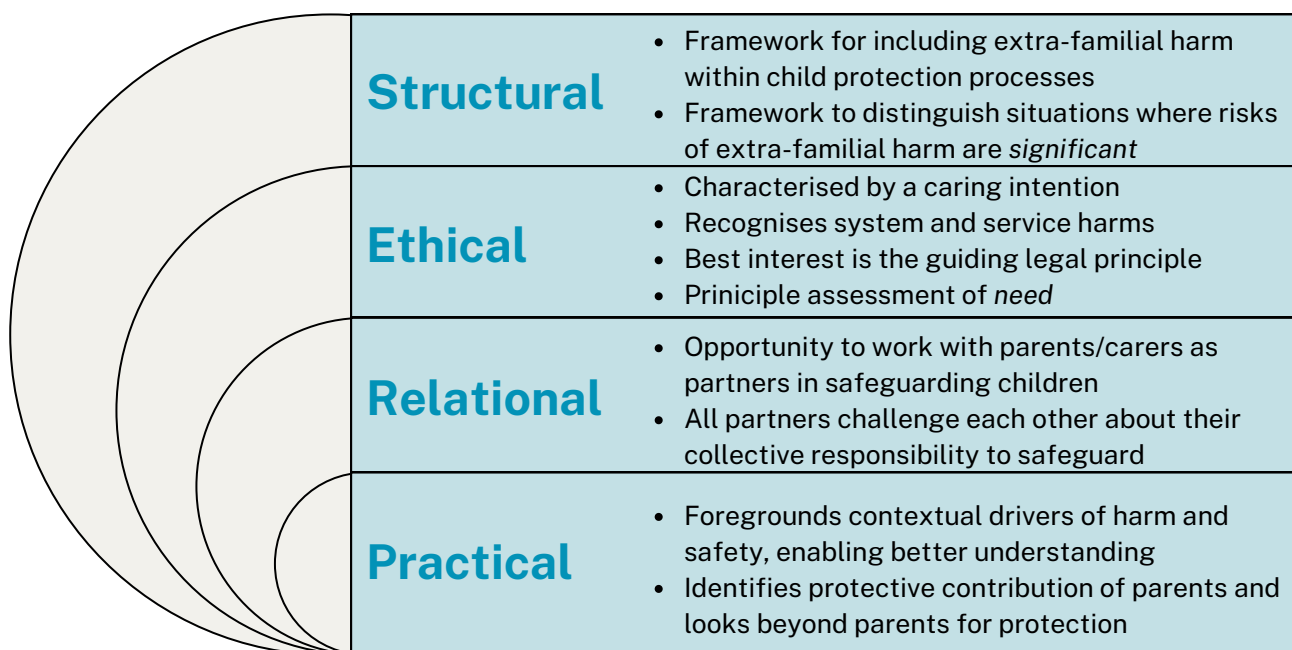


Figure 2: Integrated opportunities of ROTH pathway

When these structural, relational, ethical, and practical opportunities combined, social workers developed responses to extra-familial harm that had not felt possible previously. For example, developing social care led plans for young people at risk of serious youth violence which had previously been responded to solely by youth justice and community safety agencies. Across all sites planning, albeit limited in respect of contexts, focused on young people's welfare and wellbeing in a range of social contexts, and the role that professionals had played (or not) in creating safety there.

Goal statements were also focused on safety and safeguarding as opposed to offending and desistance. As a result, planning for these young people was also linked to family wellbeing more generally, and the extent to which parents felt supported to care for their children (or were parenting in conditions that facilitated that care). During an interview one parent commented that prior to participating in a ROTH pathway they had requested that their child be taken into care, they did not feel like they could cope. However, the statutory involvement of a multi-agency network that helped them understand what their young person was facing and what was being done about it, left that parent feeling supported enough to have their child continue to live at home.

Interviewer And I know you kind of mentioned before that there was a possibility that you might go into care without this process. And that's why you asked for it. Does that still feel the case? Or does that feel different now?

