



Department
for Education

Evaluation of the implementation of a Contextual Safeguarding system in the London Borough of Hackney

Evaluation report

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Key messages

1. Contextual Safeguarding Theory provides a workable framework upon which to develop systems to address extra-familial risk and harm (EFRH) experienced by adolescents outside the family home, such as child sexual and criminal exploitation, peer-on-peer abuse, and gang affiliation. However, the Hackney pilot has not provided a template for a service structure. Local authorities will need to build on the Implementation Toolkit produced through the project to enable a system design most suitable for its own context and stakeholder requirements.
2. Project learning is already reaching a very wide audience. In particular, a Scale-up Project is now trialling Contextual Safeguarding with 9 further local authorities. It is anticipated that learning will start to emerge over the next year or so regarding other approaches to service design which will provide a wider range of models from which local authorities might learn.
3. Regardless of specific service structures, to count as Contextual Safeguarding, systems must operate on two levels to address EFRH. At Level 1, practitioners should be prompted and supported in bringing a 'contextual lens' to their work with individual young people and families, understanding the peer groups, environments and other contexts that pose EFRH. At Level 2, the focus is with recording, assessing and addressing those contexts in their own right, at every level of the service.
4. Incorporating this contextual lens requires significant cultural shifts towards a more welfare oriented response to young people, some of whom commit offences, across interagency systems. This has implications for initial training and continuing professional development for social work, criminal justice, the police, health, and education, among others.
5. Complex social care innovation such as this requires substantial lead-in time for process change to translate into new system configurations, enhanced service experiences, and improved outcomes for young people, families and communities. Funders, projects and evaluators need to build this into timelines and expectations.
6. System challenges to innovation and evaluation, such as staff churn, resource limitations, and the impact of Ofsted inspections, should be considered as central rather than peripheral issues in making sense of practice methods and systems.
7. Statutory data returns (such as the Child in Need Census) offer some potential to explore EFRH within and between local authorities. However, limitations in data quality and consistency pose some barriers to fully identifying and monitoring EFRH at a child and local level, and statutory datasets do not currently collect data which captures the complexity of EFRH. Policy makers responsible for these national administrative datasets may wish to further address the variability in these data. Local authorities and researchers may benefit from the methodologies and proxy measures developed in this evaluation to help identify children at risk of EFRH.

Executive summary

Introduction

This report presents the evaluation of the design and implementation of a pilot Contextual Safeguarding system in the London Borough of Hackney. The project was funded by the second round of the Department for Education's (DfE's) Innovation Programme. The project was led by Hackney Children and Families Service, working with an Academic Development Team at the University of Bedfordshire, led by Dr Carlene Firmin. The evaluation was conducted by the University of Sussex and Research in Practice. The set-up and implementation phase of the project was April 2017 to March 2019, followed by an embedding phase April 2019 to March 2020.

The project

The Contextual Safeguarding project involved a redesign of the safeguarding system within children's social care and at its interface with other agencies responsible for child safeguarding. Based on Contextual Safeguarding Theory, developed by the academic partner (Firmin *et al.*, 2016), the new system was intended to address extra-familial risk or harm (EFRH) experienced by adolescents outside the family home, within both real world spaces and virtual environments, such as child sexual and criminal exploitation, peer-on-peer abuse, serious youth violence, and gang affiliation.

The pilot of Contextual Safeguarding in Hackney aimed to develop a system that could address EFRH at two levels. At Level 1 'contextual thinking' (analysis of the risks posed to a specific young person within peer groups, locations and other contexts) is incorporated into work with specific young people at high risk, and their families. Intervention is framed through the lens of child safeguarding rather than crime reduction or community safety. Level 2 involves working directly with communities and peer groups to build strengths, promote welfare, change environments, and reduce EFRH for all young people in 'hotspot' areas (those with a high prevalence of EFRH). The new system required partnership-building between children's services, related agencies and community stakeholders with a reach into extra-familial contexts (such as transport providers, retailers, youth workers, residents associations, recreation services, schools and so on). Success was to be measured by whether contexts became safer, rather than solely focusing on any behaviour changes displayed by young people who were at risk in those contexts.

The evaluation

This mixed-methods external evaluation was conducted between December 2017 and March 2020, broadly following a pre-/post-intervention and external comparator

methodology. As this was a whole systems change project, data from statutory returns to the DfE (the Child in Need (CiN) Census and SSDA 903 data) was compared both within Hackney (at baseline and after Contextual Safeguarding was implemented) and with 3 other local authority (LA) comparators to establish whether there were any changes in service patterns or child level outcomes. There was an emphasis on ascertaining the degree of process change which would indicate that the new system was embedded across Hackney. This included: examination of policy, guidance and tools to see if there was clarity and direction at both strategic and operational levels; reviews of case files to see if there was a common approach and consistent use of tools and frameworks; and interviews and surveys with a range of professionals to ascertain awareness, confidence in their approach; confidence in the system; and degree of cultural change.

Hackney was compared with systems for addressing EFRH in the 3 comparator LAa to identify which system was most robust and effective, not only in identifying risk and intervening with individual young people and their families (Level 1 work), but in directly assessing and addressing EFRH within contexts, locations and peer groups themselves (Level 2 work). Interviews, focus groups and surveys with young people, families and community stakeholders were conducted to establish views on the new service and whether there had been improvements in how safe community spaces were felt to be in relation to EFRH. Finally outcomes were examined at child-level through standardised measures and data from the LAs' statutory returns to the DfE to establish whether the new system had enhanced young people's welfare, in relation to, for example, repeat referrals, numbers of convictions recorded for looked after children, mental wellbeing, life satisfaction, and a sense of community.

Key findings

Many aspects of the new Contextual Safeguarding system have been implemented and embedded. New procedures, tools and frameworks are in place and are included in a publicly available Implementation Toolkit¹. Referrals can now be accepted, recorded and dealt with in relation to a peer group of young people engaged in risky activities or relationships, and on a specific location, such as a recreational ground where criminal behaviours have been noted, or young people say they feel unsafe. Case files now reflect a common partnership language and increased recognition of EFRH. Compared with other LAs, Hackney now has a more robust system for addressing EFRH. Staff feel more confident in this aspect of their practice. There is evidence of culture change. Level 1 work is now almost fully embedded in Hackney and further advanced than comparators' systems in most respects – policies and procedures are in place which mean that EFRH is

¹ <https://csnetwork.org.uk/toolkit>

addressed consistently and with specificity in Hackney. While not all Level 2 interventions, nor the procedures that support them or assess their impact, are in widespread and consistent use, Hackney is now much better equipped to assess and respond directly to contexts in which EFRH occurs than comparable LAs.

It can be concluded that Contextual Safeguarding Theory provides a workable framework upon which system development to address EFRH can be built and there are some slight indicators that suggest it has the potential to exert a positive impact on practice. Project learning is being disseminated widely and influencing practice. Firmin and her colleagues are working closely with 9 LAs as part of a formal scale-up project, funded by the National Lottery Community Fund, and are supporting 19 other LAs and 12 organisations from the voluntary sector in implementing Contextual Safeguarding using the Implementation Toolkit. 20 more LAs and 9 organisations from the voluntary sector are participating in interest groups and 8000 professionals are signed up to the Contextual Safeguarding network, which disseminates learning. The value of including a Contextual Safeguarding approach in addressing EFRH is noted in the national interagency safeguarding guidance, 'Working Together' (HM Government, 2018).

However, the final configuration of the new Contextual Safeguarding system in Hackney is not in place and fully embedded, so costs cannot be ascertained and compared with other systems. It is too early for robust evidence to be generated regarding improved service user experiences or enhanced child-level outcomes. We would suggest that 2-3 more years might be necessary for the embedding of the new system to be completed, costs ascertained, and the degree of impact evidence to be evaluated. Only then might the value for money of the new system be adequately appraised.

Lessons and implications

The delay in generating impact outcomes reflects the ambitious and experimental scope of the project and the time-consuming and complex nature of the tasks, including culture shift in every aspect of the safeguarding system and with community stakeholders. We would suggest that similar projects in the future should allow more generous timescales for implementation and embedding; this has implications for the DfE in terms of expectations regarding timelines for innovation projects and their evaluation, as well as for projects and evaluators designing their proposals. The Hackney pilot does not provide a model system structure to be copied by other LAs. Each new site will need to interpret the theory for the specific contexts, needs, stressors and preferences within their setting. In any LA, this will take considerable time and require input at a range of levels (training, new processes and practices, adaptation of existing forums, etc.). However, the Implementation Toolkit produced through the pilot means that other LAs will not need to start from scratch but can build on the considerable raft of policies, guidance, tools and training materials available.

Staff churn, resource limitations, and the impact of Ofsted inspections impeded system implementation and the gathering of evaluation data. These are not exceptional contextual challenges but common across the sector and should be considered as central to the field, rather than peripheral issues in making sense of practice methods and systems. Issues were experienced with the quality and consistency of LA administrative data, including variation across years and between LAs in what was recorded, the format used, and data recording practices by professionals. Given the variability of statutory data between years and LAs, there may be a case for further tools to support uniformity in structured datasets such as the CiN Census. Ultimately, the cleaning and data manipulation process is time consuming for researchers and risks reducing the quality and reliability of data. At this time, no single case management system exists, and the process of generating annual child-level reporting is challenging to already busy LA data teams. National approaches to improving the quality and consistency of these datasets are important, and there may be economies of scale to benefit from in moving closer to consistent child-level data between all LAs and year-on-year.

One of the challenges in using pre-existing statutory datasets to evaluate EFRH was in the absence of indicators in data which clearly identify extra-familial risk factors for children in need. To identify a proxy measure of EFRH, we analysed the CiN data for factors that were often identified together in social work assessments of individual children. This revealed clusters of risk factors with some clear distinctions between extra-familial and familial risk profiles. Through then identifying the presence of risk factors from assessments across the course of a child's journey through the care system, we could then construct a weighted score risk from extra-familial sources. Further details of this process can be found in Appendix 9. The factors which were identified as contributing to this score were: alcohol misuse by the child; drug misuse by the child; child going missing; socially unacceptable behaviour; gang-related; and child sexual exploitation. Going forward, this proxy indicator may support the identification of EFRH cases within the wider CiN dataset, provide a crude indication of severity, and act as a measure of changes in the identification of EFRH within an area over time. This may be particularly useful in the absence of any indicators in statutory datasets of the types of support and intervention that young people have received (i.e. from Contextual Safeguarding teams); however caution should be taken if considering usage between LAs due to local variation in assessment and data recording practice.

1. Overview of the project

1.1 Project context

This report presents the evaluation of the design and implementation of a pilot Contextual Safeguarding system in the London Borough of Hackney. The project was funded by the second round of the Department for Education's (DfE's) Innovation Programme. The project was led by Hackney Children and Families Service, working with an Academic Development Team at the University of Bedfordshire. The mixed methods evaluation was conducted by the University of Sussex and Research in Practice. The set-up and implementation phase of the project was April 2017 to March 2019, followed by an embedding phase April 2019 to March 2020.

At the time of application to the DfE Innovation Programme in 2016, crime committed by and on young people had become a locus of concern, not only for Hackney but across the country. Public-space safety was a key issue for young people, and peer groups (both face-to-face and online) were recognised as featuring strongly in child sexual exploitation, gang-related violence and crime, and harmful sexual behaviours. There was a growing recognition that individualised, family-focused approaches to assessment and intervention did not provide a sufficient nor well targeted response to addressing the extra-familial contexts and peer and social relationships which are associated with many safeguarding concerns facing adolescents. Children's social care systems were optimised to manage individual cases rather than to coordinate management of cases where association with a network or location was driving risks.

In seeking to find a new way to ameliorate these new forms of extra-familial risk and harm (hereafter EFRH) associated with peer groups and environments, Hackney formed a partnership with Carlene Firmin and colleagues at the University of Bedfordshire. Contextual Safeguarding Theory (Firmin *et al.*, 2016) was based on their groundbreaking research which had revealed how the extra-familial contexts and peer and social relationships which move to centre stage in adolescence can outweigh parental influence and that, as a result, family-focused assessment and intervention might not increase safety for a young person during this period of their life. They proposed that Contextual Safeguarding Theory could act as the basis for development of a new system which recognises, values and works with peer, as well as family, relationships and moves beyond individualised solutions to consider how capacity could be built for communities and across agencies to help keep young people safe. Importantly, Contextual Safeguarding Theory did not offer a manualised or standardised model to be operationalised with fidelity to achieve particular outcomes, but what could be better described as a methodology: a conceptual approach which requires sensitive and nuanced innovation suitable for a particular context.

1.2 Project aims and intended outcomes

The pilot of Contextual Safeguarding in Hackney aimed to develop a new system underpinned by a shared (interagency) approach which framed EFRH through the lens of child welfare rather than crime reduction or community safety. The emphasis was to be on building strengths, promoting welfare, changing environments, and reducing EFRH for young people – both those considered at high risk, and those living in ‘hotspot’ areas (i.e. where there had been significant activities involving young people and criminality, such as gang violence, sexual harm, or drug dealing). Ultimately the system would address EFRH at two levels. At Level 1 ‘contextual thinking’ (analysis of the risks posed within peer groups, locations and other contexts) would be incorporated into work with a young person at high risk and their family. Level 2 would involve targeting the actual contexts in which EFRH occurs, putting in place processes and practices which enable referrals to be made about locations, environments, and peer groups in their own right, to screen and assess these referrals, and to put plans in place to reduce the risk identified. So, while a social care professional might work with parents to increase their capacity to be protective around a specific child, the intervention might additionally involve brokering or coordinating the work of a wider partnership of professionals to reduce the risk that the child was experiencing in a park, shopping centre or at school rather than just focusing on changing the behaviour of the parent. In this way, the need to relocate young people or the whole family away from unsafe contexts would conceivably be reduced.

The project proposed that its success could be judged in 3 key ways. First, whether Contextual Safeguarding Theory could provide a framework for the development of a new safeguarding system which would assess and work with local environments and adolescent peer groups where EFRH was occurring, rather than solely focusing on any behaviour changes displayed by young people who were at risk in those contexts. Second, whether the new system was more effective than a conventional system at assessing and addressing such risks. And third, whether any additional costs were justified by attendant benefits. In addition, the project committed to ensuring that learning would be analysed and collated in a form which would enable other local authorities (LAs) to spread and scale the Contextual Safeguarding approach, if it were found to be beneficial and cost effective.

1.3 Project activities

Importantly, Contextual Safeguarding Theory does not offer a manualised or standardised model to be operationalised with fidelity to achieve particular outcomes, but rather a conceptual methodology which requires sensitive and nuanced interpretation and implementation. Hence, it was not possible to predict what the new Contextual Safeguarding system would look like nor what policies, procedures and practice methods might need to be put in place; these needed to be created and piloted, and reflexively informed by embedded action research. It was recognised that such developments would

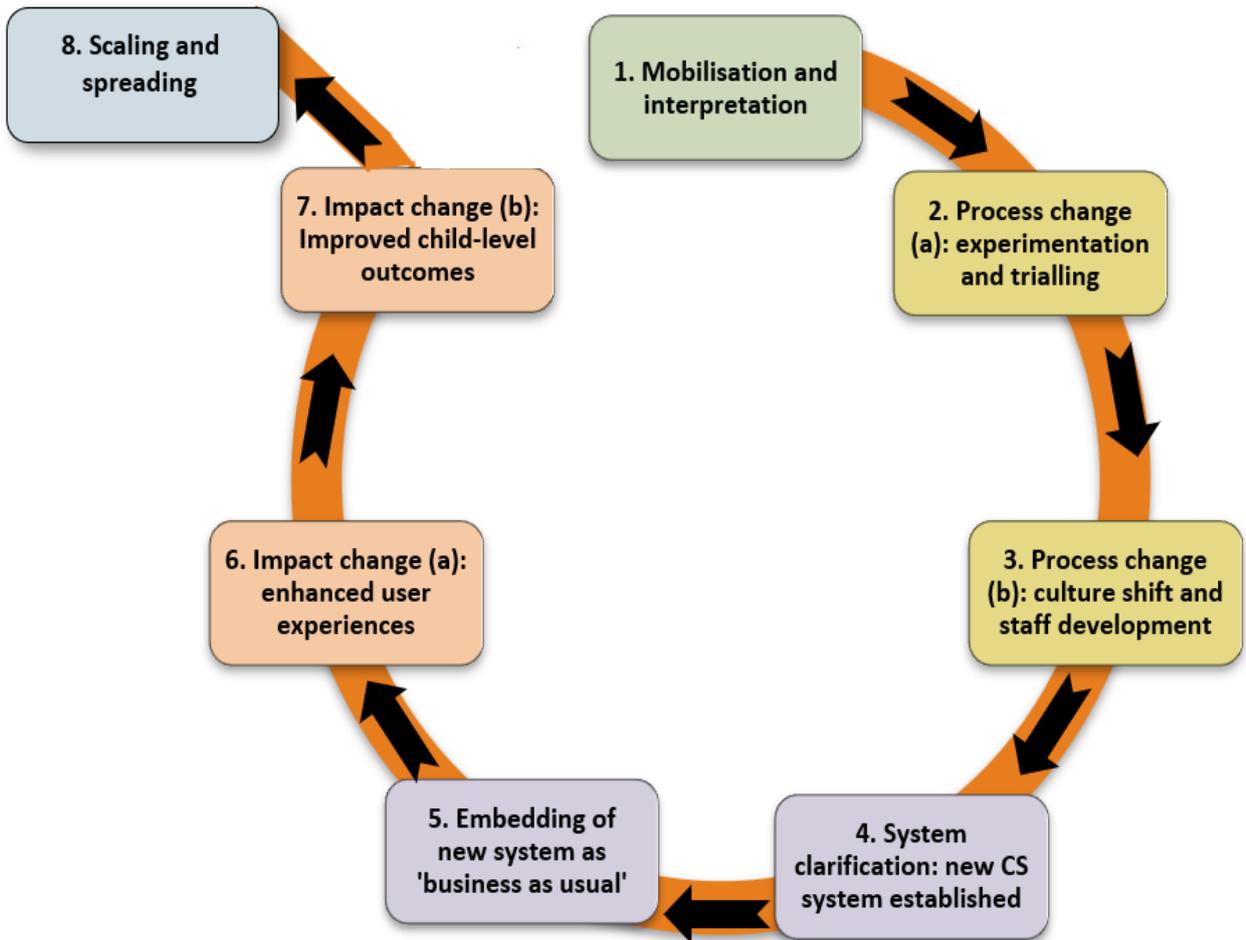
require: a shared approach between children's services, related agencies and community stakeholders with a reach into extra-familial contexts (such as transport providers, retailers, youth workers, residents associations, recreation services, schools and so on); learning and development to support cultural change; and a fundamental redesign of existing procedural and ICT systems to enable the new kind of working, and sophisticated analysis of intelligence across a range of contexts.

The Innovation Programme funding was necessary to fund the time and resource for such partnership-building and experimentation, and to ensure that 'business as usual' with the existing individually-focused safeguarding system could be maintained whilst the new processes were operationalised and tested. The project was initially funded from April 2017 to March 2019. The mobilisation stage (set-up and initial interpretation of Contextual Safeguarding theory) was projected to take 3 months. This was to be followed by a 2-stage implementation phase. The first would produce internal and external policies and procedures and completion of initial ICT system changes. The second would pilot the new approach in a hotspot area of Hackney and with a peer group of young people involved with such activities. A year's further funding was gained for a designated embedding phase (until March 2020) which was to provide opportunities for new procedures and approaches to be piloted across the Borough, in relation to all parts of the system, and for this to become 'business as usual'.

The project's proposed system redesign was based on a detailed Theory of Change, developed by the project team in consultation with local stakeholders (see Appendix 1). Our appraisal is that the design implicated 8 iterative stages, each being informed reflexively by embedded research along the way (see Figure 1).

Importantly, two stages of what has been termed 'process change' (shifts in organisational and interagency policies, procedures, cultures, skills and practices – see Young Foundation, 2020) would be necessary before contextual factors could be reliably addressed in each aspect of a child's journey through the service. Only then might impact changes be achieved in relation to young people and families' experience of the service response, and improvements in child-level outcomes (such as enhanced safety, fewer placements out of area, and less involvement with criminality). It was envisaged that scaling and spreading would take place once the approach had been found to be workable and effective. In Section 3.1, we go on to evaluate the project's trajectory through these stages.

