Monthly paediatric update newsletter for all health professionals working with children – put together by Dr Julia Thomson, Paediatric Consultant at Homerton University Hospital, London, UK. Housed at www.paediatricpearls.co.uk where comments and requests are welcome! This month's edition edited by Dr. Jacqueline Driscoll, GP Registrar and Academic Clinical Fellow with a special interest in safeguarding.

Contextual Safeguarding: Understanding the Paradigm Shift

Contextual Safeguarding is an approach, not a model, to safeguarding in contexts beyond the family home. It is based on an understanding that harm occurring in extra-familial contexts requires a child protection response rather than a criminal justice response.

It necessitates a move from viewing antisocial behaviour, youth violence, peer abuse (amongst others) as a problem solely to do with an individual's wrongdoing to viewing the behaviour as being **situated in and influenced by the wider environment** that makes up that person's world. It also **rejects the idea that parents have full control** over their child's behaviour in these wider contexts. It emphasises the need to understand the norms of the environments young people spend their time in. It requires us to move beyond targeting individuals and discreet areas of risk to changing the social conditions where harm occurs. This requires system thinking and system engagement.

The approach has been born from research that demonstrates an emphasis on truancy, antisocial behaviour and criminalisation of violence has not made things safer for younger people. It is a collective endeavour and one of the central tenants has been encouraging Children's Social Care to move beyond viewing assessments as being a single young person and their family to taking a wider view about the community that that young person's life exists within. It requires working in partnership with community organisations that have sway over these local contexts.

How we do we know this shift in thinking is useful? The work of Professor Carlene Firmin who heads up the contextual safeguarding network identifies three things that demonstrate success:

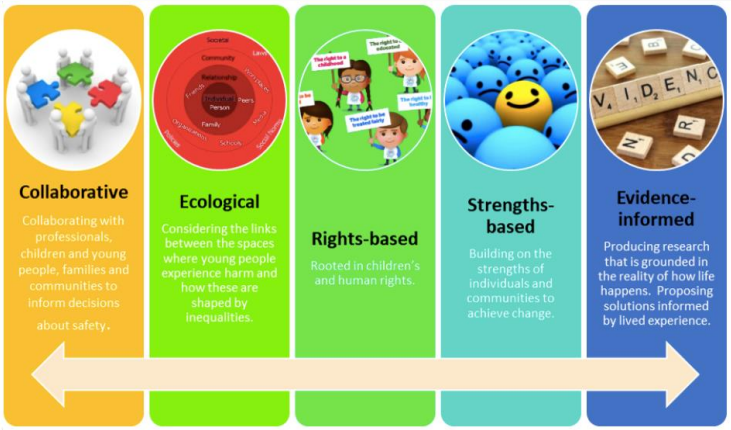
1. Young people and their families champion this approach as it fits with their reality.
2. It has become embedded in social care.
3. It has been incorporated into "Working Together" guidance. Point 41 of https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf

She puts it far more eloquently and passionately than this paragraph can describe and I highly recommend her inaugural lecture at Durham to better understand the trajectory and importance of this field: https://www.youtube.com/watch?v=wWvKXSEI4Sg

Contextual Safeguarding

Implications for Practice

The contextual safeguarding network talks about 5 underpinning principles: www.csnetwork.org.uk/en/blog/2020/principles-of-contextual-safeguarding



It can feel difficult to think about how we paediatricians and GP's can implement some of the above and intervene in something as vast as a child's environment on the streets and in school but it's easier than you think! Here's how:

1. Professor Firmin advises us to "wonder aloud" – with young people, with grassroots organisations, with people in a position to affect change!
2. Discuss with young people the zones they feel are red, amber and green in terms of their safety in their local area, at school, over the summer holidays etc. We know from work undertaken by the contextual safeguarding network that professionals don't identify the same areas as young people as being areas of risk for them. Young people know best and we must hear their perspectives!
3. Giving parents the opportunity to voice concerns about aspects of the child's life that is beyond their control.
4. Make Children's Social Care (CSC) referrals for *contextual safeguarding concerns* and be clear with families that embracing a child welfare approach to this is not a punitive step or an attempt to lay blame or responsibility for a wider systems issue at the feet of parents but rather that the referral is a way of accessing support and understanding the issues better. The response should be rights and strengths based as is best practice in safeguarding.
5. Partner with organisations that are at the coalface of the child's life which is not usually the child's local paediatric department or GP. We need to understand where we fit into the context – usually we are a very small part and our power is in partnership and advocacy not in staying in our lanes.
6. Embrace the unknowns in this area and move outside of our comfort zone. Start with the resources for further learning.

A Focus On: Peer to Peer Abuse

Children can abuse other children and it can happen in and outside of school/college as well as online. It can include bullying and cyberbullying, abuse in intimate relationships, sexual violence, non-consensual sharing of nude or intimate images or videos, up-skirting, initiation and hazing type violence amongst many others. See: https://safeguarding.network/content/safeguarding-resources/peer-peer-abuse/#:~:text=Peer%2Don%2Dpeer%2Fchild,or%20violence%20to%20the%20victim.

Young people who are especially vulnerable:

- Young people with domestic abuse (DA) in their history
- Age >10yrs
- Young people who have been bereaved
- Female gender
- Black and ethnic minority young people are under identified as having been harmed and are over identified as having harmed.

The 'Beyond Referrals Two' study (https://contextualsafeguarding.org.uk/wp-content/uploads/2020/06/Final-Briefing-Beyond-Referrals.pdf) has found that "the most prevalent forms of harmful sexual behaviour between students were: sexual/sexist name calling (73% of students surveyed indicated this type of harm occurred in their school); rumours about students' sexual activity (55%); sexual harassment (36%); sexual images/videos of students shared without consent (30%); and unwanted touching (22%).

As doctors, our consultation skills need to match the complexity of issues young people are facing. I find this article from JAMA; "Will you ask? Will they tell you? Are you ready to hear and respond?" helpful. If you don't ask, it won't be volunteered!
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4221184/

Resources for Further Learning:

- https://www.ted.com/talks/carlene_firmin_contextual_safeguarding_re_writing_the_rules_of_child_protection
- The contextual safeguarding network is a treasure trove of information but I would recommend their blog in particular: https://csnetwork.org.uk/blog
- https://www.csacentre.org.uk/resources/key-messages/harmful-sexual-behaviour/
- Previous Paediatric Pearls newsletters on county lines: https://www.paediatricpearls.co.uk/wp-content/uploads/2020/11/November-2020.pdf and https://www.paediatricpearls.co.uk/wp-content/uploads/2021/09/September-2021.pdf
- https://londonpaediatrics.co.uk/trainees-home/education7/safeguarding-videos/