Respondent No, don't get me wrong. Some bad days can be bad days. And I could really just shut myself out in a room. But I think I'll just know that [Young Person] is [Young Person]. He's never going to change. He's just calm. The meetings, they just reflect different things. Gives you differences, but you think different. The perspectives are different and stuff like that. But, yeah, I think it definitely did help me understand a lot more things than what it was before (Parent interview, I21)

Challenges to Address

Pilot sites encountered three dominant challenges when implementing a ROTH Pathway.

Challenge 1: Inconsistent understanding amongst professionals

With the exception of those who were chairing conferences, professionals involved in pilots required further support to understand ROTH pathways. Although most professionals recognised that parents were positioned as partners in, rather than the subject of, ROTH conferences, they were less aware of the implications for their own agencies. Specifically, that their agencies may play a role in creating safety, or risk, in extra-familial contexts, and so may need to share information about those contexts during assessment and planning activities or undertake actions to build safety in those contexts as a result of that planning. Likewise, not all social workers understood their remit in coordinating partners in that manner. The fact that all of the above was documented in local guidance, but absent from national statutory policy, was a key challenge in this respect.

Challenge 2: Insufficient impact on planning and intervention

Plans produced on ROTH pathways had a reduced focus on the actions of parents of young people impacted by extra-familial harm but were yet to have a sufficient focus on the contexts where those young people were unsafe; this challenge was twofold.

Firstly, contextual drivers of harm were discussed across all sites (as noted above), however, actions to address these drivers were limited. For example, in every site, school contexts were discussed where young people were unsafe. On those occasions, all attendees at conferences agreed that young people were either at risk of significant harm at school/college, or that the actions of a school/college was exacerbating or accelerating a young person's exposure to significant harm; they recognised the contextual drivers. However, those schools rarely became the target of plans/interventions; they did not address the contextual drivers.

Secondly, recommendation actions for contexts that were largely comprised of information-sharing/mapping of peers or were situated within a community safety or anti-social behaviour brief. Such actions were not guided by the welfare-based principles of the wider ROTH pathway (outlined in the previous section), were often implemented outside of the ROTH process, and so were either designed or delivered without social care oversight.

These limitations meant that while the overall tone of ROTH pathways was child-welfare driven, responses to contexts were often crime-prevention and/or intelligence driven.

Challenge 3: Limited engagement with young people

In the absence of meaningful, welfare-based responses to contexts, ROTH pathways often increased professional attention on the actions of young people as a source of risk-reduction, as opposed to actions of their parents. One young person stated that the process left him feeling 'limited' due to the restrictions placed on him in order to keep him 'safe'. Moreover, ROTH pathways facilitated parent/carers engagement, but professionals often struggled to engage young people in the process. For some this was arguably inevitable: the risks that young people were facing, and the impact that this had on their day-to-day lives made it exceptionally difficult (if not dangerous) to participate in professional meetings. However, other young people commented that they did not see the point of the process, did not feel it was required, felt that it resulted in their parent/carers siding with professionals over them, or that the process did not meet their needs. Some young people reported that they did feel like the ROTH process helped them feel safer, or that they were listened to by their social worker; however, such feedback was limited and inconsistent.

Integrated challenges to address

...it does still feel to me that a lot of our conversations we're having a- is about actions that relate to what we expect the child to do, or the parent to do. And I'm just – like, er, to me, all of this should be about us shifting that- that weight of responsibility on to us doing something about the context.
(Focus Group 4, Children's Social Care Practitioners)



Figure 3: Integrated challenges of a ROTH pathway

The three challenges outlined above were integrated and they informed each other. Arguably, developing plans to address contexts in which young people are unsafe and/or build safety around young people may be one way to create the conditions in which their engagement in ROTH processes is more feasible. For social workers to develop plans that address contextual drivers of harm, they need all partners to understand the ways in which their services shape safety, and risk, in extra-familial settings. Feeling unable to sufficiently impact contexts creates a pressure to target young people's behaviour instead. Restricting young people is unlikely to result in their increased participation in ROTH processes.