Figure 1: The assumed stages of system redesign



2. Overview of the evaluation

2.1 Evaluation questions

The evaluation questions were designed to research both the degree of process change in relation to the new system design, and whether this had impacted experiences and outcomes measurably, such that it could be assumed that the new system was more effective than the pre-existing system in Hackney, or the systems in other LAs:

1. Is there evidence that the new Contextual Safeguarding system is fully embedded across children's social care and at the interface with local agencies?
 - a. Are new service structures, practice methods, guidance, transformed thinking, and community measures in place across the service?
 - b. Are they deep-rooted and resilient to future political change or resource constraints?
2. How does the approach to referral, identification, assessment, planning, and review in the new system compare with the approach in Hackney pre-system change, and with comparable LAs?
 - a. Has the capacity of children's social care to identify, assess and address EFRH increased and become more efficient as a result of the project?
 - b. Do practitioners feel more confident in their practice, and better supported by the supervisory and management system in addressing EFRH?
 - c. Are any increased costs of the new system justified in terms of value for money?
3. Do young people, families and communities perceive improvements in Hackney since Contextual Safeguarding was introduced?
 - a. Do young people and families involved with children's social care, experience EFRH services as being more responsive to their needs, better able to assess and address risks, and taking their views into account?
 - b. Do young people, families, and community stakeholders say they feel safer in contexts and locations previously identified as presenting a risk of harm?
 - c. Do stakeholders feel more confident to refer concerns about contexts and do they feel more involved in service and community planning?
4. Is there measurable evidence of improved child-level outcomes?
 - a. Have welfare indicators improved for children in need and children who are looked after?
 - b. Are there any improved indicators for young people in localities where contextual community interventions have taken place?
5. What is the learning from the evaluation regarding the future scaling and spreading of Contextual Safeguarding?

6. Have there been any unintended outcomes from the project for systems, staff, families or communities and have learning points been addressed?

2.2 Evaluation methods

This mixed-methods evaluation was conducted by the University of Sussex working in partnership with Research in Practice between December 2017 and March 2020. In evaluating the degree of process change, we tracked the innovation journey to create a staged model of progress, through multiple sources of data. The impact evaluation broadly followed a realist evaluation methodology (Pawson and Tilley, 1997), seeking to identify whether the new Contextual Safeguarding system was more effective than other approaches; if so, in what ways; who the main beneficiaries were; and whether the identified benefits might be applied to other contexts. The evaluation attained Level 3 on the The Maryland Scientific Methods Scale through comparing system processes and outcomes in Hackney before and after the implementation of Contextual Safeguarding, and with 3 comparator LAs judged as similar to Hackney to provide a counterfactual (see Appendix 9 for how these were selected). The comparators are anonymized in this report as LA1 (a London borough where additional fieldwork was conducted), LA2 (another London borough), and LA3 (a metropolitan borough in the North of England).

A range of data were collected at 3 time points:

- Baseline: prior to the introduction of Contextual Safeguarding, around March 2017;
- Time 1 (hereafter T1): midway in the implementation phase, May-October 2018;
- Time 2 (T2): towards the end of the project's funded phase, October 2019-February 2020.

Ethical approval was provided through the University of Sussex and the London Research Governance Alliance. Evaluation methods are summarized here in Table 1, which signposts appendices with further details. Appendix 2 clarifies any changes from the methods originally planned.

Data were analysed to establish the extent of three kinds of change: a) process change, which indicated developments in system structures, procedures, and interventions; b) the subjective impact of the changes on those operating, referring to, using, or assumed to benefit from the new system, including young people and families receiving safeguarding services, and young people attending schools in EFRH 'hotspot' areas; and c) improvements in child level outcomes, including reductions in repeat referrals and convictions recorded for looked after children, and improved mental wellbeing, life satisfaction, and a sense of community.

Table 1 Summary of data collection methods

Method	Data analysed	Changes from original plan	Detailed appendix	Research questions
Case file reviews in Hackney to see if the identification of EFRH increased, and if the language and processes of Contextual Safeguarding became more apparent	18 cases randomly selected, with review of 4-6 documents for each case over a 2 year period.	Planned comparative sample in LA1 could not be obtained from them	3	1a
Analysis of system change review process in Hackney to ascertain the progress of inter-agency working and cultural change, and capture progress.	Observation of system change review sessions; secondary analysis of records.	As planned.	2	1a
Interviews with senior professional leads in Hackney and the 3 comparators, with follow-up interviews at T2, to clarify differences in the approach to extra-familial risk.	Hackney: 5 at T1, 4 at T2 LA1: 3 at T1, 1 at T2 LA2: 2 at T1, 1 at T2 LA3: 2 at T1, 1 at T2	Original plan was: Hackney: 3 at T1, 3 at T2. Each comparator LA: 1 at T1, 1 at T2	2	1a 1b 2a 3c
Analysis of strategic and operational documentation in Hackney and the 3 comparators to compare systems for working with EFRH	Hackney: docs from all time points. T1 docs from LA1 and LA3. T2 docs from LA2.	As planned	4	1a,1b 2a
Interviews with social workers for young people at extra-familial risk, with follow-up interviews at T2.	Hackney: 10 at T1, 4 at T2. LA1: 10 at T1, 1 at T2.	Originally 10 at T1, then 10 at T2 in both LAs	2	1a,1b 2a,2b
Staff surveys to gather evidence of process change in Hackney's embedding period and compare extra-familial risk systems across the 4 authorities.	Hackney - July 2019: 8 participants; Jan 2020: 7. LA1: Jan 2020 -18 participants. LA2 - 0 LA3 - 0	Additional method to better capture process change and differences across LAs	5	1a,1b 2a,2b
Community mapping: Focus groups with years 8 and 10 in 2 secondary schools in Hackney considered EFRH 'hotspots'.	8 groups at T1. 5 groups at T2 with the following year's cohorts.	3 fewer groups than planned at T2.	6	3b,3c 4b

Community mapping: Focus groups with youth groups in Hackney and LA1 youth clubs or hubs	1 group in Hackney and 1 in LA1 at T1	Additional compensatory method	7	3b,3c 4b
Community mapping: Short questionnaires through youth clubs or hubs in Hackney and LA1	17 young people in Hackney, 12 in LA1 at T2.	Additional compensatory method	7	3b,3c 4b
Community mapping: Interviews with black young people involved in a Hackney youth panel	4 at T2, 2 female, 2 male (secondary analysis)	Additional compensatory method	2	3b,3c 4b
Interviews with young people involved with children's social care due to extra-familial risk.	1 in Hackney at T1	10 planned for T1, with follow up at T2	2	3a,3b 4a,4b
Interviews with the parents or carers of young people receiving a service for EFRH	1 at T1, 2 at T2 (secondary analysis), all in Hackney	10 planned for T1, with follow up at T2	2	3a,3b 4a,4b
Focus group with parents involved with a parent support group	Group of 5 women in Hackney at T2	Compensatory method	2	3a,3b 4a,4b
Secondary analysis of community mapping, focus groups and surveys by the embedded researcher.	Hackney: throughout.	As planned	8	3b,3c 4b
Case studies combining young people's interview data, standardized measures, case file reviews.	None completed due to missing data.	10 planned for Hackney and LA at T1 and T2.	2	3a,b 4a,b
Analysis of LA statutory data returns in Hackney and 3 comparators to ascertain evidence of service response and child level outcomes.	Child in Need (CiN) Census and SSDA 903 data at Baseline and T2	LA2 only provided 2 annual returns. School census data too limited	9	4a,b
Standardised questionnaires with 2 successive year 9 cohorts in schools considered EFRH 'hotspots' to measure changes in wellbeing, coping and community integration and safety.	T1 number of young people: Hackney -126; LA1 - 76. T2: Hackney - 142; LA1 - 96.	Additional compensatory method as no sample of young people receiving EFRH interventions	10	3b 4a,b
Cost benefit analysis.	Could not be conducted.	Costs not provided	2	

2.3 Limitations of the evaluation

First, our analysis was limited by the various constraints on the data we could gather from the LAs. Only one interview was conducted with a young person and her carer in Hackney, and this was at T1 only. None were conducted in LA1. This was because both Hackney and LA1 were unable to provide access to participants despite intensive efforts on the part of the research team. Managers in each LA provided us with the contact details of social workers involved with families where there was EFRH; the practitioners were to act as gatekeepers, passing on information sheets and consent forms to young people and parents, answering their questions and enabling informed consent to participation to be gained. However, many social workers declined to even approach 'their' young people, as it was 'not the right time' to interview them, for example because of a placement move. Some practitioners were struggling to engage the young person or parent themselves, so approaching them about research was low priority for them. Others discussed the research with young people and parents but stated they were not interested. When we tried to progress matters, practice leads and practitioners expressed commitment to the project, but constantly expressed how the sensitive and dynamic nature of EFRH means families often experience contested and conflictual relationships with professionals, and the lives of young people are often marked by crisis and change, including them going missing.

This means very little data represents the perspectives of those groups on service experience before and after system redesign. We have sought to compensate for this through bringing young people's perspectives into this research through community samples: standardized measures with young people about wellbeing, coping and community safety; secondary analysis of interviews with young people in hotspot areas conducted by the Hackney participation worker; and focus groups in schools, in youth clubs in areas identified by Hackney as 'hotspots' for EFRH, and with an advisory council of young people. Although not the target groups, these were valid mitigation measures as Contextual Safeguarding Level 2 interventions aimed to enhance the experience of community safety more broadly as well as for the highest risk families. Similarly we sought to access any existing groups of parents and carers who could provide a perspective on the service. Hence, in Hackney at T2 we conducted a focus group with an existing parenting group of parents and carers in Hackney at T2 and were able to secondarily analyse two interviews with parents. See Table 1 for details.

Second, the variability over place and time in the ways that LAs collect and collate data for statutory returns hindered analysis. This could not have been known until encountering this data. More details of specific methodological limitations from the administrative data are provided in Appendix 9. Not only can we not be certain that all Child in Need (CiN) cases for all years are represented, but there are a number of errors and inconsistencies within the data submitted: some fields are missing for certain returns;

data practices have changed in the LAs even within this 3-year period; codes are not used in the same ways (for example Hackney does not classify any cases in certain years as 'No Further Action Required' at referral); some ID numbers (which are used to link data between tables) are missing or inconsistently used. Thus, it is not possible to consistently track individual young people between the SSSA 903 and CiN Census, and across multiple years. Nor could we track the impact of specific Contextual Safeguarding activities on this group from before to after system redesign.

Third, as we had indicated at the interim stage, the timeline set by the DfE for conducting this evaluation was premature. This was a highly ambitious project involving substantial iterative process change, in systems, cultures and practices, and it became clear during the evaluation that much more time would be needed for the project to explore what was needed, and to design, trial and evaluate new tools and procedures in a series of reflexive loops. We will go on to present substantial evidence of process change so far achieved. Nonetheless, some aspects of system development are ongoing, and the final configuration of the new Contextual Safeguarding system is not yet in place. For this reason it was not possible for Hackney to cost the new system and for comparisons to be made with pre-project costs. Improvements in child level outcomes have not yet been observed. This is unsurprising, given the new system is not yet fully embedded, but it means that the value for money of the new system cannot be ascertained. More time is needed for the system to be finalised before it can be seen whether it makes a positive difference for young people, families and communities.

2.4 Declaration of interests

As a result of our work on this evaluation, a research partnership was instituted between certain members of the evaluation team at the University of Sussex (Michelle Lefevre and Kristine Hickle) and Research in Practice (Susannah Bowyer and Oli Preston), and the Academic Development Team at the University of Bedfordshire (Carlene Firmin, Jenny Lloyd and Katie Latimer) specifically to develop a collaborative research project exploring social care innovation to address EFRH experienced by young people. Our 'Innovate Project' has been funded by the Economic and Social Research Council since November 2019 and Contextual Safeguarding is one of the approaches under investigation. Lefevre (the Principal Investigator both of the Hackney evaluation and the Innovate Project) is also a member of the steering group for the Contextual Safeguarding Scale-up project in other LAs, which is led by Firmin.

We would suggest that our more recent collaboration has informed the critical scrutiny of the evaluation team by enabling us to better understand the intricacies of Contextual Safeguarding and the levers and barriers to its innovation trajectory in LAs. We are clear that it has not otherwise influenced the course of this evaluation work, nor biased the findings and key messages set out in this report.

3. Key findings

Process and outcome change will be detailed in turn, first considering the trajectory of system change, then the experience of service users and other stakeholders, and finally ascertaining whether there are any improvements in child-level outcomes.

3.1 Is the new Contextual Safeguarding system fully operational and embedded?

Figure 1 in Section 1.3 of this report provided a staged model of the assumed stages of innovation that (we suggested) the Contextual Safeguarding project would have needed to traverse to meet all of its aims. We now draw on data from across the project to appraise the stage that the project has reached in this assumed trajectory.

Development in the implementation phase (April 2017-March 2019)

System change review sessions were held bi-monthly through the project, led by Firmin, the originator of Contextual Safeguarding. These enabled a thorough and ongoing monitoring of project progress to be managed by the interagency system, with a very tight focus on how project goals might be met. A bonus of this was the careful mapping of the process change elements by the Academic Development team, which informed the subsequent proactive and highly influential work on scaling and spreading. Our interim evaluation report provides substantial analysis of the system change review process.

This analysis, combined with data from T1 interviews with Professional leads and social workers, documentary analysis, and secondary analysis of data collected by the embedded researcher, revealed that, one year into the implementation phase (Spring 2018), a good start had been made with process change. Interagency working was well underway to develop an understanding of how and where the new Contextual Safeguarding system needed to improve responses to vulnerable adolescents and families, and address risks posed by peer groups and locations. Piloting of new tools and procedures had started, such as the new safety mapping tool. Interviews with professional leads in community safety, health, education and early help indicated that culture shift had already happened within their agencies and across interprofessional working practices; leads were confident that such changes were system wide and would be resilient to changes in staff. By the autumn of 2018 more detailed challenges were being addressed in a granular fashion, for example how to open a peer group referral on children who were already open to the service, and a Contextual Safeguarding version of the ICT system (MOSAIC) was being tested.

However, progress was behind the planned trajectory. Stage 1 – mobilisation – had taken closer to 9 months than the 3 months anticipated in the project proposal. In part, this was

because the new Contextual Safeguarding team based in children's social care needed to be established from scratch, and then the project lead left midway through implementation. Perhaps more importantly, Contextual Safeguarding theory, at the beginning of the project, was simply that – a theory that required experimentation and consultation to gain an initial understanding of what work needed to be done within each aspect of the service and at the interface with other agencies and community stakeholders. Any timeline could only have been guesswork as exactly what would be needed, and what challenges might be faced, could not be certain until the work started.

By the end of the implementation phase and our interim evaluation report (March 2019), questions remained in a number of areas regarding how the new Contextual Safeguarding system might manage risk thresholds or compel statutory actions. While a number of aspects of system change were not in place, a key project deliverable was met, with the publication of an Implementation Toolkit² which makes available, open access, all of the learning, tools and system facilitators which will enable other LAs or systems to develop their own Contextual Safeguarding systems. Indeed there are a number of LAs now engaged on a scale-up project³. The toolkit thus provides professionals with a roadmap for embedding Contextual Safeguarding in: referrals and screening; assessment processes; planning and review; support, help and intervention; monitoring and evaluation; staff training; and policy, strategic engagement, and commissioning.

The project then moved into a further funded phase earmarked for 'embedding' (April 19-March 20). We now go on to consider what various aspects of the data collection signify in relation to current stage of embedding Contextual Safeguarding in Hackney.

Do policy and guidance direct a comprehensive approach to working with EFRH?

Documentary analysis of policy, guidance and tools, informed by interviews with practitioners and professional leads, enabled a picture to be formed of the strategic direction and operational approach, and whether that shifted between baseline and T2 (see Appendix 4). This revealed a shift over time from the introduction of concepts and procedures related to the Contextual Safeguarding approach, towards more sophisticated frameworks and policies, and more consistency in terminologies and approaches. Extensive policy and procedural guidance had been introduced to direct the new service and refined iteratively as its efficacy is tested. The child's pathway through the system, from initial identification of need and referral through to assessment,

² <https://csnetwork.org.uk/toolkit>

³ <https://www.csnetwork.org.uk/scale-up/en>

intervention, review and case closure, was clearly identifiable. At T2, it was possible to see how processes had been further clarified and reviewed over time. In terms of Firmin's Level 1 work (introducing a contextual perspective into work with individual young people and families), more recent guidance sets out procedures to ensure that EFRH is considered and recorded during all child and family assessments and addressed through action planning, intervention and review. There is evidence of progress at Level 2, with clear routes now in place for referral and response in relation to peer groups, schools and public spaces, and for subsequent assessment, multi-agency discussion and action planning to reduce the risk in extra-familial contexts. Guidance directs how these actions will feed back into any individual child and family assessments and plans for young people affected by a context. There is consistent evidence of review, oversight and development, training implementation, work stream planning and partnership working.

In summary, the documentation, surveys, interviews, and the observation of meetings revealed the development over time of a comprehensive and clear framework to support the embedding of Contextual Safeguarding in Hackney, supplemented by a toolkit of policy, practice, and procedural resources. At the level of guidance and policy, contextual approaches are now integrated into 'business as usual'.

Do case files indicate consistent use of Contextual Safeguarding terminology, tools and frameworks by social workers?

Further details of the case file review process are provided in Appendix 3. Between 4 and 6 documents (including assessment and review reports) were reviewed from the case files of 18 young people in Hackney where there had been involvement due to EFRH, including that of a young person, M., interviewed at T1. The review compared the earlier documents (as close as possible to the start of the Contextual Safeguarding project) with the most recent. Key themes that emerged were as follows.

The frequency of recording of factors related to EFRH increased over time. In some of the earlier documentation EFRH was identified but not always recorded in the language of Contextual Safeguarding. Specific risks, such as criminal or sexual exploitation could be inferred given ensuing actions, but were not explicitly named. In contrast, most of the later documents identified and recorded EFRH in a common partnership language, with substantial increases in both the frequency of mentions of EFRH and the breadth and detail of recording.

The later documentation revealed more explicit assessment of EFRH using Contextual Safeguarding tools and processes, such as peer mapping, safety mapping, context assessments, and eco maps. There was evidence in the later documents that professionals were assessing the dynamic interplay between different aspects of EFRH (for example how a peer group might be involved with criminality in a particular location).

However, there was not much evidence of specific, targeted, collaborative EFRH interventions to address risk apparent within young people's case files, even at T2.

Many cases included referral to the new EFRH Panel in order to develop a multi-agency plan. Details of any ensuing assessments of contexts and links between assessments or interventions were more limited, particularly in the earlier documentation. It required some scrutiny of action and intervention planning during our review to infer that intervention plans did include EFRH-specific interventions. Thus, while intervention plans were comprehensive and holistic, and were most likely to include approaches inherent to the approach, they did not always use the language of Contextual Safeguarding explicitly. However, it is also possible that other documents for each young person that were not made available to the case file review might have included such detail.

There was insufficient indication that co-ordinated EFRH interventions were being reviewed to ascertain evidence of outcomes achieved. It is however likely that the timescales of the documentation provided for review did not encompass a long enough time period to enable significant review of EFRH-specific interventions beyond EFRH assessment actions, and clear indication of outcomes related to these.

In summary, the comparison of early and late stage case file documentation revealed an increasing frequency of EFRH identification. In many cases, there were significant escalations of EFRH and the breadth and detail of recording expanded across the case files at T2 towards a common partnership language related to the Contextual Safeguarding Approach. A review of files in 2-3 years time, once the new approach has been embedded for some time, might provide more clarity in relation to consistent use of practice approaches and an indication of review of related outcomes.

Do social workers feel skilled and supported in working with EFRH?

Ten social workers were interviewed in Hackney at T1, with 4 followed up at T2. At both points in time, participants felt generally positive about working for Hackney. The environment was described as supportive in relation to taking risks and being creative in their work with young people. Participants also spoke favourably about the Contextual Safeguarding project, feeling that a concentrated focus on addressing EFRH was necessary. Those workers who had consulted with the Contextual Safeguarding team had found them helpful, and most participants at both time points spoke with some familiarity about Contextual Safeguarding tools, such as those for mapping peer groups or risk assessing locations:

It's integrated into what we do, I think it has been for a long time, triangulation in assessments, so thinking about risks in relation to peer groups, in relation to gangs, in relation to social media usage, in

relation to what happens after school, where they're hanging around and so on, going missing [social worker]

Peer mapping was described as not only useful for professionals' understanding of current risks, but in facilitating insight into young people's own sense of safety and risk. This led to positive outcomes:

J.'s doing really well. She's not open to us anymore. They've actually moved out of the area... no police reports, no nothing, no involvement. Her name hasn't come up in any of the peer groups.

[social worker]

Hackney participants had a good level of awareness of Contextual Safeguarding work being done in schools and other locations, and several spoke about trialling group work with both young people and parents. While there was evidence that the Contextual Safeguarding project was beginning to be embedded across the service at T1, a primary challenge emerged across all interviews: practitioners struggled to hold EFRH in mind, when they had been trained to look first at the family. While some held this view uncritically, others acknowledged that this was simply a default response and they wanted to find new ways of thinking about EFRH in their work.

By T2 there was some evidence of positive change in relation to the impact that the project was having in Hackney, but this was limited as only 4 social workers were available for re-interview. They were aware of new procedures and approaches such as EFRH Panels, which had been implemented since the previous interview, and felt these could be helpful. Three had increased in confidence in working with EFRH (using a self-efficacy scale of 1-10, where 1 was 'no confidence' and 10 'extremely confident') and felt able to reflect on how Contextual Safeguarding tools and processes (particularly the Extra-familial Risk Panel) might have been useful with families they were involved with previously. They felt their recognition of EFRH had improved, including in relation to risky locations, and they knew better how to intervene.

These interviews, however, suggested that Contextual Safeguarding was not yet well embedded in social work teams. Participants continued to struggle at T2 with the dynamic, rather than static, nature of assessing and intervening with EFRH, for example, changes in peer group alliances which caused levels of risk to fluctuate. They felt that expertise was held separately by the project team and they would have benefited if that team were better integrated into the wider service to support them at a practical level with interventions. Interestingly, this was not the role of the project team, which was to set up to create a systems change and to develop guidance, tools and processes, not to deliver interventions. This suggests that, perhaps, staff in the wider service were not necessarily clear what the role of the project team was. It also suggests that staff might like the kind

of approach taken by LA1 and LA3, which was to have specialist practitioners who were available for consultation and support with EFRH cases.

Finally, when asked about what was needed to continue improving Contextual Safeguarding work in Hackney, participants' responses remained similar across both time points: (i) more training, particularly in relation to online risks/social media; (ii) more opportunities to share information amongst other social workers, teams, and with multi-agency partners; (iii) increased activities to keep young people occupied; (iv) increased police presence that was sustained, predictable, and reliable; and (v) for schools to use exclusions as a very last resort – some felt they were used too easily with the young people on their caseloads – as young people not in education, employment or training were more likely to be caught up in activities and networks related to abuse, exploitation, anti-social behaviour and criminality.

A view from the Ofsted inspection

Hackney was inspected by Ofsted in November 2019. As is usual in such inspections, there was a substantial amount of work for the Borough associated with this process. The report, published December 2019, raised specific areas of concern regarding the quality of practice and services in meeting children's needs for help and protection; Hackney's rating dropped from 'Good' (2016 inspection) to 'Requires improvement'. This result triggered a good deal of review and improvement activity across the directorate which affected Hackney's forward planning for the Contextual Safeguarding project in the final months of the funded period. However, it is important to note that Ofsted's appraisal of the developing Contextual Safeguarding system was positive and reflects the evaluation findings on the stage of implementation:

Multi-agency interventions with vulnerable adolescents are helping to address the risks associated with exploitation, serious youth violence and going missing. Concerted efforts are made to engage children in work to develop their insight in order to decrease the risk in their daily lives... Work to develop a 'contextual safeguarding' approach is having an early impact at a community level and is providing a single multi-agency planning forum to consider the risk for networks of young people. Children's risks are well identified through analysis of information-gathering and liaison between professionals, including the Hackney integrated gangs unit and neighbouring boroughs. Following a period of detailed planning, leaders recognise that there is more work to do to fully integrate and align the approach in day-to-day social work practice. In a small number of case where this approach is being used, social workers are making effective use of peer mapping to help children make more positive choices about

friendship groups and the safer use of social media (Ofsted, 2019, p.5).

The final configuration of the new Contextual Safeguarding system

Progress towards the project goals has been slower than originally set out by the project team in their timeline. Much has been achieved in relation to process change – the stages of experimentation, trialling, culture shift and staff development. Many new tools, procedures and structures have been designed and piloted. Partnership agencies can now make a single referral about a peer group rather than needing to refer individual young people separately, and can also refer schools or neighbourhood locations for assessment and intervention where it is believed that they facilitate EFRH. Multi-agency safeguarding hubs can screen such referrals and allocate assessments within either Early Help or a statutory child protection context, and these are facilitated by assessment ‘triangle’ tools. These peer groups and locations are recorded in their own right on the ITC system, and can be connected with young people. A multi-agency panel and ‘Context Safeguarding Conferences’ consider EFRH and agree action in relation to peer groups, schools and neighbourhood locations as well as individual young people. Interventions can be put into place to address the risk of harm being facilitated by the peer group or context itself which include changes to policy, culture, and level of adult oversight, alongside any physical changes required to increase safety.

Until close to the submission of this report, Hackney was still working to determine what the final configuration of its Contextual Safeguarding system should be (i.e. how many staff of what discipline and level, and in what team configurations, would do Level 1 and Level 2 work). In our model of the innovation trajectory (Figure 1), this should have been clarified at Stage 4. A planning process was undertaken in Hackney in the latter half of 2019, reviewing services for vulnerable adolescents, but the firming up of decision-making and planning was delayed by the work involved in managing and responding to the Ofsted inspection.

Work is now ongoing on firming up plans for the new system and the suggested configuration is set out in Table 2. Hackney has termed Firmin’s Level 1 activities as ‘Tier 1’; these will remain core social work activities. Level 2 work (termed ‘Tier 2’) will be held by a ‘Safeguarding Adolescents Unit’ (or similar). This decision was reached due to recognition that it was very difficult for social workers to develop and maintain knowledge and skills for Level 2 work when it was a relatively minor aspect of their overall workload. This proposed configuration would allow a smaller interdisciplinary group of practitioners to develop substantial expertise and localised knowledge. They will be able to provide intense and targeted support and outreach with young people, in groups and individually, and provide a rapid and flexible response, including in evenings and at weekends, in the environments where EFRH is occurring. They will co-ordinate multi-disciplinary responses, work preventatively with community stakeholders, and provide specialist

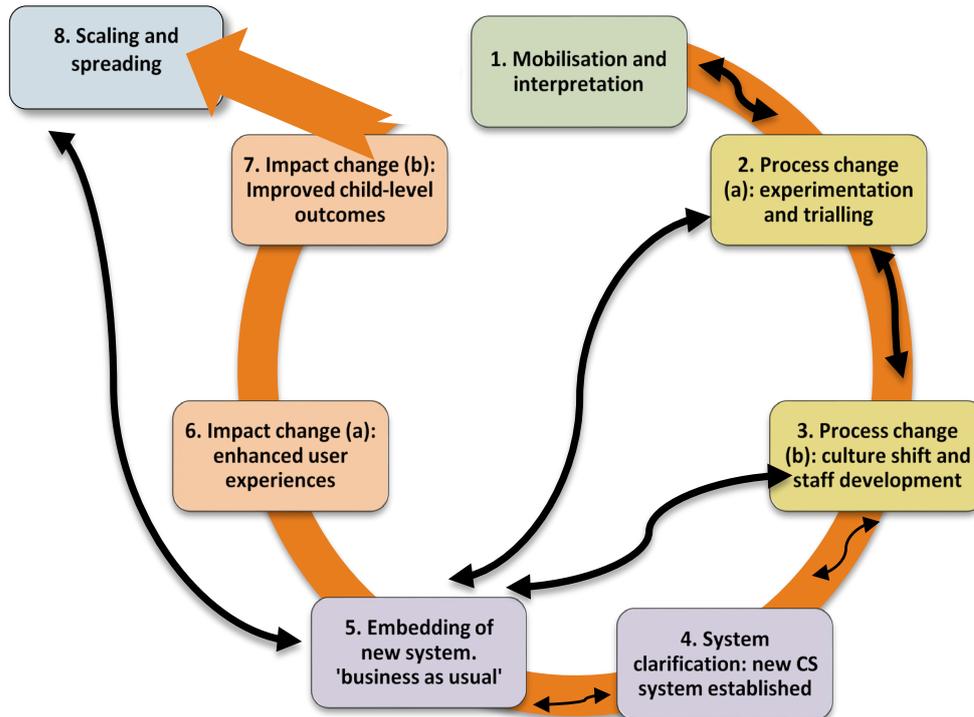
support to social workers in relation to specific families. However, at the time of submission of this report, no details were available from Hackney as to exact numbers of staff with specific trainings and at particular career stages.

Table 2 Hackney’s proposed 2 tier system

	Tier 1	Tier 2
Referral and screening	Information about peer, school and neighbourhood is collected at point of referral	A peer group, school or location can be subject of a referral
Assessment	Assessment of children, families and parenting capacity considers EFRH contexts	Assessments of EFRH contexts including peer groups, schools, locations
Planning	Plan for young person and family considers interventions in contexts beyond family	Building safeguarding plans to increase safety in extra-familial contexts
Interventions	Interventions with young people help them to consider contextual safety; interventions address context facilitating harm	Interventions with peer group dynamics, locations and cultures, e.g. in schools. Community guardians and bystander interventions introduced.
Policies	Threshold decisions based upon on level of harm rather than the source or location of harm	Thresholds to be subject to assessment and subject to a Contextual Safeguarding Conference

In summary, data analysis already discussed in this section, and further considered through the next section, reveals that Contextual Safeguarding is not yet fully embedded across the service as ‘business as usual’. In our view, the level of progress in relation to the innovation trajectory is as set out in Figure 2. A process of reflexive experimentation, change and learning has been apparent in relation to the first five stages, and there are good indicators of process change. Progress has been strongest between stages 1, 2, 3 and 5; there are now procedures and tools available (referred to above) which address some aspects of EFRH and these have been disseminated widely, contributing to the scale and spread of Contextual Safeguarding, as we have also discussed above. However, these new approaches are only embedded in parts of the system, and the exact configuration of the new system is not yet clarified let alone fully established. As we now go on to detail, there is not yet sufficient evidence of impact change, either in relation to enhanced service experiences for young people and families (Stage 6) or child level outcomes (Stage 7). As the shape of the final configuration of the system is only now starting to emerge, it has not been possible for Hackney to provide the evaluation team with what the new system will cost, so that we could compare it with its previous costings, or costs elsewhere. Hence, the value for money of the new system in relation to the (as yet unclear) costings also cannot be established.

Figure 2 The Contextual Safeguarding project's current stage in its innovation trajectory



3.2 How does Hackney's system for working with EFRH compare with that in the other LAs?

The approach in LA1

Interviews with practice leads and documentary analysis revealed that comparator LA1 has been on a journey of learning and development over the past three years to develop how its system works with EFRH. The LA1 system configuration can be broadly defined as a conventional child safeguarding system – where the focus is on referring, assessing and addressing risks in relation to individual children and their families – but with support, guidance and oversight provided by specialist practice leads and enhanced interprofessional collaboration. Daily meetings are held between the police, a team working with gangs, and children's social care which review new intelligence about risky locations. Then, one type of interprofessional meeting focuses on overview information about contexts and peer groups that emerge from these, and another discusses specific cases. Only referrals on individual children can be received and recorded on the ITC system, rather than groups or locations in their own right. However, separate peer mapping meetings are used to connect links between young people and may lead to joint strategy meetings. An analyst working with gangs and exploitation co-ordinates intelligence to share on a daily basis with both the interdisciplinary meeting (so a

strategic plan can be established to reduce risk in groups and locations) and with individual practitioners, so they can address risks for specific young people. A youth service offers groupwork with young people and parents and targeted outreach in areas where EFRH is found to be emerging, including with schools, businesses and services. Interventions can be put in place to enhance community safety, such as increased police patrols, changes of locks on estate buildings, new lighting in areas, and portable CCTV.

Key findings from staff surveys

A survey of staff across children's social care was introduced as an additional measure late in the evaluation to capture further evidence of process change during the embedding period in Hackney, and to compare it with the other LAs. The survey was conducted twice, in June/July 2019 (8 responses) and December 2019-January 2020 (7 responses), to capture any changes in confidence or awareness through the embedding period. As numbers are very low, representing a tiny proportion of overall staff, there is no statistical significance in any quantitative findings and it must be emphasised that there is a very short time period between the 2 data collection points in Hackney (just 6 months). Hence, any perceived positive differences may be by chance due to the particular idiosyncracies of each sample. Nonetheless, we have counterposed both Hackney surveys with the 18 responses from LA1 to provide a descriptive snapshot. Appendix 5 provides further details, including respondent profiles for Hackney and LA1.

In the first Hackney survey, around half of the participants were very confident in working with some aspects of EFRH, such as child sexual exploitation, and young people going missing, but less so in others, such as anti-social behaviour, gang-involvement, peer-on-peer abuse, online grooming, and radicalisation. By the second survey, by which point all participants had received training in Contextual Safeguarding, staff confidence was a little higher in most aspects of working with EFRH, particularly peer-on-peer abuse, involvement in 'county lines' or drug dealing, and drug misuse, and respondents were more confident than those in LA1 across most questions.

In 3 qualitative questions in the first Hackney survey, respondents were required to list indicators of EFRH, and factors within and outside the family that they thought might increase EFRH for young people. Responses across each authority and time point were comparable; all respondents demonstrated a good level of knowledge of the indicators of EFRH and factors related to the family, peer groups or locations which might increase a young person's vulnerability to EFRH. Respondents had higher confidence in risk recognition, and knowing how and where to refer risks, than in addressing risks themselves with young people, parents, and peer groups, including online.

In Hackney survey 2, respondents expressed higher confidence in how to use Contextual Safeguarding tools and resources, record risks, assess and address online risks, and how to refer on. However, while confidence in assessing and recording peer group risks

was higher in survey 2, staff confidence in intervening directly with peer groups was still relatively low. Nonetheless, in both Hackney surveys the respondents saw children's social care as taking the lead or co-ordinating role in such Level 2 work as assessing and intervening with risky peer groups, working with schools to address risky groups and locations, and assessing and intervening with public spaces linked with EFRH. In LA1, respondents did not view these to be core work for children's social care.

While a third of the respondents in both Hackney survey 1 and LA1 thought the quality of the communication between their team and other agencies with EFRH was either very poor or needed some improvement, in Hackney survey 2, all respondents thought it was at least 'okay'. However, confidence in working with other public services and business in the local area (e.g. transport services, shopping centres, libraries, take-away shops) to address the locations and environments which make young people feel unsafe was quite low at both time points in all 3 surveys; it was lowest in LA1.

All participants in Hackney had heard of the Contextual Safeguarding Project and, interestingly, so had almost all in LA1. All could describe it in brief. All had been involved with at least one case of EFRH over the past year as either a practitioner, supervisor or manager. Hackney survey 1 respondents were most satisfied with the training they had received, followed by those in LA1. LA1 respondents were more satisfied than respondents to both Hackney surveys with how supervision helped them work with EFRH cases. When asked if the young person or parent had said whether they felt helped and supported, there was generally a mixed picture in Hackney. Notable, however, is that in the first survey, 2 participants had not inquired into this with either the young person or the parent, whereas all had in the second survey.

In summary, these 7 respondents in Hackney completing survey 2 had higher apparent confidence in a range of EFRH tasks, tools and systems than those in LA1 and those completing the first Hackney survey. There were positive indicators already early in the embedding period of the extent to which participants understood about EFRH assessment and processes of intervention, suggestive of a culture which had shifted to recognise the dynamics of Contextual Safeguarding. By the end of the project, there were further indicators of process change, with increased confidence in some areas of working. However, some areas were identified where further targeted training and support for staff might be beneficial to further embed the new approach. It needs to be emphasised again that these were very small numbers, and should be merely considered a descriptive snapshot.

Key themes from social worker interviews in LA1

Ten social workers were interviewed in LA1 at T1, but did not make themselves available for follow-up at T2. Only one new participant made themselves available for interview at

T2. Staff described themselves as overly busy and a number had left or changed roles by T2. Hackney interviewees were also busy but there was a lower degree of staff change.

LA1 interviewees demonstrated as good a level of understanding about the EFRHs facing young people, and the complex dynamics involved as those in Hackney. They also demonstrated contextual awareness, for example discussing how young people temporarily relocated often returned to the area because of connections with family or friends, and subsequently became re-involved with risky peer groups or locations.

Some LA1 workers gave examples of constructive co-working with local police and practice leads held consultation meetings regularly with the police. However, information sharing was sometimes problematic; the police were perceived as selective regarding intelligence-sharing. Other interviewees expressed concerns that the police tended to apply a criminal rather than welfare or trauma-informed lens to young people's involvement in gangs, serious youth violence, or organised crime, insufficiently taking account of the impact of exploitation and/or intra-familial risk factors. Social workers described this as getting in the way of building trusting relationships with young people and addressing EFRH and intra-familial risks in an integrated way. Interviews in Hackney had suggested cultural change in the police was a bit more advanced.

LA1 offered a range of training on EFRH that was valued by social workers. Interviewees felt competent in assessing EFRH but they were less confident than those in Hackney in how to intervene effectively and achieve aspired outcomes. They felt high caseloads were an obstruction to the creative, relationship-based involvement needed with young people and families. As with Hackney, the requirement to work with situations of both intra-familial and extra-familial risks meant they did not necessarily build up expertise in assessment or intervention with peer groups or environments; this added to LA1 interviewees' sense that their interventions lacked creativity and were ineffective.

Interviewees felt strategic guidance in LA1 was robust. Individuals and teams valued specialist support and consultation from highly skilled specialist practitioners. Some interviewees would have preferred a separate team that dealt solely with EFRH to avoid diluting the time they felt was needed for their primary role, i.e. Firmin's Level 1 work (contextually-informed work with young people and families). They did not feel that Level 2 work (directly addressing EFRH within peer groups and contexts) was a core social work responsibility. This was in contrast to Hackney social workers, even those who lacked confidence and skills in that area of practice.

LA1 practitioners felt more work was needed in local estates, schools, and youth services to monitor problematic behaviours and reduce gang recruitment. While some schools were thought to be good at supporting social work assessments and child protection plans, and monitoring young people in their settings, others were less so. While most youth clubs were thought to offer a safe place of positive influence to young people, one

specific youth club was criticised by social workers for attracting gang recruitment and failing to address gang rivalries. The police, reportedly, had been unable to tackle the problem, leaving young people at risk. Again, here, there seemed to be a greater need for Level 2 work in the community, whereas this work was further advanced in Hackney.

Comparative analysis

Hackney and the 3 comparators were asked to provide all relevant process, policy and strategic documents for Baseline and T2 that set out the a) strategic picture in relation to how they dealt with complex extra familial risks, b) the operational guidelines for managing such cases through from referrals, and c) the journey of young people through the system. All 4 authorities provided Baseline documentation. Hackney provided additional documentation which represented a variety of stages of the project and we were also able to consider the implementation toolkit. Appendix 4 provides further details of this documentary analysis. That analysis was then reviewed and supplemented by data from the interviews with the social workers and senior professional leads in each authority, survey findings, and the analysis of secondary data from the embedded researcher, to construct Table 11 in Appendix 11. That provides a detailed indication of which aspects of proposed Contextual Safeguarding developments have been fully achieved, those where there is some or only little progress, and those aspects for which progress has not yet been ascertained.

We go on to provide in Table 3 below a summary comparative picture; we have rated the system of each comparator LA on a scale of 1 to 5 to indicate the extent to which their approach is comparable to Hackney's for addressing EFRH at both Level 1 (addressing EFRH for a young person alongside intra-familial harm and risk) and Level 2 (addressing contexts, peer groups and locations):

- 1 = Work is only occurring at Level 1 and no plans are yet in place for Level 2
- 2 = Level 1 is sufficiently developed but work at Level 2 is at an early stage
- 3 = Level 1 work is well-developed and work is well underway for developing Level 2
- 4 = The approach is as well-developed as Hackney's at both Level 1 and Level 2
- 5 = The approach is more advanced than Hackney's at Level 1 and Level 2

Table 3 suggests that, while developments are in train in the 3 comparator LAs, with particularly good progress made by LA1, Hackney is further advanced in most aspects. Systems and approaches to support Level 1 work are now almost fully embedded in Hackney and further advanced than comparators' systems in most respects.

Comparators are starting to think about developing Level 2 work and, again, LA1 has made more progress here. But it is at Level 2 that the Contextual Safeguarding approach has enabled Hackney to push further forward. Nonetheless, not all interventions, nor the procedures that support them or assess their impact, are in widespread and consistent

use across Hackney. As Appendix 11 shows, some require further development and others are being introduced incrementally.