Next Steps

If you want to develop a ROTH Pathway - Questions to ask yourselves:

Given the key features, opportunities and challenges outlined in this briefing we recommend that the following questions are considered by any social care organisation, or safeguarding partnership, wishing to pilot a ROTH Pathway in response to extra-familial harm.

Question 1: What is your current approach to coordinating safeguarding responses to young people at risk of significant extra-familial harm – what would a ROTH pathway change about this and why is this important?

Question 2: What opportunities are there to engage partner organisations, young people, and parents/carers in different stages of the design and review process? If you do proceed to a pilot how will young people and parents/carers know they are participating in a pilot, how will they consent to this?

Question 3: Will you use the existing definition of significant harm to inform threshold decisions for your ROTH pathway, and will it be reserved for instances where the sole or the principal risk is extra-familial?

Question 4: How will the principles of a ROTH approach be applied in other parts of your social care pathway – for example for children who are in care due to extra-familial harm or who are currently being supported through early help plans?

Question 5: What resources/tools do you need to guide the early stages of the pilot and monitor its progress (for example a process document, exemplar agendas or reporting templates, a method to manually record information on the young people being supported via the pathway and the plans developed etc.)

Question 6: Who will chair the conferences held on your pathway? Do they currently chair child protection conferences, and will they continue to do so during the pilot period? What additional support will be put in place to help them understand, and reflect upon, the differences of a ROTH pathway?

Question 7: Are any of the resources available on the Contextual Safeguarding website helpful reading in advance of the pilot going live? For example:

Resource	Audience
Podcast with those chairing conferences	Conference chairs
Guidance document	Those designing the pilot
Exemplar plans	All professionals participating in the pilot
Using Context Weighting in meetings – Animation	All professionals participating in the pilot
Interactive context weighting tool	Social worker coordinating assessment and conference chair

Question 8: How will you map what responses a ROTH pathway requires? Have you scheduled in opportunities to identify any service gaps that the pilot may identify?

Asking these questions at the start, and throughout, a pilot period will help you design an approach with the potential to be sustained should a ROTH pathway prove useful in your local response to extra-familial harm.

The local and national conditions needed to sustain ROTH pathways (early indications)

ROTH Pathways remain a pilot. However, data collected to date suggests that certain conditions need to be in place, nationally and locally, for the opportunities they present to be maximised and the challenges they face to be addressed. This list is not exhaustive, and instead represents factors we consider most pressing at this stage in their development.

National conditions

1. Clarity on the paramountcy of a child's best interest, and how this is to be maintained when justice and welfare responses to extra-familial harm intersect
2. A policy framework that outlines:
 - The coordinating role of social care in the delivery of ROTH pathways and wider safeguarding responses to extra-familial harm
 - Core consistent features of a ROTH pathway
 - The roles and responsibilities of all partners in the delivery of a ROTH pathway
 - An approach to assessing and intervening with extra-familial contexts (as the current assessment framework targets family contexts)
3. An outcomes framework to appropriately measure the impact of responses to extra-familial harm and the needs of young people affected
4. Investment in responses and interventions that meet the needs of young people affected by extra-familial harm (understood by mapping needs identified in ROTH processes) and can change the conditions of contexts where such harm occurs

Local conditions

1. Agreements in place between children's social care (and the wider safeguarding partnership) and community safety in respect of leadership in coordinating responses to:
a) young people impacted by extra-familial harm and b) contexts in which extra-familial harm occurs
2. Local service cultures that understand a welfare-based approach to extra-familial harm and can distinguish this from a response that prioritises crime prevention
3. Ongoing involvement of parents and young people to review how ROTH processes are experienced and to identify opportunities for improvement
4. A consistent understanding of extra-familial harm, and the need to consider extra-familial contexts, across the social care pathway
5. Mapping of interventions/responses that are available and/or required to support young people impacted by extra-familial harm and the associated contexts
6. Understanding from local organisations, particularly policing, education and housing services, that their responses have the potential to accelerate risk as well as address it, and that this potential will be under consideration during ROTH processes