Table 3 Comparing Hackney’s approach with the 3 comparators

Hackney’s achievements	LA1	LA2	LA3
1) Partnership agencies can now make a single referral about a peer group rather than separate individual referrals	3	2	1
2) Partnership agencies can make a referral about a context facilitating harm (school or neighbourhood location)	3	2	1
3) Multi-agency Safeguarding Hub can screen peer group and context referrals and allocate assessments within Early Help or statutory context	1	1	1
4) Case Recording system can record against peer groups in their own right, connect young people on the system within the peer group, and record and capture information by location of harm	2	1	1
5) Assessments of peer groups can be allocated and undertaken, using the peer group assessment triangle	1	1	2
6) Assessments of school and neighbourhood location contexts can be undertaken using the context assessment triangle	3	2	1
7) Multi-agency EFRH panel takes place to consider all forms of extra-familial harm and agrees action in relation to peer groups, schools and neighbourhood contexts as well as individual young people	4	4	4
8) Interventions can be put into place to respond to the presenting issues in peer group dynamics and relationships beyond actions for individual children	4	2	1
9) Context Safeguarding Conferences ensure co-ordinated multi-agency plan to reduce the level of harm being facilitated by the context (not just at child level)	2	2	1
10) Interventions can be put into place to address the risk of harm being facilitated by the context itself which include changes to policy, culture, level of adult oversight, alongside any physical changes required to increase safety	4	2	2

In summary:

- Referrals about contexts and locations (rather than an individual within that peer group or in that location) remain the exception in Hackney, rather than the norm;
- There have been some environmental adjustments in EFRH hotspot neighbourhoods following consultations with communities (for example increased lighting), but there still needs to be a framework for sustaining this. Tracking of the

impact of such improvements needs to be put into place so the extent to which young people and families have benefited can be ascertained;

- The planning for addressing risk and harm within and outside families is not always integrated and inclusive. Multiagency meetings and structures need to be able to address contexts of EFRH to the same degree as those addressing intra-familial risk and harm. Looked after child reviews, child in need meetings, strategy meetings and child protection conferences need templates in place to ensure EFRH is considered and recorded routinely;
- There is work still to do on shifting cultures and attitudes regarding the relevance of EFRH work to children's social care, including amongst senior leaders. There has been a programme of training and most staff are now aware of the new tools and systems but, as yet, they are not necessarily confident and skilled in their use.

3.3 Have young people or families noticed a difference as a result of Contextual Safeguarding?

We now go on to discuss whether any impact has been felt by young people or families as a result of the new ways of working. We consider not only experience of involvement with safeguarding services by those at highest risk (interventions at Level 1), but whether young people in hotspot areas feel community safety has improved as a result of Level 2 community interventions with schools, peer groups, and other environments.

Have young people experienced improvements in children's social care services for EFRH?

As noted in the limitation section, we have almost no data enabling us to understand how young people experience Level 1 interventions for EFRH. We had intended at T1 to interview 10 young people involved with children's social care due to EFRH, who would have been followed up at T2. However, we were able to elicit only one anecdotal picture at T1 – from M., a 16 year old female who had been involved with children's social care for most of her life, and latterly for EFRH. M. expressed some positive views on this involvement and had developed a good understanding of peer and community safety, suggestive of constructive intervention. However, she also spoke of her mistrust of safeguarding professionals, for example, how she had hidden information from social workers, fearing it would be passed to the police and generate reprisals. M. was not available for follow-up, and we were unable to access other young people in either Hackney or LA1 for individual interviews about the social care response to EFRH.

Do young people think community safety has improved in relation to EFRH?

Level 2 interventions for Contextual Safeguarding seek to intervene with risky peer groups and make locations and other environments safer for young people. To learn whether young people felt community safety had improved, we conducted focus groups and community mapping with young people in two schools in hotspot areas of Hackney (see Appendix 6 for fuller details), young people in youth hub or youth club settings in Hackney and LA1 (see Appendix 7), and secondary analysis of 4 interviews with a consultation panel of young black people at T2, which had been conducted by the Hackney participation worker.

Community safety was an issue of substantial concern for young people in Hackney at both time points. Examples of serious youth violence were given and young people had a clear sense of which areas were most or least risky. Participants were concerned about cuts, as youth clubs were starting to close, homelessness was increasing, poverty and social disconnection were growing, and community cohesion was thought to be decreasing. Participants felt solely responsible for their own safety. At T2, there were some indicators of increased worry about community safety for young people in Hackney. Gang visibility and activity seemed even higher than at T1, and was strongly associated with the relative safety of areas. There was lower trust in the Police at T2. This was particularly noticeable with black or other minority ethnic young people, who also spoke of pervasive negative stereotyping across communities based on their appearance and ethnicity, and the need for area regeneration and community role models.

However, there were some changes at T2 in Hackney that were consonant with the aspired outcomes of Level 2 work. Some areas that were considered unsafe at T1 were not seen as so unsafe at T2. T2 saw more discussions about the role played by wider networks, such as faith groups and community resources, in improving environmental and contextual safety, rather than young people feeling entirely responsible for keeping themselves safe.

Both Hackney and LA1 participants had a good understanding of safe and unsafe areas, what factors contributed to this, and what improvements needed to be made in their locale. In both, there was the challenge of crime, knife and gang crime and its impact on young people having to stay aware, avoid particular situations and areas and avoid violence. Both cohorts knew where to find information about keeping safe with peers and in locations. In both LAs, some areas were becoming safer over time. However, there were some differences. Hackney participants were more likely to tell a family member about an area feeling unsafe, whereas LA1 participants were more likely to tell a youth worker. Young people in both boroughs wanted adults to listen, be aware, and take action but LA1 participants had less confidence that these adults would take action to make an area safer. Instead they seemed to internalise a greater sense of responsibility

for keeping safe and managing their environment. More Hackney participants had taken part in discussions or projects to make the community safer or better looking.

It must be emphasised that these were not comparable samples. The school focus groups in Hackney compared a cohort from one year group with same-aged young people the following year, so this method did not involve tracking changes in the views of the same young people over time. There were fewer focus groups in the second cohort. In LA1, there was only one group at T1, and a set of questionnaires at T2. There was only a relatively short time period between T1 and T2 (one year). Participants were representative of the general population of young people in EFRH hotspots likely to benefit from community-level interventions rather than young people receiving a service for EFRH who would be most affected by the introduction of Contextual Safeguarding. Nonetheless, there are some slight indicators that have relevance for the aims of the Contextual Safeguarding project and further data collection 2-3 years hence could provide more robust evidence of change.

Do parents and carers think social care services or community safety have improved?

We had intended to interview 10 parents or carers of young people receiving a service for EFRH at T1, who would have then been followed up at T2. However, at T1 we were able to interview only M.'s carer and she was not available for follow-up. At T2, Hackney were able to provide us with access to an existing parenting support group to provide a community sample who could comment on whether locations and environments felt safer for young people (Level 2 interventions). Five mothers participated. In addition, we were able to undertake secondary analysis of interviews of two mothers of young people where there had been Level 1 intervention for EFRH (these had been conducted by the Hackney participation worker). Table 4 provides an outline of these female parent or carer participants and the ages and gender of the children they discussed at interview.

Table 4 Profile of children that parents and carers discussed

Time point	Group or individual	Age	Gender	Age	Gender	Age	Gender
T1	Individual	16	female	n.a.	n.a.	n.a.	n.a.
T2	Individual	n.k.	n.k.	n.k.	n.k.	n.k.	n.k.
T2	Individual	n.k.	n.k.	n.k.	n.k.	n.k.	n.k.
T2	Group	15	n.k.	11	n.k.	7	n.k.
T2	Group	13	female	n.a.	n.a.	n.a.	n.a.
T2	Group	18+	n.k.	18+	n.k.	8	male
T2	Group	15	n.k.	11	n.k.	11	n.k.
T2	Group	10	n.k.	8	n.k.	2	n.k.

n.k. = not known *n.a.* = not applicable, that is, no other children

The T1 carer had been generally impressed with a sensitive and helpful service received to address EFRH. Professionals had gained M.'s trust and helped her understand the nature of the risks she was involved in. They helped M. move schools when she was being bullied. One of the T2 interviewees was similarly positive about the service, saying that social workers were helpful, interested, seemed like they cared, and were trying to do their best to find solutions, and rectify what was going on. The other participants had a degree of mistrust in statutory agencies and were worried about being judged if their children were involved in EFRH, but they did describe social workers as being able to recognise EFRH and respond helpfully.

There were positive signs at T2 that community safety initiatives were starting to bed in, including an increase in police patrolling areas that parents felt were unsafe, and an increase in police or community safety officers on bicycles around schools at key times, such as after school. However, participants described many unsafe areas in Hackney for EFRH and remained concerned about gang activity, child criminal exploitation, and street violence. Parents wanted an increased police presence and for a sense of community cohesion to be fostered. One participant was scathing about schools excluding troubled young people rather than continuing to work with them, as risk could escalate when young people were at home in the daytime without structure.

Overall, parents' descriptions of professional responses in Hackney can be classified as primarily being at Level 1 (thinking with the family about the contexts within which risks were occurring), rather than at Level 2 (which might have included direct intervention with dangerous peer groups or bullying in the school context). However, these numbers were very small and just provide an anecdotal picture. All participants were female, so the sample is not balanced in terms of gender. We were not able to track views over time, as per our original aspiration, and no comparison was available in LA1 at either time point.

3.4 Are there any improvements in child-level outcomes?

Key themes from standardised measures completed by young people

The original intention was to complete standardised measures with young people involved with safeguarding services for EFRH. As these were not available we accessed a large community sample – over 400 in total (see Appendix 10). Measures were completed with the year 9 cohort in one secondary school in Hackney and another in LA1 in 2018-19, and compared with measures completed by the year 9 cohort in 2019-20. Measures assessed the level of change in wellbeing and life satisfaction, coping strategies, and sense of community and school belonging. Each school was selected as it was considered a hotspot for EFRH. The Hackney school had received some input from the Contextual Safeguarding team and hence students might be presumed to have benefited from Level 2 interventions, which would directly address environments and peer groups in the locality.

Perhaps the most important finding is that there are no significant differences between the 2 time points on any of the measures for the Hackney cohorts, which we might have hoped to see if Level 2 work from the Contextual Safeguarding project had resulted in significant changes within the school and local community. However, as noted already, the Contextual Safeguarding system was not fully embedded by T2, so it is not surprising that there was insufficient time for substantive changes to have accrued. In addition, it is important to keep in mind that these are cohort analyses only, comparing the year 9 cohort in 2018-19 with the year 9 cohort in 2019-20, and so there is no tracking of changes over time for the same young people.

Nonetheless, there are some slight but reliable patterns emerging from the 2 Hackney datasets:

- Girls displayed lower wellbeing and life satisfaction in both cohorts compared with boys, and had a lower sense of community feeling, pride, and social support within their local area. While these were general patterns across both Hackney and LA1, the gender difference in wellbeing was significantly greater in Hackney than in LA1. We are not able to provide a rationale for these gender differences but they are important to consider in understanding the experience of young females in an area considered to be a hotspot for EFRH.
- There are some reliable patterns of different predictors of life satisfaction and wellbeing in both Hackney datasets. Feeling accepted and a sense of belonging in school were predictors of life satisfaction in both cohorts. School acceptance and school safety were predictors of wellbeing.
- There are some interesting differences in the predictors of wellbeing and life satisfaction between the 2 Hackney cohorts, most notably from positive opportunities in Hackney being a key predictor at T1, to community feeling in Hackney at T2. This may indicate a shift in the importance of community feeling rather than specific activities and opportunities.

A further period of data collection in 2 or 3 years comparing year 9 cohorts from the same schools in Hackney and LA1 with the 2018-19 and 2019-20 cohorts would be beneficial to ascertain whether any significant and reliable patterns emerge over time and between LAs which might indicate that Contextual Safeguarding Level 2 interventions are making a positive difference to young people's wellbeing and life satisfaction, coping strategies, and sense of community and school belonging.

Findings from the comparative analysis of LA administrative data

Outcome measures ascertainable through the CiN (Child in Need) Census and SSSDA 903 data were examined in Hackney and the 3 comparator LAs for each reporting year 2016-2019 (see Appendix 9). Through analysing factors identified at assessment we explored how administrative data might illuminate patterns in referral or case

management regarding the EFRH that the Contextual Safeguarding system was designed to address. Neither LA systems nor DfE reporting requirements have a coding for EFRH underpinned by a common definition, so a straightforward identification of such cases and their service patterns and outcomes was not available to us. To address this, we needed to develop a proxy indicator for EFRH. Through analysing multiple assessments in relation to individual children, distinct clusterings of risk factors were revealed with some clear distinctions between extra-familial and familial risk profiles (see Figure 3 in Appendix 9). The clustering we deemed to provide a proxy for EFRH comprised: alcohol misuse by the child; drug misuse by the child; child going missing; socially unacceptable behaviour; gang-related; and child sexual exploitation; as well as sexual abuse and neglect if in the presence of one of these EFRH factors. We used this proxy indicator to classify cases as EFRH, or not. Through then identifying the presence of risk factors from assessments across the course of a child's journey through the care system, we could then construct a weighted score risk from extra-familial sources.

Going forward, this proxy indicator may support the identification of EFRH cases within the wider CiN dataset, provide a crude indication of severity, and act as a measure of changes in the identification of EFRH within an area over time. This might guide services responses at a local level and aid service evaluation. This may be particularly useful in the absence of any indicators in statutory datasets of the types of support and intervention that young people have received; however caution should be taken if considering usage between LAs due to local variation in assessment and data recording practice.

Further findings from the analysis of statutory data returns from Hackney and the comparator sites are as follows.

Demand for services – LAs experienced relatively stable rates of referral to children's social care 2016-2019. There were no shifts in demand in Hackney as a result of the introduction of Contextual Safeguarding.

Age at referral – this was comparable and constant for all 4 authorities, with a median age of around 7-8 years old from 2016-19. There was no obvious increase in the number of 12+ year olds referred to Hackney children's social care as might be anticipated with increasing recognition of EFRH.

Source of referrals – there was a slight increase in both Hackney and LA1 in the proportion of cases at 2019 referred through education and health services, and a decline in the proportion of cases referred by the police. This contrasted with LA2 and LA3 which have less well-developed systems for EFRH (see 3.2). Such a shift might indicate a cultural change in understandings of EFRH in Hackney and LA1 as being welfare-connected, rather than crime-connected. There was also a slight increase in Hackney in cases referred by 'other' sources, which could potentially include community

organisations or businesses, in line with the Contextual Safeguarding focus on community engagement. However, the increase was too slight to confirm a trend.

Factors identified at assessment – Hackney recorded higher levels of EFRH than other areas where total demand is higher based on referrals (for example LA3). However, this did not change between 2016 and 2019, so we posit that this is more likely to be linked to local recording practices.

Relationship between risk factors for Children in Need (CiN) – in Hackney, our analysis showed very limited patterning between EFRH, in contrast with the comparator authorities where factors such as missing episodes, gang involvement, socially unacceptable behaviour, and substance or alcohol misuse were significantly correlated in the data. However, the data are not clear enough to attribute potential causes or even whether this is a positive or negative outcome. This lack of patterning may simply reflect different recording practices in different areas.

Number of cases where EFRH is identified – in Hackney, LA1 and LA3, the proportion of EFRH cases did not appear to change significantly over time. There was, however, an increase in the identification of some aspects of EFRH in LA2 (including child sexual exploitation, socially unacceptable behaviour, and self-harm) from 2018. This may reflect increased recognition of EFRH in LA2 as it began to develop EFRH-related services.

Length of assessments – in all 4 authorities, cases where EFRH factors are recorded were more likely to take longer to assess than other cases. However, the difference was very slight, and may simply result from data anomalies rather than different approaches being taken to cases.

Type of placements – all areas saw a reduction in the use of children’s homes from 2017 onwards, which appears to be a national trend. As numbers are low (5-20 per year in Hackney), a longer period of reporting would be needed to see if such changes reflect a marked trend. The use of secure children’s homes was relatively stable 2016-19 in all 4 authorities, as were placements in Young Offender Institutions.

New and changed placements – Data on the reasons for changes is very limited in the SSDA 903 return. Only top-level reasons for placements are recorded. Of these, only the ‘socially unacceptable behaviour’ code is relevant to the project and, for all 4 LAs, little change was visible in new and changed placements. A slight increase in placement changes was noticeable from 2018 onwards in Hackney compared with the other 3 authorities; however, data were limited and no conclusions can be drawn at this point.

Outcomes for looked after children – the SSDA 903 statutory return collects limited data on these. Of most relevance to this evaluation are numbers of convictions recorded for looked after children. These remained relatively stable over time for all 4 authorities.

Differences in individual child journeys – there was a large variance in the service journeys of children with high EFRH scores, within and between LAs. For some children, involvement of children’s social care appeared light touch (i.e. assessment only), while for others there was repeated, high intensity involvement, such as investigations, child protection plans and placements. Some young people experienced multiple assessments, suggesting that needs were not fully met in their first encounter with the service. There appeared to be a larger proportion of these cases in LA2 and LA1 than in Hackney and LA3, but as data are longitudinal at child level it is difficult to identify trends.

In summary, at this stage, the data do not reveal any clear changes over time in service patterns or child-level outcomes in Hackney pre- and post-project, nor between Hackney and the 3 comparator local authorities over the same period. Where differences can be ascertained they are too slight and/or recent to indicate any definite trends or for meaning to be attributed. This is not surprising as the most recent data (2019) were collected at a time when aspects of the new system were still undergoing development and implementation. In our view, the project needs to be fully operational and embedded for a period of time before it should be anticipated that new systems, cultures and practices result in enhanced service experiences and outcomes for young people and families. It would be beneficial to conduct a further analysis after 2-3 years, at which point longitudinal changes in the number of EFRH cases can be further analysed, as well as re-referral rates for EFRH cases from the intervention period.

4. Summary of key findings on 7 practice features and 7 outcomes

Evidence from the first round of the Innovation Programme led the DfE to identify a framework of 7 features of practice and 7 outcomes to explore further in subsequent rounds (Sebba *et al.*, 2017). Evaluators from this round have been asked to consider the extent to which findings reflect this framework, and whether particular practice features lead to any of the outcomes, including in combination. Of relevance to our evaluation are one feature of practice (Systemic theoretical models) and 4 outcomes (Reducing risk for children and young people; Reducing days spent in state care; Increasing wellbeing for children and families; and Generating better value for money). We address each in turn.

Contextual Safeguarding Theory aspired to reduce EFRH for children and young people through whole system change. Conventional safeguarding systems have sought to enhance safety through assessing and addressing risks, vulnerabilities and strengths related to the family system. In shifting the focus to contexts, locations and peer groups, Contextual Safeguarding offered a systemically-informed system that was able to address EFRH at 2 levels: Level 1 incorporates contextual thinking into work with those individual young people and families at highest risk and requiring targeted safeguarding interventions; Level 2 involves working directly with contexts and groups to build strengths, change environments, and reduce EFRH for all young people in hotspot areas, not just those at high individual risk.

The evaluation findings (surveys, interviews, case file reviews, documentary analysis) indicate that the implementation of Hackney's new Contextual Safeguarding system is progressing well in terms of process. Systems and approaches to support Level 1 work are now almost fully embedded in Hackney and further advanced than comparators' systems in most respects (based on interviews with professional leads and social workers, staff surveys, and documentary analysis in Hackney and with the comparator LAs). While not all Level 2 interventions, or the procedures that support them or assess their impact, are in widespread and consistent use across Hackney, the Contextual Safeguarding approach means that Hackney is now much better equipped to address EFRH at Level 2 than comparable LAs.

The new system is only just now moving into position and it is not yet possible to say that Contextual Safeguarding reduces risk for either the highest risk young people (with interventions at Level 1), or young people living in EFRH hotspot areas (Level 2 interventions). However, it should be possible to see, if there were a further stage of data collection in 2-3 years' time, once the new system has been fully embedded for a while, whether or not there are changes in service user experience and child-level outcomes. These would be the priority for further data collection:

- To determine the degree to which Contextual Safeguarding is embedded and supports practice, the staff survey should be repeated in Hackney and comparator LAs to indicate staff attitudes in working with EFRH and confidence in working with tools, procedures and practice approaches at all levels of the service;
- To determine whether Contextual Safeguarding at Level 1 has been a constructive and beneficial experience for young people and families, individual interviews should be conducted with those involved with children's social care due to EFRH. We have recommended Hackney fund a participation worker to engage with families over time to conduct these interviews and make transcripts available for secondary analysis in order to obtain a meaningful sample;
- To determine whether Contextual Safeguarding at Level 1 has changed service patterns and improved outcomes, SSDA 903 and Child in Need census data from the statutory returns of Hackney and the three comparator LAs should be further compared, with a particular focus on cases classified (using our proxy indicator) as EFRH. We might expect to see in Hackney, for example, a reduction in placements away from home, including in out-of-area placements, and secure units, and a reduction in criminal convictions for children in care;
- To determine whether Contextual Safeguarding at Level 2 has enhanced wellbeing, coping and community integration and safety, standardised questionnaires should again be collected from year 9 cohorts in the Hackney and LA1 schools, and community mapping should again be conducted with young people in schools and youth clubs in EFRH hotspot areas.

Finally, as the final configuration of the new system was not in place by the end of the evaluation, Hackney was not able to provide us with costings for the new system going forward. Hence, we could not compare Contextual Safeguarding as configured in Hackney with the costs of comparable systems elsewhere. A further priority for future evaluation would be cost benefit analysis to determine whether the new Contextual Safeguarding service might generate better value for money.

5. Lessons and implications

Contextual Safeguarding Theory, at the beginning of the project, was simply that – a theory that required experimentation and consultation to gain an initial understanding of what work needed to be done within each aspect of the service and at the interface with other agencies and community stakeholders. As noted above, system redesign is not yet finalised and embedding not yet complete. However, the delay in fully meeting the project aims does not (in our strong view), reflect a lack of work on the part of the project, or limitations of the Contextual Safeguarding approach, but rather reflects the time-consuming and complex nature of the tasks involved, the range of which it was impossible to have predicted in advance, given that Contextual Safeguarding was an entirely new methodology. The vision and scope of the project was highly ambitious and experimental. Contextual Safeguarding theory required the interpretation and trialling of new procedures and tools, and culture shift, at every aspect of the safeguarding system and with community stakeholders. Substantial process change has already been achieved in respect of system development and culture change, and this constitutes in itself a significant achievement.

There are some limited indicators that suggest Contextual Safeguarding has the potential to exert a positive impact on practice but very limited evidence is available so far regarding service user experiences or child-level outcomes. This is not surprising, as the new system is not yet finalised and embedded. The final report of Round 1 of the Innovation Programme indicated that social care innovation generally requires substantial lead-in time for process change to translate into enhanced service experiences and outcomes for young people, families and communities (Sebba *et al.*, 2017). We would suggest that 2-3 more years might be necessary for the embedding of the new Contextual Safeguarding system in Hackney to be completed, costs ascertained, and impact evidence to be generated. Only then might the value for money of the new system be adequately appraised. We would suggest that future projects involving such large scale system change need to set more generous timescales for implementation and embedding; this has implications for project designers, researchers, and the DfE in terms of expectations regarding timelines for innovation projects and their evaluation.

The findings do indicate that Contextual Safeguarding Theory provides a workable framework upon which system development to address EFRH can be built, but the Hackney pilot does not provide a model system structure to be copied by other LAs because of its contextual nature. Each new site will always need to interpret the theory for the specific contexts, needs, stressors and preferences within their setting. In any LA, this will take considerable time and require input at a range of levels (training, new processes and practices, adaptation of existing forums etc). However, the Implementation Toolkit produced through the pilot means that other LAs will not need to start from scratch but can build on the considerable raft of policies, guidance, tools and training materials available.

The scale and spread of Contextual Safeguarding (Stage 8 of the innovation trajectory we set out in Figure 2) is advancing apace. The intensive dissemination and public engagement approach led by the Academic Development Team means project learning is already reaching a very wide audience. National interagency safeguarding guidance (HM Government, 2018) uses the term Contextual Safeguarding and discusses the importance of assessments and interventions that consider contextual and environmental issues when assessing extra-familial risk. The Scale-up project, funded by the National Lottery Community Fund, is already underway in 9 other LAs using the implementation toolkit and learning will start to emerge over the next year or two regarding other approaches to service design. This will provide a wider range of models from which further LAs might learn. It is cautionary to note that those LAs participating in the Scale-up projects anticipate that the design and embedding of their approach is likely to take 3 years – and that is even with the shortcut of building on the implementation toolkit.

The very issues that Contextual Safeguarding is designed to address reflect deep seated, cultural and systemic issues within children’s social care and at the interface with other safeguarding agencies. The challenges inherent in shifting cultures and role-related responsibilities is likely to raise debates about (inter-)professional roles and identities for future adopters of Contextual Safeguarding. Inducting police and criminal justice colleagues into a Contextual Safeguarding perspective, for example, is likely to demand significant cultural shifts towards a more welfare oriented response to ‘young offenders’ and ‘socially unacceptable behaviour’.

One of Hackney’s goals was to have ensured that the views of key stakeholders, including young people and parents, informed the development and ongoing evaluation of the new system. While the data made available from embedded research reflects a good level of engagement with local communities, the engagement of young people at highest risk of EFRH remains at an early stage of development in Hackney. This was then reflected in the difficulties for the evaluation team in gaining access to, engaging, and conducting qualitative research with young people in this study. Our suggestion to Hackney is that, going forward, engagement with this group over time should be a key focus for a participation worker.

Our adapted methodology generated some rich and relevant data for this evaluation and will inform our team’s thinking for future projects. We are aware that accessing data and participants has been a common challenge among evaluation teams. Sharing learning between Innovation Programme evaluation teams on this issue would be of value.

A number of challenges were apparent to system implementation in Hackney and to gathering evaluation data within Hackney and from the 3 comparator LAs. These included staff churn, resource limitations, and the impact of Ofsted inspections. These are not exceptional contextual challenges but common issues across the sector and, we

suggest, should be considered as central to rather than peripheral issues in making sense of practice methods and systems.

Our team's close analytical engagement with administrative data across 3 LAs raises issues that should be of concern to all research and national policy bodies drawing out analysis from the statistical returns. Many issues were experienced with data quality, including inconsistencies in how certain codes are used. The high level of variation in statutory data returns across LAs and across years in the same LA impedes system analysis and research learning. Changes in staff teams and across organisational cultures are likely to influence the way in which information is input on data systems. It is beyond the scope of this project to understand, for instance, variation in the way cases with 'no further action' (NFA) were coded in some years in Hackney, but it is imperative that we gain more nuanced understanding of these differentiated approaches to national administrative records. This limits the insight that can be gained from analysis of LA administrative data at present and thus constrains service planning and evaluation. We suggest that the task of managing and processing statutory data returns requires simplification. There is a strong business case for tools which promote uniformity in CiN and other statutory data; this would greatly reduce administrative time for LA performance teams, the DfE, and academic researchers (who are typically publicly funded).

The audit and analysis of LA data revealed a clustering of risk factors which could be deemed to define EFRH. This provides evidence of the importance of dedicated resource in LAs for addressing EFRH, which has a clearly distinguishable risk profile compared with intra-familial safeguarding risk and harm – but which the present system of recording does not highlight. Using our proxy measure (Appendix 9), CiN cases could be classified as EFRH, or not, and also rated by severity by the number of related factors identified. This is a simple measure, but potentially useful in enhancing consistency of data, tracking where EFRH is to be found, and signalling the need for particular types of service response within and across LAs.

Appendices

Appendix 1: Project theory of change

The project's theory of change is shown on the next page. Its first iteration was developed in 2016 by the London Borough of Hackney working in partnership with Carlene Firmin and her team at the University of Bedfordshire, for their bid for innovation funding. The revised version shown here was developed in 2018 following the consultation with stakeholders by the Contextual Safeguarding team. Those items shown in green font are those added by stakeholders. In the diagram the abbreviation CFS refers to Hackney's Children and Families Service. YH refers to Young Hackney, a youth service that goes across the borough.

Theory of Change v.2

(Stakeholder additions in green)

Where are we now?

CSC have developed some ad hoc contextual practices (and parts of the existing system can be easily adapted to be contextual) but currently deliver them within a social work system designed to respond to familial risk

Various multi-agency partners work using a range of ad-hoc contextual approaches e.g. voluntary sector, Community Safety, Public Health (strategic level), Housing (management meetings) and schools. However some e.g. Police, work at an individual level but recognise the benefits of working contextually

Practitioners within CFS recognise the contextual dynamics of adolescent vulnerability and collect data to evidence this, but don't have access to tools, partnerships or practices to address these e.g. meeting frameworks are individual and family based

The threshold for a multi-agency intervention e.g. Child Protection Conference is high and there are limited opportunities to respond as a multi-agency team with young people that do not meet the threshold.

Safeguarding remains largely perceived as the responsibility of CSC. We have access to a well-developed youth service provision and systemic approaches but have not applied them in a contextual system

We have a range of strategies, policies and principles across services that have a role in safeguarding adolescents but these are not always complimentary or coordinated e.g. currently displacing young people (from school/care) to avoid risk

Whilst contextual safeguarding is becoming more widely recognised as a concept, there is still a lack of awareness including at a political level

In order to achieve the desired outcomes, the social care system requires:

A safeguarding adolescent's and social media strategy that reference contextual safeguarding

Clear governance structures through the CHSCB and stronger partnerships with community safety, the youth service, schools, community groups, local businesses, public health, foster carers, semi-independent providers and other local authorities

Tools for mapping and assessing peer group dynamics using the learning from YH evidence based interventions

CSC and multi-agency meeting structures which consider extra-familial context and work with peer groups/families

A review of existing panels where adolescent's cases are presented to ensure reduction in duplication / increased efficiency

ICT development to enable referral processes – used by partners and the public – to refer contextual concerns

Tools and training for guiding contextual interventions across the multi-agency partnership

On-going consultation with young people and families e.g. through Youth Parliament and HGH

Robust data sharing protocols with wider council departments and multi-agency partners

A revised quality assurance framework to support Hackney's learning culture and capture contextual approaches e.g. audit templates are adapted so good practice/areas for improvement are regularly monitored and fed into service development

Frontline practice will need to:

Be informed by a shared understanding of adolescent development, contextual safeguarding theory and existing intelligence and analysis (e.g. CCTV Intel / school exclusions)

Be delivered by practitioners confident in applying contextual approaches, even when these extend current parameters of child protection

Have named point of contacts within the community who will lead on the coordination of a contextual response

Be supported by the strategic partnership

Demonstrate consistent recognition and understanding of extra-familial contexts in all elements of child protection work and use this to consider where best interventions should take place

Design and have access to interventions beyond families including utilisation of a detached outreach approach

Have relationships with businesses, schools (e.g. safer schools officers) and community groups that manage extra-familial contexts and understand their role and work together to share and manage the risks to adolescents

Be fully informed and confident in understanding the local offer to support accurate signposting

Engage in research and dissemination activities with embedded researcher

Robust and dynamic contextual safeguarding strategy in place

Downward trend in relocation and managed school moves

Increased number of actions to address contextual factors recorded in minutes of meetings, intervention plans and assessments

Increase in joint ownership of plans across a partnership

Increased referrals from community sources

Increase of referrals of peer groups and contexts

Increase in restorative and bystander approaches in schools

A social care system is created that:

Shares a safeguarding vision with communities, businesses, schools young people and families

Takes referrals on contexts and peer groups of concern and maps peer relationships within social care assessments

Considers extra-familial contexts within all social care meetings (where relevant)

Convenes meetings for multiple young people to address shared relationships / contexts and these are jointly chaired where relevant (e.g. with YH)

Can access interventions to address contextual risks

Enhances the already well-developed models that focus on individuals and their families by managing wider contextual risks.

Allows and supports practitioners take risks in a safe environment and supports innovative practice

Is supported by a strategic partnership between children's services and community safety

Can dynamically deploy resources in response to identified contextual risks

Is both responsive and preventative

Empowers parents and carers

Can be scaled and replicated in other local authority areas

Children and families will experience a children's social care system that:

Recognises and seeks to address factors that undermine parental capacity to safeguard but are beyond parental control

Is culturally competent

Supports, empowers, and provides healthy challenge to families, practitioners and public-space services

Can explore the extra-familial contexts that are undermining their safety and seeks to address this without requiring them to move

Recognises and engages with the significant peer relationships in young people's lives

Can offer restorative interventions across partner agencies and not just CFS

Outcomes:

Fewer children taken into care and/or coming into CSC as a result of extra-familial risks

Fewer children requiring long-term services from CSC as a result of extra-familial risks

Fewer families relocated out of the local authority due to extra-familial risks and safe family relationships protected

Reduced number of missing reports from out of area placements

Increased participation of young people in the planning of interventions and identification of solutions and young people feel more empowered in their ability to input into changing services

Young people, families and communities have increased confidence to refer concerns about contexts and report feeling safer in contexts previously identified as presenting a risk of harm

Creation of resilient, protective peer relationships and community contexts

Increased capacity and efficiency within social care through creation of mechanisms for managing contexts affecting multiple young people beyond 1:1 case management

Schools are equipped to respond to complex dynamics with peer groups reducing school exclusions and managed moves

Reduction in repeat terminations (under 25)

Health outcomes are improved for young people

Reduction in STIs

Reduction in re-offending and victimisation

Local CSE, youth violence and harmful sexual behaviour profiles, profile of looked-after population, content of intervention plans and assessments, practitioner feedback from contextual safeguarding practice day, multi-agency engagement in bid development. All of which are in keeping with SCRs and thematic inspection reports.

Contextual safeguarding theory and associated action research projects from 2013-2016, international situational crime prevention approaches, multi-systemic therapy evaluations, research into adolescent development, peer group influence and group offending, studies of CSE, teenage relationships abuse and youth violence, as well as thematic reviews of SCRs

Appendix 2: Details of research methods and changes from methods originally planned

Analysis of LA administrative data sets: Baseline statutory data returns from the Child in Need (CiN) Census and SSDA 903 data (the 'looked after children return') were compared between Hackney and the 3 comparator authorities to establish child-level outcomes and patterns in system recording for young people experiencing EFRH. Appendix 3 contains a technical summary of data collection and analysis methods, and fuller details of findings.

Changes to method. LA2 only provided 2 annual returns, School census data was requested to explore any changes in school absence and exclusion, and to explore whether this could be linked to the impact of Contextual Safeguarding work. However, none of the LAs were able to supply an adequate volume of data for meaningful analysis, so the limited school data submitted has not been included.

Standardised measures were conducted with young people to measure changes in their wellbeing and life satisfaction, and whether this might relate to sense of school membership, sense of community and personal coping strategies. Appendix 4 provides a technical breakdown of the data collection and analysis.

Changes to method: The initial plan had been for measures to be completed by 25 young people involved with Hackney children's social care in Hackney and LA1 at T1 and T2. Their social workers were also to have completed a Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997). However, the same difficulties in engaging young people for interview pertained here. School samples were introduced as a compensatory measure to learn more about the experience of young people in the community. This was a valid mitigation measure, given Contextual Safeguarding at Level 2 was seeking to improve felt safety in relation to peer groups and contexts for young people across Hackney.

Community mapping⁴ was conducted with young people in schools, comparing 8 focus groups at T1 with students from years 8 and 10 in 2 secondary schools in Hackney considered 'hotspots' for extra-familial risk, and then a further 5 at T2 with the following year's cohorts. Each group started with the young people using stickers

⁴ Amsden, J. and VanWynsberghe, R. (2005) Community mapping as a research tool with youth. *Action Research*, 3(4): 357–381.

on a map of Hackney, indicating where it was or was not safe for young people to go. Follow up questions explored where the young people hung out, places they stayed away from, and their appraisals of the safety of these places, at different times of the day or week. Young people were then asked what could be done to make the unsafe places feel safer (and by whom) and who they would go to if they felt unsafe. See Appendix 5 for further details.

Change to method: 3 fewer groups than planned at T2.

Community mapping was conducted with youth groups (see Appendix 6). At T1, one focus group was conducted with a youth hub in Hackney and one in a youth club in LA1. At T2, a brief 10-question survey was distributed in each youth setting, asking further questions about safe and unsafe places in the borough, where young people might go for support if they felt unsafe, and what might be done to make the area safer; they also engaged young people in identifying safe and unsafe places via visual maps of the borough.

Change to method: These were additional measures to enable young people's voices to inform the research.

Individual semi-structured interviews with young people, parents and carers involved with children's social care due to extra-familial risk were to establish their views on how the service engaged them and met their perceived needs/hopes/preferences, and any perspectives on community safety. Ten were to be conducted in Hackney and ten in LA1 at T1, each followed up at T2, and analysed thematically⁵.

Change to methods: Only one interview was conducted with a young person and her carer at T1 in Hackney and none in LA1. LA gatekeepers in both Hackney and LA1 were unable to provide access to participants despite intensive efforts on the part of the research team, making contact with individual social workers who are the gatekeepers, and involving leaders in both authorities – see Limitations section in the methodology. As a result we developed alternative ways of bringing young people's perspectives into this research through community samples. Although not the target group, this was a valid mitigation measure as Level 2 Contextual Safeguarding seeks to influence community experience of safety more broadly as well as for families involved with social care. Similarly we sought to access any existing groups of parents

⁵ Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2). pp. 77-101.

and carers who could provide a perspective on the service. Hence, in Hackney at T2 we conducted a focus group with an existing group of parents/carers in Hackney at T2 and were able to secondarily analyse two interviews with parents.

Individual semi-structured interviews with senior professional leads. In

Hackney, 5 were conducted at T1 (leads for child safeguarding, early help, schools, health, and community safety) to ascertain facilitating factors and barriers to system development. 4 were followed-up at T2 to ascertain progress with the new system. Interviews were conducted in comparator authorities to ascertain their approach to EFRH and how they appraised it, and whether there were any developments over time. In LA1, 3 interviews were conducted (leads for child safeguarding, exploitation and missing, and gangs), with one follow-up. In LA2, 2 were conducted (gangs and quality assurance) and LA3 (child safeguarding, child exploitation) with one follow-up each. See appendices 10, 11 and 12.

Change to methods: more interviews were conducted than planned in comparators due to the complexity of clarifying how their systems for dealing with EFRH operated.

Individual semi-structured interviews with social workers for young people experiencing EFRH to establish practitioners' understanding of systems and methods in their authority, the facilitators and barriers to effective intervention, and their confidence in their approach. 10 interviews were conducted at T1 in Hackney and LA1. At T2 there were 4 follow-up interviews in Hackney and one new interview in LA1.

Change to method: While it had been planned to conduct follow-up interviews with the same 10 social workers in each authority at T2 to clarify their views on the changing system, most interviewees did not make themselves available for re-interview, despite many attempts by the research team both directly and involving senior gatekeepers. In Hackney, practitioners said they were too busy or simply did not respond to contacts. In LA1, many had left the authority or changed posts, and the only interviewee was a new participant.

Case file reviews of 18 cases in Hackney, involving young people where the service focus was EFRH. Analysis compared key assessments and review documents at Times 1 and 2 to see if the identification of EFRH increased, and if the language and processes of Contextual Safeguarding became more apparent. Further details of the methodology are provided in Appendix 7.

Change to method: the original plan was for these to include the files of the 10 young people interviewed but, as that was not achieved, a random selection was made instead from cases that had involved extra-familial risk. The review sought to compare documents from March 2017 (or as soon after that as was available) with those at October 2019. However, various documents were made available for each young person, with date parameters varying, and so we identified instead documents near to the first point of contact for each young person as T1, and more recent documents for each young person as T2. We had attempted to conduct file reviews in LA1, too, but as a substantial amount of work was involved for the LA in making documentation available, the comparator did not ultimately make this data available to us.

Case studies had been planned which drew together interview data from 10 young people, their social workers, and their parents/carers, with their case file reviews and standardised measures.

Change to method: As much of this data was not available, these could not be conducted.

Staff surveys conducted early in the embedding period in Hackney (June/July 2019) and at T2 in Hackney and the 3 comparators (see Appendix 9). The surveys, administered and analysed using Qualtrics, were to track whether staff felt confident in assessing and working with extra-familial risk and, in Hackney, whether they were familiar with, and confident in using, Contextual Safeguarding tools and protocols. The survey was conducted twice in Hackney, in June/July 2019 and December 2019-January 2020. This was to capture any changes in confidence or awareness through the embedding period, as this was the primary area for innovation achievement during the lifetime of the evaluation.

Change to method: This was an additional method, as it was recognised by the midway point that the key innovation work in Hackney was on process change, and that the end point of the evaluation would be too early for outcomes to emerge and be measured. LA2 and LA3 had zero response. The response rate in Hackney each time was too low (8 and 7) for statistical analysis and this must be viewed as a descriptive snapshot only. However, 18 completed in LA1, which has provided slightly more reliable data on staff views there. This is useful, given no individual practitioner interviews were available at T2.

Documentary analysis involving strategic and operational documentation in each authority, to enable comparison between the new Contextual Safeguarding system

in Hackney and the approach to EFRH taken in the comparators. Data were integrated with that from qualitative interviews, observation of system review sessions, and staff surveys, to build a picture of the safeguarding system and its operation in each authority. See Appendix 8 for further details. There were **no changes** to the methods.

Secondary analysis of system review tracking, community mapping, focus groups and surveys collected ongoing by the embedded researcher through the project. See Appendix 10 for further details. There were **no changes** to the methods.

Observation of system change review sessions held bi-monthly in Hackney to understand the process of inter-agency working towards the development of the Contextual Safeguarding system.

Change to method: This was an additional method to capture the work towards process change.

Cost benefit analysis. This sought to ascertain costs prior to the new Contextual Safeguarding system and compare these with costs of the new system. These would then have been analysed against evidence of improved outcomes to see the extent to which any increased costs were justified in the light of benefits.

Change to method: As is discussed in the report, Hackney are not yet able to clarify to us staffing numbers for the new system, nor associated costs. Also, as it is too early for any projected improvement in outcomes to be demonstrated through data, value for money could not be determined in any case.

Appendix 3: Methodology of the case file reviews

The Hackney Contextual Safeguarding Team provided the evaluators with a spreadsheet containing 249 cases that were referred to the Extra Familial Risk Panel (EFRHP) in the 12-month period of November 2018 - November 2019. The research team chose a random sample of 17 cases to be reviewed and requested that the young person who had been interviewed as part of the evaluation in phase one was also included, to bring the total sample to 18.

4 documents were requested for each file, including care plans and review minutes. We sought to compare documents at baseline, or at the first point of contact with the family for EFRH, with documents at T2. However, there was substantial variation in the date parameters in the documentation received. Therefore, we identified documents as near to the first point of contact for each young person as possible and compared them with the most recent documents. Between 4 and 6 documents were ultimately reviewed for each young person.

The documents were viewed on the Hackney case management system across a number of days. We originally intended to follow the contextual case review methodology developed by Firmin (2017), which assesses the extent to which safeguarding practices engage with the social and public contexts of abuse. However, that methodology was developed for the analysis of serious case reviews and, therefore, worked with a different set of documents to those made available for the purpose of the current research. Hence, we condensed Firmin's Contextual Case Review Evidence Collection Document template to enable our review to capture the frequency and descriptive parameters of contextual considerations in relation to EFRH. Practitioners constructing the documents reviewed in this analysis did not necessarily use the term extra-familial risk in their writing, but might refer to specific risks or harm, such as child sexual exploitation, or gang-involvement.

The evaluation team was reliant on the documents made available for review purposes. It is therefore likely that significant information is located in other documents or recordings relevant to each young person and we may not have captured all evidence that practitioners were thinking and recording contextually. However, this limitation is mitigated by the research team's request that key assessments and review documents were included in documents that were made available. As these are generally the documents that are most drawn upon by other agencies, and decision-making fora for children, they are the documents most likely to represent careful analysis and the most thorough recording of concerns.

Appendix 4: Further details of the documentary analysis and interviews with professionals

Methodology

Hackney and the 3 comparators were asked to provide all relevant process, policy and strategic documents for Baseline and T2 that set out the a) strategic picture in relation to how they dealt with complex extra familial risks, b) the operational guidelines for managing such cases through from referrals, and c) the journey of young person through the system. All 4 authorities provided Baseline documentation. Hackney provided additional documentation which represented a variety of stages of the project and we were also able to consider the Contextual Safeguarding materials set out by the Academic Development Team on their website⁶. Available interview transcripts from practitioners and from strategic staff in each authority (see Appendix 2) were also read and considered for background purposes in interpreting the systems in each authority.

Findings from LA1

LA1 provided documents in Autumn 2018 relating to specific strands of approach towards the management of complex extra familial risk. Specific process documents regarding Harmful Sexual Behaviours (HSB), Child Sexual Exploitation (CSE), Missing and Serious Youth Violence were provided together with a Gang Safeguarding Protocol for the purpose of analysis. The Gangs Safeguarding policy sets safeguarding as its focus, provides relevant definitions and legislative context. It also includes females, victims of CSE and HSB, domestic violence from gang members, and children missing from care or home as a result of gang involvement. Governance and oversight of LA1's response to gangs is through the LA1 Safeguarding Children Board, the Safer LA1 Partnership multi-agency board that coordinates work on crime reduction and community safety in LA1, together with the Integrated Offender Management (IOM) Approach - a cross agency response towards individuals involved in persistent and high-risk criminality including children suspected to be involved in or high risk due to their involvement in gang. There are a range of panels that sit within the IOM approach and, to avoid duplication, children will only be discussed at one panel.

Responding services are tiered in LA1: universal services; targeted services which adhere to LA1's early help process and specialist Children and Families Services.

⁶ www.csnetwork.org.uk/.

Processes follow a recognise, assess, plan, do and review approach. Defined risk categories ('at risk', 'medium risk' and 'high risk') are set against levels of intervention and accordant response which involves relevant meeting schedules, immediate protection actions and escalation processes. Individual and group interventions which address both risk and vulnerability are outlined and responding universal services include midwifery, health visiting, early years, schools and play and youth work. Targeted services include Targeted Youth Support services, parenting programmes, early years support, Families First and LA1 Families Intensive Team. Specialist services include the Youth Offending Service and Targeted Youth Support.

Specifics of approach towards HSB, missing young people, young people involved in serious youth violence and CSE are also outlined as follows:

CSE - the workflow in response to CSE involves risk assessment using police risk categories (categories 1, 2 and 3) and assessment against child protection thresholds. As per London child protection procedures, where there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, a strategy meeting is convened. Outcomes follow pan-London Child Protection Procedures: a review strategy meeting, a S47 investigation, immediate action or NFA. A Multi-Agency Sexual Exploitation (MASE) intelligence form is completed and an actions / diversion plan is created to respond to risk and safeguard the young person. Strategic responses and fora are Network Mapping Meetings and the MASE panel with focused strategic discussion and response.

Missing: the pathway of responses to missing young people applies to those missing from care or from home. The Multi-Agency Safeguarding Hub (MASH) team is notified, and an emergency strategy discussion can be held. If the threshold is met and/or the child has been missing from home for 7 days or missing from care for 3 days, then a strategy discussion is held with the missing police or MASH officer. A missing strategy discussion and meeting considers: case background; physical health, mental health and sexual health; education; peer group/network; offending history; any history of missing episodes and return presentation; police checks; and, any additional risk (i.e. gangs, radicalisation, CSE). Outcomes likely include the need for a Section 47 investigation, No Further Action (NFA) and emergency action with an action plan.

HSB – where HSB risk indicators are identified pan-London Child Protection Procedures guide approach and a strategy meeting is convened to agree Hackett's category of risk and the Brook Traffic Light Tool towards Level 2, 3 or 4 child protection thresholds and response. In the case of Level 1 thresholds, young people are allocated to early help services. Tiers 3 and 4 are allocated to statutory Social

Work teams for response. Outcomes follow London Child Protection Procedures: a review strategy meeting, a S47 investigation, immediate action or NFA. A MASE intelligence form is completed and an actions / diversion plan is created to respond to risk and safeguard the young person. Strategic responses and fora are Network Mapping Meetings and the MASE panel with focused strategic discussion and response.

Serious youth violence - the workflow involves a Gangs Strategy Meeting where risk assessment is undertaken using LA1 risk categories (vulnerable child, categories 1, 2 and 3), and assessment against child protection thresholds. The allocated service response is Early Help / Targeted Youth Support at Level 2, allocation to statutory Social Work at Tier 3 for a child and family assessment and allocation to statutory Social Work at Tier 4 for a safeguarding response. Outcomes follow London Child Protection Procedures: a review strategy meeting, a Section 47 investigation, immediate action or no further action. A MASE intelligence form is completed and an actions / diversion plan is created to respond to risk and safeguard the young person. Strategic responses and fora include Network Mapping Meetings and the MASE panel with focused strategic discussion and response.

Findings from LA2

LA2 documentation revealed a responsibility to identify, assess and intervene in all of the social environments where abuse and exploitation of young people can occur and take a contextual approach to safeguarding and embedded practice. However, it seemed that the term 'Contextual Safeguarding' was being used as a catch-all phrase to encompass work with extra-familial risk. There was no indication that LA2 was, in fact, adopting the specific tools and procedures disseminated by Hackney and the Contextual Safeguarding Network.

In LA2, a Child Exploitation Risk Matrix Tool is available within assessment frameworks to inform risk assessment. All young people who are believed to be at medium or high risk of extra-familial harm in LA2 are referred for a Young Person Safety Plan Meeting. A clear referral process is available which includes extra familial risk, for example missing and CSE cases with distinct referral and process pathways with accompanying timescales.

Relevant EFRH forums include a dedicated multiagency MACH – Multi-Agency Contextual Harm Panel which considers exploitation and serious youth violence. The MACH ensures that all partners agree on the children considered at be at either high or medium risk living within the borough of LA2 – and a shared responsibility is developed towards those children (this includes children looked after by other LAs, placed in LA2). Themes, patterns and concerns are escalated for strategic

discussion at MASE. A Safety Planning Template for multiagency meetings considers evidence before defining concerns, identifying what is working well and outcomes to be achieved. Analysis includes a 'danger statement' and risk category conclusion. There are also joint LA2 and Southwark Multi-Agency Sexual and Criminal Exploitation Panels reflecting recent closer working relationships between the 2 authorities that has enabled a review of working practices in relation to child sexual and criminal exploitation and the agreement of a joint new protocol that gives equal focus to the sexual and criminal exploitation of children.

In 2019, LA2 conducted an 'Adolescent Safeguarding Self-evaluation'. The evaluation presents data regarding at risk young people with analysis yielding 'Emerging Themes and Areas for Focus'. These include: missing from placement; perpetrators; reducing numbers of FTEs; reducing the percentage of young people at risk, who are NEET; young people's safety plans; and increasing engagement in therapeutic interventions. A review of quality of practice and partnerships is followed by reflections of strengths. Strengths include; partnership working; securing innovation bids; and, a contextual harm audit which demonstrated that contextual harm is swiftly identified and widely assessed as a form of child abuse within the borough. Improvement priorities and activity include: improving practice; reducing the number of young people coming into care as a result of contextual harm; and, developing better intelligence and wider professional networks to support young people.

Findings from LA3

LA3 also provided documents that relate to specific strands of approach towards the management of complex extra familial risk, specifically regarding CSE, criminal exploitation and missing young people. The majority of documents were from the regional partnership of 5 LAs within which LA3 works.

The pan-Area Multi-Agency Child Exploitation (MACE) Protocol provides a set of multi-agency principles for tackling criminal and sexual exploitation of children. It sets out expected actions in relation to: self-assessment and preparation, which include profiling and mapping; prevention, which includes awareness raising and training; safeguarding, which includes the development of a regional protocol, multi-agency response and information sharing; bringing offenders to justice, including police cooperation and information sharing and ensuring young people are treated as victims; and governance, including Local Safeguarding Children Boards (LSCB) and regular strategic Multi Agency regional meetings. It sets out the principles that should be included within their local area child exploitation procedure and operational partnership pathways: governance arrangements; links with other safeguarding

children concerns; MACE meeting structure requirements; and, MACE Process and Terms of Reference and agency roles.

All agencies use the regional Child Exploitation Referral Form to make a referral according to the local area referral pathway for safeguarding concerns. The local response should then ensure a multi- agency information sharing / meeting takes place in accordance with the level of risk initially identified. If there is evidence that the child is being exploited this must be a Strategy Meeting which involves all partner agencies working with the child and family. A Multi-Agency Assessment Tool is completed for all children considered to be vulnerable to exploitation, when there are: clear indicators that would suggest that the child is being exploited but this needs further exploration; where there is evidence that the child is being exploited; and where there are concerns that they are recruiting other children to be exploited. The Police lead subsequent disruption actions and a Multi-Agency Child Exploitation plan is completed.

MACE meeting structure requirements are outlined, and MACE meetings provide the framework to allow regular information sharing and action planning to tackle child exploitation across the region. Each Local Safeguarding Children Board provides scrutiny and oversight. A LA3 specific workflow diagram of process subsequent to a Child Exploitation concern being identified begins with triage before a MACE strategy discussion leading to a multiagency risk assessment and initial Child Exploitation plan. Level of risk (medium or high) is assessed. Medium risk cases receive monitoring and oversight via Child Exploitation meetings, high risk cases initiate a Section 47 inquiry. Monthly MACE meetings provide oversight and consider strategic issues in relation to sexual and criminal exploitation and missing children.

The regional missing children procedure provides a framework for staff working with children who go missing (both those in care and those not in care). This is a list of what each LA should be doing and is extensive in its definitions and outline of roles, processes and necessary responses. It defines risk levels / categories (no apparent risk, low risk, medium risk and high risk), MASH screening and referral processes and expected process past initial hours of missing (72 hrs, 7 days, 28 days). The expected Independent Return Review process is summarised and responses to children subject to a Child Protection Plan, and unaccompanied children are outlined. An outline of management oversight requirements is also provided. Interviews with LA3 practitioners and management indicate that contextual training has been undertaken with examples including taxi drivers and utility companies and that contextual issues are beginning to be incorporated into process.

Appendix 5: Details of the survey

Details of survey respondents are provided in Table 5. Row options with zero response have been deleted. Hackney: July 2019 - 8 participants; Jan 2020 - 7. LA1: Jan 2020 – 18 participants. LA2, LA3: 0.

Table 5 Profile of survey respondents

What part of the service do you work for?	Hackney 1 % n=8	Hackney 2 % n=7	LA1 % n=18
Child in Need team	38%	29%	37%
Initial referrals/front door/ A&A	13%	14%	5%
Looked-after child/Corporate Parenting	0%	29%	5%
Leaving Care team	13%	0%	0%
Youth justice	0%	14%	0%
Young Hackney	25%	0%	0%
Other – please state ...	13%	14%	53%
What role do you have?			
Practitioner/direct service provider	38%	57%	53%
Senior Practitioner/supervisor level	25%	29%	32%
Operational manager	13%	14%	5%
Other – please state ...	25%	0%	11%
Age			
a) 18-24 yrs old	0%	0%	10.53%
b) 25-34 yrs old	75%	86%	47%
c) 35- 44 yrs old	25%	14%	21%
d) 45-54 yrs old	0%	0%	16%
e) 55-64 yrs old	0%	0%	5%
Gender			
Male	0%	0%	26%
Female	100%	100%	74%
Ethnicity			
English/Welsh/Scottish/Northern Irish/British	38%	57%	63%
Any other White background, please describe	38%	29%	16%
White and Black Caribbean	0%	0%	5%
African	13%	0.00%	5%
Caribbean	13%	14%	5%
Any other Black/African/Caribbean background, please describe	0%	0%	5%

Simple 5 point likert scales were used in the majority of questions, with options of ‘very high’ to ‘very low’ qualifiers. For example, in questions 1 and 2 ‘very confident’ to ‘very lacking in confidence’ were options in self-efficacy ratings. In Table 6, we have provided the ‘very confident’ and ‘somewhat confident’ ratings to give a summarised picture of the survey results. Scores from the second survey in Hackney are in *italics* where they are overall higher than for LA1, and **bold font** for where they are overall higher than the first Hackney survey.

In 3 questions respondents were required to list indicators of extra-familial risks, and factors within and outside the family they thought increased extra-familial risks for young people. As responses across authority and time point were comparable, they have not been listed here. Each table shows the scores from the first (H1) and second (H2) surveys, and the comparator LA1 survey (LA1). In table 6, self ratings of confidence in particular types of role and task related to EFRH were scored 1-5, with 5 representing extremely confident, and 1 none, or almost no confidence. The percentages of participants indicating very confident or somewhat confident in these roles and tasks are shown.

Table 6 Confidence in EFRH-related roles and tasks

Confidence in working with types of EFRH	H1: very	H1: some- what	H2: very	H2: some- what	LA1: very	LA1: some- what
a) Child sexual exploitation (CSE)	55%	36%	<i>50%</i>	<i>38%</i>	23%	45%
b) Harmful sexual behaviours (HSB)	36%	45%	25%	63%	18%	45%
c) Missing episode	64%	18%	50%	50%	43%	43%
d) Anti-social behaviour	18%	55%	38%	63%	18%	64%
e) Gang affiliation	18%	64%	50%	38%	32%	36%
f) County lines	45%	27%	63%	13%	32%	32%
g) Other criminal exploitation	36%	36%	50%	50%	18%	45%
h) Radicalisation / extremism	9%	27%	12%	50%	5%	32%
i) Drug / alcohol misuse	45%	45%	63%	13%	27%	55%
j) Drug dealing	27%	55%	50%	38%	27%	45%
k) School absence	45%	27%	63%	38%	45%	36%
l) Peer-on-peer abuse	27%	36%	50%	38%	23%	50%

m) Online grooming and abuse	27%	45%	13%	75%	23%	36%
Confidence in roles and tasks:	H1: very	H1: some- what	H2: very	H2: some- what	LA1: very	LA1: some- what
a) Recognising that a young person might be caught up in EFRH	55%	18%	88%	13%	50%	50%
b) Engaging and working directly with young people facing EFRH	18%	27%	75%	13%	45%	27%
c) Engaging and working directly with the parents or carers in EFRH	9%	45%	75	25%	50%	36%
d) Assessing peer groups where there is EFRH	9%	36%	38%	25%	36%	18%
e) Intervening directly with peer groups where there is EFRH	9%	18%	0%	43%	27%	18%
f) Assessing and addressing online grooming and exploitation	9%	36%	38%	50%	18%	45%
g) Knowing how to appropriately record risks relating to groups and unsafe locations in reports or as part of your usual agency recording protocols	18%	45%	38%	25%	32%	27%
h) Knowing who to refer a family on to for more specialist work around this topic	36%	18%	38%	38%	50%	32%
i) Knowing where else in the service to refer a peer group on to for risk to be assessed and addressed	30%	20%	63%	25%	45%	27%

j) Knowing who to refer an unsafe public location to for this to be addressed	45%	9%	38%	38%	27%	32%
k) Knowing where/who to go to, to get specialist guidance for yourself in working with EFRH	50%	10%	38%	25%	59%	27%

Participants in each LA were asked whether children's social care had a lead or a minor role in tasks related to the Contextual Safeguarding role (see Table 7).

Table 7 The role of children's social care in EFRH-related work

Does children's social care have a lead or minor role	H1: Lead role	H1: Minor role	H2: Lead role	H2: Minor role	LA1: Lead role	LA2: Minor role
Assessing and intervening with risky peer groups?	80%	20%	100%	0%	68%	14%
Assessing and intervening with schools to address risky groups and locations?	70%	30%	86%	14%	55%	32%
Assessing and intervening with public spaces which are linked with EFRH for young people?	60%	20%	86%	14%	27%	55%

In Table 8, participants' highest responses to single questions about service quality are shown by each survey, as percentages.

Table 8 Participants' views on service quality

Individual questions	H1: very	H1: some-what	H2: very	H2: some-what	LA1: very	LA1: some-what
How good is the quality of the communication	30%	40%	14%	86%	36%	45%

between your team and other agencies in EFRH?						
How confident is your team to work with other public services and business in EFRH?	20%	20%	14%	29%	18%	23%
Did the young person say facing EFRH feel listened to and helped?	30%	10%	29%	29%	42%	16%
Did the parents/carers in that situation feel listened to and supported as partners?	20%	30%	29%	57%	58%	5%
Have you heard of 'Contextual Safeguarding'?	100%	0%	100%	0%	84%	11%
Was the training you have received on EFRH sufficient?	50%	25%	57%	0%	32%	53%
Has supervision on EFRH cases helped you be more effective?	25%	37%	29%	29%	37%	47%

Finally, Table 9 provides feedback from Hackney participants in relation to the tools and systems of the new Contextual Safeguarding (CS) approach. Again, just the two highest scores (very and somewhat) are provided for the purposes of comparison.

Table 9 Feedback on the new tools and systems

Hackney-only:	Very	Some-what	Very	Some-what
Have new CS tools increased your confidence in assessing EFRH?	33%	33%	29%	57%
b) Supporting young person experiencing EFRH?	22%	22%	42%	29%
c) Recording peer and context concerns?	22%	11%	29%	29%
d) Referring to EFRH panel?	44%	0%	57%	14%
12. If you made a referral to EFRH panel how helpful was it?	0%	56%	0%	29%
13. Has supervision been informed by CS approach?	25%	62%	29%	29%

Appendix 6: Community mapping through focus groups in Hackney schools

The following themes have been drawn from comparing the qualitative analyses of 13 school focus groups conducted in 2 schools in Hackney, 8 at T1 (July – October 2018) and 5 at T2 (January – February 2020). School A was a mixed gender academy and School B a high school for female pupils, linked to a particular religion. Each group started with the young people using stickers on a map of Hackney, indicating where it was safe for young people to go, or not safe. There were follow up questions about where the young people hung out, and stayed away from, and their appraisals of the safety of these places, at different times of the day or week. Young people were then asked what could be done to make the unsafe places feel safer (and by whom) and who they would go to if they felt unsafe. The presented findings convey only trends and themes drawn from the conducted focus groups, rather than representing generalisable views of all those from years 8 and 10 in the Borough.

Gangs: the analysis of focus groups suggested more consideration of gangs and gang activity at T2 compared to T1. At T1 some groups were more knowledgeable about gangs than others and there was variation in the detail of discussions that were held about their influence. In comparison, at T2, gangs were more prominent in discussions about safety in Hackney and were referenced more frequently when considering the safety of areas and the features of safe and unsafe areas. It appeared that more groups were knowledgeable about gang activity and behaviour at T2 compared to T1's groups. At T1 there was more variance in features of areas that felt unsafe. Gangs were included in features, but accompanied by other features including darkness, drug misuse, homelessness and being less busy. At T2, whilst other features were included, there was a more consistent focus on gangs as a feature of areas that felt unsafe. At T2, gangs were more often described as being visible in an area, with features including the body language, clothing and demeanour of gang members.

Music: At T2, drill music was not referenced as frequently in relation to the safety of areas, compared with T1, but music including drill music was mentioned as a positive activity that young people would like to take up more. Young people wanted increased access to studios to make music and suggested that youth clubs and other groups could provide studios and support to young people to access auditions.

Area safety: there was a lot of variation about areas that were considered safe or unsafe at both T1 and T2. However, T2 did see more agreement on these. Some areas that were considered as unsafe at T1 were not considered as unsafe at T2, which indicated some improvements in perceptions of community safety.

Gender differences: At T2 there were more frequent discussions around gender differences, particularly that boys were perceived to be at greater risk of gang violence compared to girls.

Agency contributions: At T1 there was a lot more discussion of how agencies could contribute to improving safety and feelings of safety than at T2. Young people focused on a wider range of statutory agencies at T1, with more trust in the Police when compared to T2. At T2, more reference was made to community resources, faith groups and a wider network of resources that could assist in improving safety in Hackney.

Environments: participants had clear ideas on what enhanced environmental safety at both time points. Parks were considered safe to hang out in, especially in daylight hours and if families brought their children there. Parks were considered less safe if they had fewer amenities and also during darkness hours. Strategies to enhance parks' safety included more play areas, benches and drinking fountains. CCTV and locking gates would improve the safety of housing blocks. Areas that had seen improvement and 'gentrification' were considered to be safer contexts.

Personal responsibility and behaviour: At T1 participants focused more on individuals' personal responsibility and agency for avoiding unsafe or perceived risky areas. In contrast, T2 saw more discussions towards external influences and contexts to improve perceived safety. This suggested a shifting sense towards community responsabilisation.

Appendix 7: Community mapping with young people in the community

In Hackney

A focus group was conducted at T1 with 8 young people age 16-21 who were a part of an ongoing participatory project through Young Hackney. The group included some formerly Looked After Children. The group lasted 45 minutes and centred around a mapping exercise wherein young people identified safe and unsafe places in Hackney, and explored factors that enhanced or decreased safety.

The severity of violence was a key theme to come from this initial discussion, with one young person explaining, *“Since I was 13 I’ve lost 6 people. I’ve buried 2 friends this year”*. On the whole, the young people thought there were many unsafe areas and this was endemic to the nature of Hackney: *“There’s lots of back alleys, there’s lots of narrow streets, very dark places, lacks in CCTV in certain places. You know, you simply can’t afford to get police to patrol every street 24/7, and it is a place that experiences a lot of poverty”*. Serious youth violence was perceived as a big problem, and they knew of people being killed on the streets. Matters seemed to be getting worse and they thought it was due to cuts, as youth clubs were starting to close, homelessness was increasing, and poverty was growing. There seemed little optimism about the likelihood of future improvement.

The young people spoke frequently and strongly about the impact of poverty on facilitating violence and a lack of safety (*“there’s nothing that pushes you to crime more than not having money”*) and spoke insightfully about gentrification as a key issue as it excluded and further marginalised the poor that were already living in Hackney- people *“just trying to get by”*, living on *“Hackney survival instincts”*. They identified problems with tangible solutions such as increased lighting and CCTV, and also spoke about the role of social disconnection and a lack of community cohesion in enabling further violence within their communities. Overall, the group spent a lot of time discussing specific locations, including one location that had been frequently mentioned by social workers in interviews at T1 as a key area (a fast-food restaurant on a busy high street) for which Contextual Safeguarding interventions were being considered. They felt that it had become safer recently; however, some felt that the increased security may have deterred young people from going there. Suggestions for increasing safety that did not deter young people included more youth clubs, particularly for older young people, greater access to formal and informal support for both young people and parents, and increased opportunities for young people to receive peer-led interventions and participate in decision-making related to making communities safer.

Consultation was conducted at T2 with 17 young people in a youth hub, who completed a 10-question survey and visual mapping on safe and unsafe places in the borough, where they might go for support if they feel unsafe, and what might be done to make the area safer. Participants ranged from 11-22 years old, with a mean of 15.9 years. More were male (56%). Most were resident in Hackney (89%), but not all went to school in Hackney (61%). Participants wanted adults to understand better what it is like for a young person to live in Hackney; they felt “unheard” and wanted adults to “ditch stereotypes of what you think it is like”. Participants had a good awareness of how to stay safe both in local communities with peers, and online. The majority placed the emphasis in staying safe on their own behaviour, including: being respectful; making safe friendship choices; not giving out personal information, including online; not causing trouble; avoiding strangers; staying indoors especially when it was late; and going to safer spaces such as youth clubs.

There was strong agreement among these participants that there were unsafe areas for young people in Hackney, where there was a lot of violence and gang activity, and which needed to be made safer. Most would tell adults (such as parents and schools) about an area they felt unsafe in, but a significant minority (22%) did not trust these adults to take action. To make an area safer, there needed to be a decrease in ‘commotion’, violence and drunk people, and an increase in lighting, youth centres, church and religious groups, and police (although not for all). There had been involvement by around a third of participants in discussions or projects to enhance community safety or appearance, such as projects about knife crime, a Voyage leadership programme and Young Hackney, the council’s service for all young people aged 6-19. This may be connected with the community engagement of the Contextual Safeguarding project.

Youth focus groups in LA1

A focus group was conducted with one youth club in LA1 at T1 and a survey and visual mapping in another at T2. Both were in areas considered hotspots for EFRH. The T1 focus group discussed perceived safety and risk in LA1. Generally, the young people felt safer in their borough than the Hackney cohort, and identified fewer safe areas outside of LA1. Similar responses were given about what made areas feel safer or riskier. Areas felt less safe in the hours of darkness and when there were fewer police. As with Hackney, there was a strong theme of responsibility being in the hands of each young person; they monitored their own behaviour to avoid threats and minimised opportunities where they were at risk of harm. They frequently referenced strategies to avoid crime and violence which included managing body language, staying home when it was dark, and where they would

choose to hang out (for example “*I don’t feel like I’m going to get...threatened by any other people because I don’t involve myself in that type of behaviour*”).

Some gender differences in perceptions were identified in the LA1 focus group. Female participants generally felt the risk of violence came from peer-aged girls more than peer-aged males. Young males, however, felt the threat of violence came from peer-aged boys, particularly related to gangs and were wary of any such interactions. Girls were generally not felt to be involved in gang activity; this was considered mainly boys’ behaviour. The group wanted to see more youth centres open and available to young people and more focused, early efforts to stop young people from joining a gang.

Twelve young people in LA1 completed the 10-question survey and visual mapping at T2 on safe and unsafe places in the borough, where they might go for support if they feel unsafe, and what might be done to make the area safer. Participants ranged from 9-20 years old, with a mean of 14.6 years. Participants were evenly split on gender lines. Of these, $\frac{3}{4}$ were resident in LA1 and 83% went to school in LA1.

Like the Hackney cohort, participants had a clear sense of which areas were safe and unsafe in their borough. They, too, would tell parents about unsafe areas, but named youth workers rather than school staff as additional people to tell. They, like young people in Hackney, wanted adults to understand what it was like to live in their area as a young people, and to take action on their behalf. Like Hackney, a significant minority (22%) did not trust these adults to do anything about it. As with the Hackney survey, and the LA1 T1 focus group, participants could name factors that would make an area feel safer, including: no more groups hanging around; more people walking around; general improvements; less knife crime; less violence; more streetlights; and, better childhoods. Visual maps of the borough also identified features of areas that felt safe including: no knives; residential areas; being friendly; good sense of community; enforcement of age rules for purchasing knives; no gangs; no worries about thefts; “posh” housing; more police around who “*do their job properly*”; calm; well lit; and, visible ethnic minority groups (associated with better food or cuisine availability).

Many more young people than Hackney had taken part in discussions or projects to make the community safer or better looking, identifying talks at youth centres and at school; only 33% had not, which is a strong contrast. They described safety in LA1 as, “*it’s worse now but young people aren’t scared, they are used to it*”. Postcode issues and gang activity were noted. Participants felt they had to be constantly vigilant of their safety and that “*kids witness stuff at a young age they shouldn’t*”. They would prefer there to be fewer ‘stop and searches’, as the right people were not getting arrested.

Appendix 8: Secondary Analysis of Hackney Data from the embedded research

Methodology

Secondary analysis was undertaken at T2 on a range of documents collected through the Contextual Safeguarding Project. This included focus groups and a survey with young people about safety in their schools; consultations with local businesses about community safety; examples of assessments using new contextual materials; consultations with schools; and action learning across the project. A similar approach to that of the documentary analysis was utilised, guided by O’Leary (2014)⁷ and referred to as the ‘interview technique’. The researcher treated available documents like a respondent or informant that provides the researcher with relevant information and asked questions, highlighting the answer within the text. Analysis was therefore structured around key research questions: (i) key identified risks; (ii) what needs to change; (iii) what has changed; any other relevant information.

Key identified risks

Violence and anti-social behaviour amongst young people: across the data, anti-social behaviour and violence were repeatedly highlighted across the contexts. Young people expressed their concerns about inter-peer violence, in and out of school. Shop and business owners expressed similar concerns having witnessed and experienced related issues. Professionals also highlighted the risks of violent and anti-social behaviour amongst young people in Hackney. Risks included: fights and violence; substance misuse; overt street drug dealing; public urination; young people hanging out and fighting; CSE; and, generally risky antisocial behaviour. These risks are generally considered to be undergoing a process of ‘normalisation’ and young people are not feeling safe. However, the school survey demonstrates that those young people do, in the majority feel safe inside and outside of school, apart from particular areas that feel less safe.

Effects upon young people: a theme of many risks that were considered is the psychological well-being of young people as a result of context and environmental factors. This was considered to be a ‘destabilisation’ of young people’s wellbeing and mental health and incorporated: children’s views of their teachers not ‘respecting

⁷ O’Leary, Z. (2014). *The essential guide to doing your research project* (2nd ed.). Thousand Oaks, CA: SAGE Publications, Inc.

them' or enabling their own agency; a feeling of blurred boundaries leading to confused expectations of acceptable behaviour; and pressure towards academic success overriding developmental support for children and young people. A pressure towards academic success was also highlighted in the school survey results.

Familial risks: a number of familial risks were identified, including parental substance misuse and parental mental health. However, the focus was generally contextual risk. No trends were identified within the school survey towards familial risk.

Influence and challenge of social media: social media and its ever changing / evolving influence on young people was a theme throughout interviews and was seen as a key risk for young people in Hackney throughout the data. Schools, business owners and other key partners are keen to see improved understanding of its influence and reach, together with enhanced responses, not just directly to social media companies, but also developing young people's agency in managing their social media interaction and also empowering parents to respond and manage young people's time and behaviour on social media. The school survey results did not highlight any concerns amongst young people about social media and their use and experience of it.

Sexualisation of children and young people: a repeated theme of many highlighted issues, and also linked to social media, was a perceived sexualisation of children and young people and a 'normalisation' of sexualised behaviour amongst children and young people. Sexual harassment was also repeatedly cited as a risk for young people in Hackney. The school survey results did not highlight any concerns regarding sexualised behaviour, although some concerns were raised within the focus group – there appears to be mixed experiences amongst young people.

What needs to change?

Referral processes: much of the data references some experienced challenges, delays and blockages in referral process. Some respondents feel that process is too lengthy, others feel ignored or that they are not reaching thresholds. Some respondents feel there are additional communication challenges that cause blockages to referral processes. A need for more transparent, expedited and better communicated processes is evident.

School behaviour and well-being policies: schools reflected upon raised issues and how CSG and contextual risk should be integrated in policy, approach and PSE curriculum.

Improved prevention (early intervention): a clear theme of many discussions of intervening earlier and more effectively across all of the highlighted risks and issues. Linked closely was a wish for the increased engagement of children and young people in positive activities.

Empowerment of parents: there was a common theme of parents being engaged in approach to contextual risk, through empowerment and engagement.

Communication with A&E departments: a theme of one particular data set highlighted a blockage in the established 'Hackney Triage' process which is designed to pick up EFRH when young people present at A&E, for example with knife wounds. This is especially difficult when young people present at out of borough A&E departments.

What has changed?

Positive experience of CSG assessment and process: a generally positive experience of CSG consultation and assessment is evident throughout the data, particularly the school that has undergone a CSG assessment. This has helped the school in shaping approach and responding to previously unidentified, or otherwise prioritised issues. The case study further exemplifies the positive experience of CSG process and the beginnings of improved outcomes.

Key elements of approach: these are exemplified by the school assessment and the case example provided and includes: regular reflection (informal discussion) following every meeting; the Safety Mapping tool; informal peer mapping discussions; a focus on what the young person and parents see as the problem and the solution to the problem; fully documented chronologies; targeted partnership working; neighbourhood assessments; and parenting capacity assessments. This practice has been well experienced, and respondents cite emerging evidence of positive outcomes.

Examples of good practice: there were numerous examples of developed practice that has seen positive impacts and results. These included: relationships between fast food outlets and schools; parent's forums in schools; peer listeners; parks that feel safer; increased police patrols (although some respondents disagreed and wished for more); more visible security in areas; reduced ASB in hot spot localities; and some success in school restorative justice.

Young people's general levels of satisfaction: young people within the data set generally feel safe in their local area around school and indeed at school, despite raising concerns about school violence and the response they receive from teachers

and their relationships with teachers. In the school survey, 97 percent of respondents feel that there is an adult who cares about them which could include teachers. A very high majority of young people feel happy at home and hopeful about the future.

Other relevant themes for the Contextual Safeguarding evaluation

Positive engagement of partners / buy in: across the analysed documents was an evident active engagement of partners with CSG theory and approach. Schools were particularly keen to voice their concerns regarding risk, and how CSG assessments and audits had been experienced as effective in beginning their address. CSG was well regarded and at the time of the surveys and data, being initially well experienced through consultation and assessment. Similarly, business owners were clearly actively engaged by Hackney CSG and keen to contribute.

Differing views of children and adults: there are differing concerns when comparing young people's views and adults / professional's views. Adults and professionals within the data are more concerned about EFRH including sexualised behaviour, sexual harassment and crime together with anti-social behaviour. Young people are concerned about crime and anti-social behaviour, and certainly there are areas where they do not feel safe in the borough, but the data suggested young people's concerns focus more on academic pressure and expectations and a limited reliance / trust in their teachers.

Appendix 9: Methodology and analysis of local authority administrative data sets

Methodology

The CiN (Child in Need) Census and SSDA 903 data (the 'looked after children return') were examined for any clearly identifiable changes in returns between Hackney and the 3 comparators (LA1, LA2 and LA3) yearly 2016-19 (pre- and post-project). Comparators were selected during the initial planning phase of the evaluation based on statistical similarity (Euclidean distance) to Hackney on a series of standardized variables related to contextual safeguarding selected by a working group of professionals from Hackney, the University of Bedfordshire, and the evaluation. These included numbers of referrals to Hackney children's social care, fixed term exclusions of CiN, hospital admissions U18s for alcohol, and rates of child in need and child protection cases. Hackney, and the three comparators submitted data for 2016-2019 (3 annual returns, each running March to March), but LA2 were not able to provide full data for all requested tables.

Analyses in 2016 and 2019 are based on incomplete annual data as data collection for the CiN Census begins and ends in March each year. In the CiN Census returns, information about children in need and associated processes are stored in separate tables, so, for a single CiN episode, there may be multiple assessments, and each assessment may identify multiple risk factors for that child. Thus, the base unit of analysis differs depending on the particular evaluation question, but could refer to a single young person, case, assessment, plan, review or risk factor. Despite the 'uniform' nature of the CiN Census, LAs submitted data in slightly different formats, with additional variation between years, in what is recorded, the format used, and data recording practices by professionals. This is most likely due to the different underlying case management systems being used. School census data was also requested to explore any changes in school absence and exclusion, and to explore whether this could be linked to contextual safeguarding work. However, none of the LAs were able to supply an adequate volume of data for meaningful analysis, so the limited school data submitted has not been included.

Although children have unique identification numbers at a local level, these do not always translate into the statutory data returns. Thus, it is not possible to consistently track individual young people between the SSDA 903 and CiN Census, and across multiple years. Often LAs will use their own 'LA child ID' with a separate ID code in the DfE returns. Furthermore, any other relationships between cases (for example related cases, siblings or other relatives) is not held within the data, making anything

other than topline reporting a challenge. In these analyses, joining of data has been conducted where appropriate, but limitations of the data have also been noted.

Analysis was conducted in the R programming language, working from the raw data submitted by LAs. Full R Markdown reporting is available on application. All of the submitted tables were initially cleaned and collated into the same tabular structure. New variables (such as unique ID codes) were created where appropriate. This initial cleaning of data took place in a separate R script, and tables were exported for the purpose of further analysis and write up. Core tables were produced from the data cleaning process to allow for the subsequent analysis.

Generating a proxy measure for EFRH

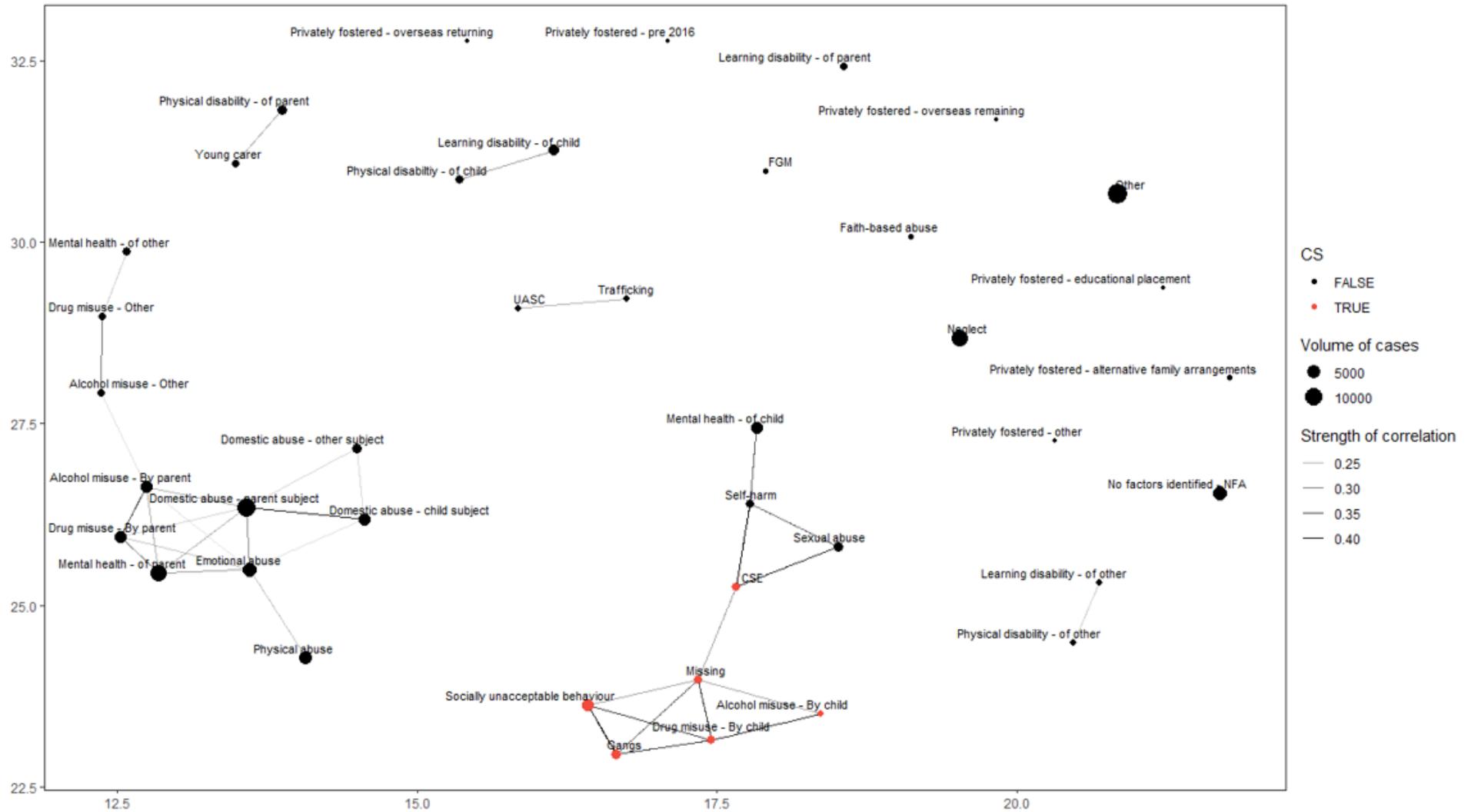
An analysis of factors identified at assessment was used to explore how administrative data might illuminate the extra-familial risks of harm (EFRH) that the Contextual Safeguarding system was designed to address. As there is no standardized code in data management systems to indicate EFRH, we generated a proxy measure which could indicate the degree of EFRH. Where multiple risk factors were identified for a child, these were linked together. Across all cases, we looked at the correlation between these factors to show which factors are more likely to appear together in children's lives. The correlations of factors highlighted several key groupings – see Figure 3: complex intra-familial risks; disability related risks; fostering related risks; risk related to being an unaccompanied asylum seeking child; and EFRH.

Drawing on research evidence that identifies key risk factors for adolescent extra-familial harms we grouped together the following factors as indicating EFRH: alcohol misuse by the child; drug misuse by the child; child going missing; socially unacceptable behaviour; gang-related; child sexual exploitation. 2 secondary factors – sexual abuse and neglect – were additionally counted where they occurred in conjunction with one or more of the primary factors. These highlight where additional risk may exist due to other individual circumstances; for instance, 'neglect' only contributes to the EFRH score if one or more primary risk factors are identified, such as going missing. The logic behind this is to discount cases where harm is more likely to be intra-familial; however, this may unintentionally discount cases where the extra-familial risks have not been identified via assessments. Other factors could also be defined as EFRH (such as trafficking and asylum seeking); however, these other factors tend to be treated distinctly by services so have not been included in EFRH factors for this analysis.

The CS-related assessment score is normalised, giving a EFRH score of 0 - 1, where 1 indicates the highest possible number of EFRH factors being identified for a

child. For each CiN case we took the average EFRH score (in case multiple assessments had been conducted) per child and added this score as a variable in CiN analysis table to let us know which cases might be considered EFRH, and an approximated level of EFRH for the young person. A full breakdown of all analysis is available on application as it was not possible to provide this within the constraints of this report.

Figure 3 Pairwise correlations between factors identified in assessments for all 4 local authorities



Appendix 10: Methodology and analysis of standardised measures used with young people

Sample

Measures were completed by young people at 2 time points in one secondary school in Hackney (School A) and another in LA1 (School B). Both had a similar profile in terms of size, gender, ethnicity, attainment and free school meals. Both schools were in areas considered 'hotspots' for extra-familial risk. The Hackney school was also where focus groups were carried out. Measures were repeated with the following year's cohort at T2. Thus measures did not track changed views of the same cohort over time but rather differences between 4 separate cohorts, in 2 schools, one year apart.

- November 2018 by a cohort of 126 Year 9 students (55% male, 41% female, 4% unrecorded, age 13-14 years) in School A, Hackney;
- April 2019 by a cohort of 76 Year 9 students (36% male, 64% female, age 13-14 years) at School B, LA1, which had a similar profile to School A in terms of size, gender, ethnicity, attainment and free school meals;
- November 2019 by the following year's cohort of 142 Year 9 students (49% male, 44% female, 7% unrecorded, age 13-14 years) at School A
- December 2019 by the following year's cohort of 96 Year 9 students (54% male, 44% female, 2% other, age 13-14 years) at School B.

Details of standardised measures used

Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) (NHS Health Scotland, University of Warwick & University of Edinburgh, 2008): this is a widely used 7-item measure of wellbeing, particularly capturing how somebody evaluates their feelings and functioning over the previous 2 weeks. Example items are, 'I've been dealing with problems well', 'I've been thinking clearly' and 'I've been feeling relaxed'.

Life Satisfaction scale: this is a one-item measure – 'All things considered, how satisfied are you with your life as a whole?'

KidCOPE questionnaire (adapted) (Spirito, Stark & Williams, 1988): an 11-item questionnaire measuring coping strategies. Our analyses identified 3 main coping strategies: social support (for example 'I turned to my friends to help me feel better'); Ruminating/worrying and avoidance (for example 'I kept thinking and wishing this had never happened; and/or that I could change what happened'); cognitive/self-

regulating ('I tried to calm myself by taking to myself, thinking, taking a walk or trying to relax').

Psychological Sense of School Membership Scale (shortened version) (Goodenow, 1993): a 9-item questionnaire measuring adolescent students' perceived belonging or sense of membership in the school environment. These clustered into 3 scales: school belonging (for example 'I feel like a real part of my school'); school acceptance (for example 'I can really be myself at school') and school safety (for example 'I feel safe in my school during break/lunchtime').

Sense of Community in Adolescents scale (SoC-A) (adapted brief version) (Chiessi, Cicognani, & Sonn, 2010): a 20-item measure of how adolescents perceive their local area. These clustered into 4 scales: Opportunities (for example 'In Hackney there are enough positive activities available for young people'); Community (for example 'People in Hackney support each other'); Pride ('I think Hackney is a good place to live') and Social Support ('If I need help or advice I know where to find someone to talk to in Hackney'). Items on this questionnaire are adapted to say the name of LA1 authority.

The questionnaire social workers were asked to complete was the **Strengths and Difficulties Questionnaire (SDQ)** (Goodman, 1997), a mental health screening tool. This 25-item measure produces 5 subscales: emotional symptoms (for example 'Often unhappy, downhearted or tearful'), conduct problems (for example, 'Often has temper tantrums or hot tempers'), hyperactivity / inattention (for example, 'Constantly fidgeting or squirming'), peer relationship problems (for example 'Picked on or bullied by other children') and prosocial behaviour (for example, 'Kind to younger children'). The first 4 scales combine to form a Total Difficulties score.

Process of analysis

3-way analyses of variance (ANOVA) were carried out. There were 3 between-subjects factors: time, LA and gender. This enabled us to test for main effects and interactions. Table 10 provides the means, with standard deviations (SD) in brackets, in relation to each measure at the two time points in each authority for male and female participants. HT1 and HT2 refer to the first and second time points in Hackney, and LA1-1 and LA1-2 ditto for the comparator. Main effects and 2 way interactions are reported below. There were no significant 3-way interactions on any measures.

Table 10 Means and standard deviations of measures at T1 and T2 by local authority

Measures	Possible Range	HT1: female	HT1: male	HT2: female	HT2: male	LA1-1: male	LA1-1: female	LA1-2: male	LA1-2: female
Wellbeing (SWEWMBS)	7 - 35	22.40 (4.82)	24.66 (4.31)	21.83 (4.35)	24.65 (4.47)	22.46 (4.51)	23.23 (6.96)	23.82 (4.68)	24.39 (4.86)
Life satisfaction	0 - 10	6.17 (2.28)	7.18 (2.04)	6.19 (2.18)	7.19 (2.27)	6.57 (1.88)	6.82 (2.30)	6.72 (1.97)	6.78 (2.39)
KidCOPE – social support	0 – 3	1.20 (.82)	1.18 (.84)	1.14 (.72)	1.24 (.74)	1.35 (.73)	1.13 (.94)	1.18 (.77)	1.29 (.72)
KidCOPE – ruminate/avoid	0 - 3	1.69 (.77)	1.41 (.77)	1.52 (.81)	1.31 (.78)	1.53 (.65)	1.35 (.83)	1.64 (.67)	1.56 (.83)
KidCOPE – cognitive / self-regulation	0 – 3	1.37 (.55)	1.53 (.66)	1.35 (.62)	1.30 (.72)	1.43 (.48)	1.26 (.78)	1.41 (.53)	1.52 (.73)
School – belonging*	1 – 5	2.86 (1.06)	3.02 (.82)	2.85 (.91)	3.02 (.94)	2.69 (.79)	2.56 (1.10)	3.16 (.89)	3.00 (1.04)
School – acceptance	1 – 5	3.36 (.97)	3.60 (.91)	3.20 (.89)	3.62 (.85)	3.18 (.88)	2.91 (1.03)	3.69 (.82)	3.42 (.91)
School – safety	1 – 5	3.81 (1.12)	3.93 (.96)	3.80 (.89)	4.09 (.76)	3.68 (.92)	3.46 (1.12)	4.14 (.79)	4.11 (.79)
SoC-A – opportunities*	0 - 4	1.76 (.87)	2.04 (.80)	1.83 (.86)	1.94 (1.01)	1.55 (.71)	1.49 (.80)	1.59 (.81)	1.94 (.92)
SoC-A – community*	0 – 4	1.50 (.94)	1.90 (.74)	1.49 (.84)	1.76 (.92)	1.28 (.74)	1.35 (.74)	1.53 (.81)	1.86 (.91)
SoC-A – pride	0 – 4	1.59 (.85)	1.96 (1.07)	1.70 (.89)	1.93 (1.04)	1.84 (.83)	1.66 (1.02)	1.81 (.87)	2.19 (1.02)
SoC-A – social support	0 – 4	1.60 (.99)	1.87 (.79)	1.65 (.93)	1.69 (.95)	1.59 (.73)	1.63 (.97)	1.83 (.80)	2.14 (.82)

* Denotes a significant difference on this measure between LAs

Sample size: Hackney T1: n = 126 young people; T2: n = 142. LA1 T1: n = 76; T2: n = 96

Findings for each scale

Wellbeing

There was a significant main effect of gender, $F(2, 405) = 7.13, p = .001$. Boys were significantly higher ($M = 24.24, SE = .35$) than girls ($M = 22.63, SE = .34$) in their ratings of their wellbeing. There was a significant interaction between LA and gender, $F(1, 405) = 3.72, p = .05$. There was a greater difference between boys ($M = 24.66, SE = .41$) and girls ($M = 22.12, SE = .46$) in Hackney than between boys ($M = 23.81, SE = .56$) and girls ($M = 23.14, SE = .50$) in LA1.

Life satisfaction

There was a significant main effect of gender, $F(1, 363) = 5.22, p = .006$. Boys were significantly higher ($M = 6.99, SE = .17$) than girls ($M = 6.41, SE = .16$) in their ratings of life satisfaction.

Psychological Sense of School Membership

School belonging – There was a significant main effect of time, $F(1, 401) = 5.51, p = .02$. Ratings were significantly lower at T1 ($M = 2.78, SE = .07$) than T2 ($M = 3.07, SE = .19$). There was a significant time by LA interaction. School belonging was the same at T1 ($M = 2.94, SE = .09$) and T2 ($M = 2.94, SE = .08$) in Hackney, but increased from T1 ($M = 2.62, SE = .12$) to T2 ($M = 3.17, SE = .32$) in LA1, from a lower baseline.

School acceptance – There was a significant main effect of time, $F(1, 409) = 5.69, p = .02$. Ratings were lower at T1 ($M = 3.26, SE = .07$) than T2 ($M = 3.32, SE = .14$). There was a significant LA by time interaction, $F(1, 409) = 9.93, p = .002$. School acceptance was almost the same in Hackney at T1 ($M = 3.43, SE = .08$) and T2 ($M = 3.41, SE = .08$). In LA1 it increased from T1 ($M = 3.04, SE = .11$) to T2 ($M = 3.26, SE = .22$), although ratings overall were lower. There was also a significant LA by gender interaction. In Hackney, boys had higher ratings ($M = 3.61, SE = .08$) than girls ($M = 3.28, SE = .09$) while in LA1 boys had lower ratings ($M = 3.16, SE = .11$) than girls ($M = 3.43, SE = .11$).

School safety – There was a significant main effect of time, $F(1, 406) = 11.17, p = .001$. Ratings were lower at T1 ($M = 3.72, SE = .07$) than at T2 ($M = 4.03, SE = .19$). There was a significant LA by time interaction, $F(1, 406) = 6.61, p = .01$. There was a smaller change in Hackney from T1 ($M = 3.87, SE = .09$) to T2 ($M = 3.94, SE = .08$) than in LA1 from T1 ($M = 3.57, SE = .11$) to T2 ($M = 4.08, SE = .31$).

Sense of Community scale

Opportunities subscale – There was a significant main effect of gender, $F(2, 364) = 3.85, p = .02$. Boys were significantly higher ($M = 1.86, SE = .07$) than girls ($M = 1.68, SE = .06$).

Community subscale – There was a significant main effect of gender, $F(2, 376) = 5.39$, $p = .005$. Boys were significantly higher ($M = 1.70$, $SE = .07$) than girls ($M = 1.47$, $SE = .06$). There was a significant interaction between local authority and time, $F(1, 376) = 6.41$, $p = .01$. There was slightly more change from T1 ($M = 1.32$, $SE = .11$) to T2 ($M = 1.13$, $SE = .29$) in LA1 than in Hackney from T1 ($M = 1.70$, $SE = .08$) to T2 ($M = 1.63$, $SE = .08$), although both were lower at T2.

Pride subscale – There was a significant main effect of gender, $F(2, 379) = 4.11$, $p = .02$. Boys were significantly higher ($M = 1.94$, $SE = .07$) than girls ($M = 1.74$, $SE = .07$).

Support – There was a significant main effect of gender, $F(2, 369) = 4.17$, $p = .02$. Boys were significantly higher ($M = 1.84$, $SE = .07$) than girls ($M = 1.67$, $SE = .06$). There was a significant interaction between LA and time, $F(1, 369) = 5.44$, $p = .02$. There was slightly more change from T1 ($M = 1.61$, $SE = .11$) to T2 ($M = 1.33$, $SE = .28$) in LA1 than in Hackney from T1 ($M = 1.74$, $SE = .09$) to T2 ($M = 1.67$, $SE = .08$), although both were lower at T2.

Discussion of findings

T1 cohort: key themes

Well-being and life satisfaction were close to average in both LAs, but there was a great deal of variability in the Hackney sample, with significant gender differences on some of the measures. Girls in Hackney had lower life satisfaction and well-being than boys. They also scored significantly lower on subscales for both sense of community (for example 'People in Hackney support each other') and community pride (for example 'I think Hackney is a good place to live'). By contrast, there were no gender differences on any of the measures in LA1 cohort data, although it should be noted this was a smaller sample with a lower number of male participants.

There were significant differences between the 2 LAs on some measures. The LA1 cohort scored significantly lower on 'school belonging' (for example whether 'I feel like a real part of my school') and lower for both a sense of community ('People in my area support each other') and perceived opportunities (for example 'In my area there are enough positive activities available for young people').

Associations between the different measures were analysed to see if young people's feelings and experiences of their local community predicted their wellbeing and life satisfaction. Positive opportunities for young people in Hackney predicted higher *life satisfaction*, but not directly. Opportunities in Hackney predicted higher life satisfaction *via* 'school acceptance' and 'school belonging' subscales: rating Hackney as having 'more positive opportunities' predicted higher ratings of 'feeling accepted' and 'belonging' at school; these in turn predicted higher life satisfaction ratings. Positive opportunities for young people in Hackney predicted higher *wellbeing* but, again, indirectly, this time through 'school acceptance' and 'school safety'. This means that rating Hackney as

having more positive opportunities predicted higher ratings of feeling accepted and safe at school, and these in turn predicted higher wellbeing.

The pathways from the social support subscale are not quite significant, but do suggest that social support in the local area could play some role in life satisfaction and wellbeing.

T2 cohort: key themes

There were no significant differences between the T1 and T2 Hackney Year 9 cohorts on any of the measures, and no significant time by gender interactions in the Hackney cohorts. Similar significant gender differences were found to those at T1; this second cohort of girls also had significantly lower life satisfaction and well-being than boys, although there were not the significant gender differences on the sense of community or community pride subscales evident in the T1 cohort.

There were some significant differences between the 2 LAs when comparing them by time and gender. There was a greater difference between boys' and girls' ratings of their wellbeing in Hackney than in LA1 across both time points. In Hackney, girls' ratings were lower than boys', whereas in LA1 the ratings were very similar. There was also a gender difference in 'school acceptance'; in Hackney girls' ratings were lower than boys', while in LA1 the opposite pattern was evident. On all 3 school subscales (school belonging, acceptance and safety) there were differences between the 2 LAs across time. Ratings in Hackney did not change from T1 to T2 on these subscales whereas, in LA1, ratings increased from T1 to T2. There were differences between the 2 LAs across time in sense of community and social support; ratings in both LAs were lower at T2 than T1, but this difference was greater in LA1.

Using the T2 Hackney cohort data, we analysed again the associations between the different measures to try and understand the predictors of wellbeing and life satisfaction. Positive community feeling and social support for young people in Hackney predicted more positive ratings of school. Positive community feeling also predicted higher life satisfaction, via the school acceptance and school belonging subscales. This means that rating Hackney positively in terms of sense of community predicted higher ratings of feeling accepted and belonging at school, and this in turn predicted higher wellbeing. This is different to the first cohort where positive opportunities in Hackney were important.

Positive sense of community and social support for young people in Hackney predicted higher *wellbeing*, but again not directly. They both predicted higher wellbeing *via* school acceptance. This means that rating Hackney positively in terms of social support and sense of community predicted higher ratings of feeling accepted and safe at school, and this in turn predicted higher wellbeing. Again, this is different to the first cohort where positive opportunities in Hackney were important.

Appendix 11: Analysis of the project's progress

Table 11 is adapted from Latimer's mapping of the project progress at December 2019, having been updated by a final review of the latest materials in March 2020. A scoring scheme has been used to indicate each stage:

1	Action complete
2	The statement is true as applied to pockets of practice, but does not describe the system as a whole
3	The statement is not true, but progress has been made
4	Statement not true and feature not at all present in the system
5	Unknown / More evidence needed

Table 11 Progress in relation to each system indicator

	The extent to which system prerequisites are in place
1	A review of existing panels where adolescents' cases are presented to ensure reduction in duplication / increased efficiency
1	Tools and training for guiding contextual interventions across the multi-agency partnership
1	Tools for mapping and assessing peer group dynamics
1	A safeguarding adolescents strategy that references contextual safeguarding
1	On-going consultation with young people and families
2	ICT development to enable referral processes – used by partners and the public – to refer contextual concerns
2	A revised quality assurance framework to support Hackney's learning culture and capture contextual approaches for example audit templates are adapted so good practice/areas for improvement are regularly monitored and fed into service development
3	CSC and multi-agency meeting structures which consider extra-familial context (Level 1)
3	CSC and multi-agency meeting structures that address contexts of extra-familial harm (Level 2)
3	A social media strategy that references contextual safeguarding
3	Robust data sharing protocols with wider council departments and multi-agency partners
3	Clear governance structures through the CHSCP and stronger partnerships with community safety, the youth service, schools, community groups, local businesses, public health, foster carers, semi-independent providers and other local authorities
	The extent to which frontline practice prerequisites are in place
1	Engage in research and dissemination activities with embedded researcher
2	Be supported by the strategic partnership
2	Design and have access to interventions beyond families including utilisation of a detached outreach approach
2	Have relationships with businesses, schools (for example safer schools officers) and community groups that manage extra-familial contexts and understand their role and work together to share and manage the risks to adolescents
2	Be informed by a shared understanding of adolescent development, contextual safeguarding theory and existing intelligence and analysis (for example CCTV Intel / school exclusions)
3	Be delivered by practitioners confident in applying contextual approaches, even when these extend current parameters of child protection
3	Demonstrate consistent recognition and understanding of extra-familial contexts in all elements of child safeguarding work and use this to consider where best interventions should take place

3	Have named point of contacts within the community who will support with the coordination of a contextual response
5	Be fully informed and confident in understanding the local offer to support accurate signposting
	The extent to which process outcomes are met
1	Increased referrals of peer groups and contexts -systems and structures built to accept and respond to context
2	Robust and dynamic contextual safeguarding strategy in place
5	Downward trend in relocation and managed school moves
5	Increased number of actions to address contextual factors recorded in minutes of meetings, intervention plans and assessments
5	Increase in joint ownership of plans across a partnership
5	Increased referrals from non-traditional partners (Domain 3)
5	Increase in restorative and bystander approaches in schools
	The extent to which a new Contextual Safeguarding system is in place
1	Convenes meetings for multiple young people to address shared relationships / contexts and these are jointly chaired where relevant
1	Can be scaled and replicated in other local authority areas
2	Takes referrals on contexts and peer groups of concern
2	Enhances the already well-developed models that focus on individuals and their families by managing wider EFRH.
2	Is both responsive and preventative
2	Is supported by a strategic partnership between children's services and community safety
3	Can access interventions to address EFRH
3	Considers extra-familial contexts within all social care meetings (where relevant)
3	Allows and supports practitioners to pursue non-traditional routes to address the contexts of extra-familial harm
3	Can dynamically deploy resources in response to identified EFRH
3	Shares a safeguarding vision with communities, businesses, schools young people and families
5	Empowers parents and carers
	CS system features from a young person's /family member's perspective
5	[The CS system:] recognises and seeks to address factors that undermine parental capacity to safeguard but are beyond parental control
5	[The CS system:] is culturally competent
5	Supports, empowers, and provides healthy challenge to families, practitioners and public-space services
5	Can explore the extra-familial contexts that are undermining their safety and seeks to address this without requiring them to move
5	Recognises and engages with the significant peer relationships in young people's lives
5	Can offer restorative interventions across partner agencies and not just CFS
5	Young people/ peers involved in their own safety planning/ co-design
5	Young people report feeling safer/ more confident

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